See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Biola University Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
13800 Biola Avenue

City or town, state or country, and ZIP + 4
La Mirada, CA 90639

D Employer identification number
95-0549600

E Telephone number
(562) 903-6000

G Gross receipts $ 189,382,069

F Name and address of principal officer
Barry H Corey
13800 BIOLA AVENUE
LA MIRADA, CA 90639

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www biola edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1908 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BIOLA UNIVERSITY IS A PRIVATE CHRISTIAN UNIVERSITY LOCATED IN SOUTHERN CALIFORNIA THE MISSION OF THE UNIVERSITY IS BIBLICALLY CENTERED EDUCATION, SCHOLARSHIP AND SERVICE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	28
5	Total number of employees (Part V, line 2a)	**5**	3,421
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,140
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	842

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	9,051,020	11,559,998
9	Program service revenue (Part VIII, line 2g)	140,567,027	148,136,683
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,117,351	2,382,854
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,928,897	190,593
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,429,593	162,270,128
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,870,528	27,206,198
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	74,086,204	73,835,710
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,544,126		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	45,540,338	47,209,608
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	144,497,070	148,251,516
19	Revenue less expenses Subtract line 18 from line 12	6,932,523	14,018,612

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	274,815,782	293,339,867
21	Total liabilities (Part X, line 26)	147,292,836	147,311,508
22	Net assets or fund balances Subtract line 21 from line 20	127,522,946	146,028,359

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 2011-05-12

▶ Michael A Pierce VP Business & Financial Affairs
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 355 S Grand Ave Suite 2000 Los Angeles, CA 90071			EIN ▶ Phone no ▶ (213) 972-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

BIOLA UNIVERSITY IS A PRIVATE CHRISTIAN UNIVERSITY LOCATED IN SOUTHERN CALIFORNIA FOR OVER 100 YEARS, BIOLA HAS STOOD OUT AS AN INSTITUTION GROUNDED ON BIBLICALLY CENTERED EDUCATION, INTENTIONAL SPIRITUAL DEVELOPMENT, AND CAREER PREPARATION, WHERE ALL FACULTY, STAFF AND STUDENTS ARE PROFESSING CHRISTIANS WITH MORE THAN 145 ACADEMIC PROGRAMS THROUGH ITS SEVEN SCHOOLS, BIOLA OFFERS DEGREES RANGING FROM BACHELOR OF ARTS TO DOCTORAL DEGREE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 53,126,558 including grants of $ 12,071,934) (Revenue $ 65,726,838)

SCHOOL OF ARTS AND SCIENCES The School of Arts and Sciences is more than a collection of departments Our goal is to teach the connectedness of all knowledge, helping students explore a wide range of disciplines and the contributions that each can make to the web of understanding From a Biblical worldview, we seek to challenge students to explore and develop the knowledge, skills, and attributes that will enable them to understand, express, care for, and celebrate God's diverse and complex world, that in it they might seek and humbly serve the kingdom of God Beyond the classroom, our students learn experientially, connecting their studies to the contexts of life that they might love their neighbors in the places and positions beyond Biola where God may lead them More than granting a degree, we hope to awaken the joys of learning so that Liberal arts might be a lifelong passion

4b (Code) (Expenses $ 24,363,469 including grants of $ 5,898,358) (Revenue $ 32,116,374)

Talbot School of Theology The mission of Talbot School of Theology is the development of disciples of Jesus Christ whose thought processes, character, and lifestyles reflect those of our Lord, and who are dedicated to disciple making throughout the world The theological position of Talbot School of Theology is Christian, protestant, and theologically conservative The school is interdenominational by nature and is thoroughly committed to the proclamation of the great historic doctrines of the Christian church It definitely and positively affirms historic orthodoxy in the framework of an evangelical and premillennial theology, that is derived from a grammatico-historical interpretation of the Bible It earnestly endeavors to make these great doctrinal truths a vital reality in the spiritual life of this present generation The seminary aims to train students who believe and propagate the great DOCTRINES of the faith as they are summarized in our Statement of Doctrine and EXPLANATORY NOTES Spiritually, it is the purpose of Talbot to develop in the lives of its students a spiritual life that is in harmony with the great doctrines taught, so that they may grow in the grace as well as in the knowledge of our Lord and Savior Jesus Christ Specifically, the goal is to educate and graduate students characterized by committment to serving Christ, missionary and evangelistic zeal and a solid knowledge of the Scriptures To accomplish these objectives the seminary conducts a chapel program and gives attention to its students' ministry/service opportunities Academically, it is the purpose of the seminary to provide its students with the best in theological education so they may be equipped to preach and teach the Word of God intelligently and present it zealously to the world In keeping with this goal, every department is geared to emphasize the clear and accurate exposition of the Scriptures The biblical languages are utilized to expose the inner meaning of the inspired text Bible exposition, by synthesis or analysis, presents a connected and related interpretation of the infallible Book Systematic theology moves toward a well organized and structured arrangement of biblical truth Historical theology engages itself to acquaint the student with the progress of the inerrant Word among the household of faith throughout the Christian era Philosophy of religion furnishes the elements whereby the servant of Christ may give a well-developed reason for the faith that is within Missions, Christian ministry and leadership, and Christian education strive to perfect in the student a skillful and winsome presentation of truth, privately and publicly Talbot stands for one faith, one integrated curriculum, one eternal Word of God and its effective proclamation to a modern generation with its multiplicity of needs It is the purpose of the seminary to prepare for the gospel ministry those who believe, live and preach the great historic doctrines of faith, that have been committed to the church To realize these broad objectives, the seminary offers NINE degree programs, each with its own distinctive purpose

4c (Code) (Expenses $ 17,238,841 including grants of $ 3,286,509) (Revenue $ 17,899,278)

School of Professional Studies Biola University's School of Professional Studies provides a variety of undergraduate and graduate academic programs that offer an alternative educational delivery system for Christian adult learners Our undergraduate and graduate programs are designed specifically for working adults, with classes offered on week nights and weekends We offer the following degree programs BOLD Program The BOLD program is an innovative undergraduate degree completion program for Christian adults who have completed up to 50 units of college credit and who desire an accredited Bachelor of Science (BS) degree in Organizational Leadership or, Bachelor of Arts degree (BA) in Psychology These degree programs are offered at six locations throughout Southern California and include Chino, Inglewood, La Mirada, San Diego County, South Orange County, and Thousand Oaks, California Organizational Leadership The Master of Arts degree in Organizational Leadership is designed to equip Christian men and women to become effective leaders in their organizations, companies, and churches Designed for working adults, the MOL program integrates a Biblical worldview and intentional character development into the teaching of leadership skills and business principles CHRISTIAN APOLOGETICS THIS SPECIALIZED GRADUATE PROGRAM (MASTER OF ARTS IN CHRISTIAN APOLOGETICS)IS AN INTERDISCIPLINARY DEGREE THAT EDUCATES STUDENTS TO ARTICULATE AND DEFEND THE GREAT TRUTHS OF THE HISTOIC CHRISTIAN FAITH FROM THE STANDPOINT OF PHILOSOPHY, HISTORY, BIBLICAL STUDIES, THEOLOGY, AND CULTURAL STUDIES THE CHRISTIAN APOLOGETICS DEPARTMENT ALSO OFFERES SPECIAL LEARNING PROGRAMS AND LECTURES FOR THE PUBLIC AND CHURCHES, AS WELL AS A CERTIFICATE PROGRAM IN THE DEFENSE OF THE FAITH FOR LAY PEOPLE SCIENCE AND RELIGION THE MASTERS OF ARTS DEGREE IN SCIENCE AND RELIGION IS DESIGNED TO PROVIDE INDIVIDUALS WITH THE ESSENTIAL BACKGROUND IN THEOLOGY, HISTORY, AND PHILOSOPHY NECESSARY TO INTEGRATE EVANGELICAL CHRISTIANITY WITH MODERN SCIENCE THE MASTER'S PROGRAM RELATES TO CHRISTIANITY AND THE SCIENCES AND IS DESIGNED FOR CHRISTIAN STUDENTS WHO HAVE BASIC TRAINING IN A NATURAL SCIENCE THIS PROGRAM ALSO OFFERS ADVANCED SEMINARS THAT FOCUS ON CURRENT THEOLOGICAL ISSUES WITHIN SPECIFIC SCIENTIFIC DISCIPLINES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 25,151,804 including grants of $ 5,949,397) (Revenue $ 32,394,193)

4e **Total program service expenses** ▶ $ 119,880,672

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? (Yes / No) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	91		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,421		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	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)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	29		
b	Enter the number of voting members that are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DAVID D KOONTZ
13800 BIOLA AVENUE
La Mirada, CA 90639
(562) 903-4780

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,967,638	0	395,905

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 73

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BREMCO CONSTRUCTION INC 3470 E SPRING ST LONG BEACH, CA 90806	GENERAL CONTRACTOR	304,397
GENSLER AND ASSOCIATES 2500 BROADWAY SUITE 300 SANTA MONICA, CA 90404	ARCHITECTS	231,284
ROYER LANDSCAPE 220 E 2ND AVENUE LA HABRA, CA 90631	GENERAL CONTRACTOR	182,940
KPMG LLP PO BOX 120001 DALLAS, TX 75312	CPA	153,919
ELECTRICAL SYSTEMS ENGINEERING 12291 LOS NIETOS RD SANTA FE, CA 90670	ENGINEERS	104,916
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 16		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	11,995			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,548,003			
	g	Noncash contributions included in lines 1a-1f $ 68,547					
	h	**Total.** Add lines 1a-1f		11,559,998			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	611,600	117,488,827	117,488,827		
	b	AUXILIARY SERVICES	611,710	24,290,416	24,290,416		
	c	STUDENT FEES & FINES	611,710	3,665,894	3,665,894		
	d	FEDERAL STUDENT AID GRANTS	611,710	1,514,771	1,514,771		
	e	OTHER SALES	611,710	270,170	270,170		
	f	All other program service revenue		906,605	906,605		
	g	**Total.** Add lines 2a–2f		148,136,683			
	3	Investment income (including dividends, interest and other similar amounts)		2,315,461			2,315,461
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		34,305			34,305
			(i) Real / (ii) Personal				
	6a	Gross Rents	325,162 / 7,013				
	b	Less rental expenses	239,112				
	c	Rental income or (loss)	86,050 / 7,013				
	d	Net rental income or (loss)		93,063			93,063
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	26,844,199 / 51,968				
	b	Less cost or other basis and sales expenses	26,766,083 / 62,691				
	c	Gain or (loss)	78,116 / -10,723				
	d	Net gain or (loss)		67,393			67,393
Other Revenue	8a	Gross income from fundraising events (not including $ 11,995 of contributions reported on line 1c) See Part IV, line 18	a 35,580				
	b	Less direct expenses	b 44,055				
	c	Net income or (loss) from fundraising events		-8,475			-8,475
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING INCOME	541,800	34,442		8,140	26,302
	b	MISCELLANEOUS REVENUE	611,710	37,258			37,258
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		71,700			
	12	**Total revenue.** See Instructions		162,270,128	148,136,683	8,140	2,565,307

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	27,042,030	27,042,030		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	164,168	164,168		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,368,733	1,067,373	301,360	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	58,195,000	44,667,945	12,613,487	913,568
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,888,151	2,252,174	635,977	
9	Other employee benefits	7,152,011	5,567,112	1,572,060	12,839
10	Payroll taxes	4,231,815	3,299,961	931,854	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	144,529	112,703	31,826	
c	Accounting	99,045	77,235	21,810	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	784,211	16,620	767,591	
g	Other	2,048,989	1,605,941	443,048	
12	Advertising and promotion	1,525,986	1,062,293	299,974	163,719
13	Office expenses	4,240,247	3,176,987	929,515	133,745
14	Information technology	1,085,653	799,299	257,681	28,673
15	Royalties	0			
16	Occupancy	2,988,869	2,330,714	658,155	
17	Travel	2,604,578	1,955,406	552,174	96,998
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	192,463	148,305	41,879	2,279
20	Interest	7,011,238	5,450,454	1,539,117	21,667
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,928,650	6,133,460	1,731,998	63,192
23	Insurance	498,413	388,661	109,752	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CAFETERIA MEALS EXPENSES	5,228,271	4,090,267	1,103,018	34,986
b	COST OF GOODS SOLD	3,733,812	2,921,097	787,729	24,986
c	TUITION	3,656,733	2,860,795	771,468	24,470
d	LICENSES & FEES	1,977,057	1,546,724	417,103	13,230
e	OTHER MISCELLANEOUS	1,460,864	1,142,948	308,142	9,774
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	148,251,516	119,880,672	26,826,718	1,544,126
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		31,859	1	131,637
	2	Savings and temporary cash investments		32,675,202	2	50,908,090
	3	Pledges and grants receivable, net		2,841,152	3	3,421,543
	4	Accounts receivable, net		1,611,130	4	1,901,133
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		1,170,781	5	1,003,906
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		5,626,448	7	5,221,086
	8	Inventories for sale or use		1,332,277	8	1,482,032
	9	Prepaid expenses and deferred charges		890,139	9	1,134,697
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 207,958,095			
	b	Less accumulated depreciation	10b 78,832,096	130,468,085	10c	129,125,999
	11	Investments—publicly traded securities		71,395,440	11	71,039,051
	12	Investments—other securities See Part IV, line 11		3,611,812	12	5,320,414
	13	Investments—program-related See Part IV, line 11		10,114,529	13	9,850,968
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,046,928	15	12,799,311
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		274,815,782	16	293,339,867
Liabilities	17	Accounts payable and accrued expenses		8,515,225	17	11,288,673
	18	Grants payable			18	
	19	Deferred revenue		7,523,297	19	8,308,000
	20	Tax-exempt bond liabilities		94,420,000	20	94,420,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		22,380,536	23	19,983,247
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		14,453,778	25	13,311,588
	26	**Total liabilities.** Add lines 17 through 25		147,292,836	26	147,311,508
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		95,486,638	27	105,717,295
	28	Temporarily restricted net assets		18,530,885	28	26,287,294
	29	Permanently restricted net assets		13,505,423	29	14,023,770
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		127,522,946	33	146,028,359
	34	Total liabilities and net assets/fund balances		274,815,782	34	293,339,867

Part XI Financial Statements and Reporting

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 95-0549600
Name: Biola University Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses $	8,901,260	including grants of $	1,985,372)	(Revenue $	10,810,202)
ROSEMEAD SCHOOL OF PSYCHOLOGY						
(Code)	(Expenses $	5,883,983	including grants of $	1,387,761)	(Revenue $	7,556,258)
SCHOOL OF INTERCULTURAL STUDIES						
(Code)	(Expenses $	3,720,257	including grants of $	905,150)	(Revenue $	4,928,456)
SCHOOL OF EDUCATION						
(Code)	(Expenses $	4,187,432	including grants of $	1,051,928)	(Revenue $	5,727,776)
SCHOOL OF BUSINESS						
(Code)	(Expenses $	1,131,913	including grants of $	313,062)	(Revenue $	1,704,613)
INTERTERM						

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,326,959 including grants of $ 306,124) (Revenue $ 1,666,888)

SUMMER SCHOOL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY H COREY PRESIDENT	40.0	X		X				307,419	0	40,973
ROSEMARIE AVILA TRUSTEE	2.0	X						27,084	0	0
WILLIAM BAUER TRUSTEE	2.0	X						0	0	0
WILLIAM BILLARD TRUSTEE	2.0	X						0	0	0
DEAN BURSCH TRUSTEE	2.0	X						0	0	0
MICHAEL CHANG TRUSTEE	2.0	X						0	0	0
BRADLEY COLE TRUSTEE	2.0	X						0	0	0
ARTHUR FRASER TRUSTEE	2.0	X						0	0	0
DWIGHT HANGER TRUSTEE	2.0	X						0	0	0
PROMOD HAQUE TRUSTEE	2.0	X						0	0	0
CAROL HAWKINS TRUSTEE	2.0	X						0	0	0
STANLEY JANTZ TRUSTEE	2.0	X						0	0	0
RAY JOHNSON TRUSTEE	2.0	X						0	0	0
DAVID KARNES TRUSTEE	2.0	X						0	0	0
ALLAN KAVALICH TRUSTEE	2.0	X						0	0	0
HANNAH LEE TRUSTEE	2.0	X						0	0	0
EDGAR LEHMAN TRUSTEE	2.0	X						0	0	0
CAROL LINDSKOG TRUSTEE	2.0	X						0	0	0
WAYNE LOWELL TRUSTEE	2.0	X						28,530	0	0
DAVID MITCHELL TRUSTEE	2.0	X						0	0	0
DAMOI PARK TRUSTEE	2.0	X						0	0	0
RONALD D RALLIS SR TRUSTEE	2.0	X						10,626	0	0
GORDEN ROMBERGER TRUSTEE	2.0	X						0	0	0
JERRY RUEB TRUSTEE	2.0	X						0	0	0
HUDSON SAFFELL TRUSTEE	2.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SIEFKER TRUSTEE	2 0	X						0	0	0
KENNITH THOMPSON TRUSTEE	2 0	X						0	0	0
ROBERT THOMPSON TRUSTEE	2 0	X						0	0	0
DR AL MIJARES TRUSTEE	2 0	X						0	0	0
CARL SCHREIBER SECRETARY	40 0			X				165,831	0	26,958
DAVE D KOONTZ ASST SECRETARY	40 0			X				123,457	0	37,944
GREG BALSANO VP, AUX SERVICES	40 0				X			163,538	0	26,188
GARY MILLER VP, PROVOST	40 0				X			218,933	0	12,757
GREGORY VAUGHAN VP, ENROLLMENT MNGT	40 0				X			150,107	0	75,792
CHRIS GRACE VP STUDENT DEVELOPMENT	40 0					X		169,432	0	24,794
SCOTT RAE PROFESSOR	40 0					X		170,840	0	31,046
ADAM MORRIS VP, ADVANCEMENT	40 0					X		145,481	0	34,295
MICHAEL WILKINS DEAN, TALBOT FACULTY	40 0					X		146,273	0	21,798
TAMARA HOCKING PHYSICIAN, HEALTH CTR	40 0					X		140,087	0	63,360

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION & FEES	611,600	117,488,827	117,488,827		
AUXILIARY SERVICES	611,710	24,290,416	24,290,416		
STUDENT FEES & FINES	611,710	3,665,894	3,665,894		
FEDERAL STUDENT AID GRANTS	611,710	1,514,771	1,514,771		
OTHER SALES	611,710	270,170	270,170		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CAFETERIA MEALS EXPENSES	5,228,271	4,090,267	1,103,018	34,986
COST OF GOODS SOLD	3,733,812	2,921,097	787,729	24,986
TUITION	3,656,733	2,860,795	771,468	24,470
LICENSES & FEES	1,977,057	1,546,724	417,103	13,230
OTHER MISCELLANEOUS	1,460,864	1,142,948	308,142	9,774

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	0
2	Aggregate contributions to (during year)	0	0
3	Aggregate grants from (during year)	0	0
4	Aggregate value at end of year	12,424	0

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	1,443,576
d Additions during the year	1d	1,133,986
e Distributions during the year	1e	857,896
f Ending balance	1f	1,719,666

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	48,701,341	51,378,683			
b Contributions	5,889,673	4,329,624			
c Investment earnings or losses	3,400,253	-5,539,327			
d Grants or scholarships	1,936,703	1,404,997			
e Other expenditures for facilities and programs	96,789	62,642			
f Administrative expenses					
g End of year balance	55,957,775	48,701,341			

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

- a Board designated or quasi-endowment ▶ **76.000 %**
- b Permanent endowment ▶ **22.000 %**
- c Term endowment ▶ **2.000 %**

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,997,615		1,997,615
b Buildings		167,637,127	48,886,239	118,750,888
c Leasehold improvements				
d Equipment		38,323,353	29,945,857	8,377,496
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				129,125,999

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
LIABILITIES FOR ANNUITIES PAYABLE	7,514,485
AMOUNTS HELD ON BEHALF OF OTHERS	4,701,510
ASSET RETIREMENT OBLIGATION	1,095,593
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	13,311,588

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	162,270,128
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	148,251,516
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,018,612
4	Net unrealized gains (losses) on investments	4	4,438,023
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	48,778
9	Total adjustments (net) Add lines 4 - 8	9	4,486,801
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,505,413

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

1	Total revenue, gains, and other support per audited financial statements			1	138,905,332
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,438,023		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	166,277		
e	Add lines **2a** through **2d**			2e	4,604,300
3	Subtract line **2e** from line **1**			3	134,301,032
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	762,898		
b	Other (Describe in Part XIV)	4b	27,206,198		
c	Add lines **4a** and **4b**			4c	27,969,096
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	162,270,128

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

1	Total expenses and losses per audited financial statements			1	120,399,919
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	117,499		
e	Add lines **2a** through **2d**			2e	117,499
3	Subtract line **2e** from line **1**			3	120,282,420
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	762,898		
b	Other (Describe in Part XIV)	4b	27,206,198		
c	Add lines **4a** and **4b**			4c	27,969,096
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	148,251,516

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
TRUST, ESCROW, AND CUSTODIAL ARRANGEMENT	Schedule D, Part IV, LINE 1B	Biola is Trustee on the referenced accounts New Trust accounts periodically become "mature" meaning Biola becomes Trustee upon the Grantor's death Old Trust accounts periodically cease to exist as the proceeds are paid out to the beneficiaries named in each Trust Hence, deposits constitute marshalling of assets into the accounts, disbursements represent expenses paid out, distributions comprise beneficiary payments
Endowment Funds	Schedule D, Part V	
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, LINE XI	LINE 8 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS $ 103,328 PROVISION FOR & AMORT OF ASSET RETIREMENT OBLIGATION ($ 54,550) ---------- TOTAL ADJUSTMENTS $ 48,778 ==========
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII	LINE 2D CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS $ 103,328 RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSE $ 44,055 ARRINGTON SQUARE REVENUE $ 18,894 ---------- TOTAL ADJUSTMENTS $ 166,277 ========== LINE 4B RECLASSIFICATION OF DISCOUNT FOR STUDENT AID $27,206,198 ---------- TOTAL ADJUSTMENTS $27,206,198 ==========
RECONCILATION OF EXPENSES	SCHEDULE D, PART XIII	LINE 2D PROVISION FOR & AMORT OF ASSET RETIREMENT OBLIGATION $ 54,550 RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSE $ 44,055 ARRINGTON SQUARE EXPENSES $ 18,894 ---------- TOTAL ADJUSTMENTS $ 117,499 ========== LINE 4B RECLASSIFICATION OF DISCOUNT FOR STUDENT AID $27,206,198 ---------- TOTAL ADJUSTMENTS $27,206,198 ==========
ASC 740	Schedule D, Part X	THE UNIVERSITY FOLLOWS ASC 740-10, INCOME TAXES, AND ESTABLISHES FOR ALL ENTITIES, INCLUDING PASS-THROUGH ENTITIES, A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF POSITIONS TAKEN IN FILING TAX RETURNS (INCLUDING WHETHER AN ENTITY IS TAXABLE IN A PARTICULAR JURISDICTION) AND REQUIRES CERTAIN EXPANDED TAX DISCLOSURES NO SUCH UNCERTAIN TAX POSITIONS EXIST FOR THE UNIVERSITY AT JUNE 30, 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	THE POLICY ON NON-DISCRIMINATION IS PRINTED IN THE OFFICIAL CATALOG AN APPLICATION FOR ADMISSIONS WHICH ALL PROSPECTIVE STUDENTS RECEIVE THE POLICY ON NON-DISCRIMINATION IS ALSO LOCATED ON THE SCHOOL WEBSITE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

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

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

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States	0	1	Program Services	STUDY ABROAD	137,776
Europe (Including Iceland and Greenland)	0	1	Program Services	STUDY ABROAD	267,172
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD	35,906
East Asia and the Pacific	0	1	Program Services	STUDY ABROAD	70,122
South Asia	0	0	Program Services	STUDY ABROAD	18,705
Sub-Saharan Africa	0	0	Program Services	STUDY ABROAD	29,807
Totals . . . . . ▶	0	3			559,488

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	HUMANITARIAN	16,730	CASH	0	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS/STUDENT AID	Russia	24	86,248	STUDENT ACCT	0	N/A	N/A
SCHOLARSHIPS/STUDENT AID	East Asia/Pacific	10	56,190	STUDENT ACCT	0	N/A	N/A

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PART I, LINE 2		THE PROCEDURES FOR MONITORING THE USE OF SCHOLARSHIP GRANT FUNDS OUTSIDE THE UNITED STATES ARE CONSISTENT WITH THE PROCEDURES USED FOR MONITORING ALL STUDENT SCHOLARSHIPS MADE BY THE UNIVERSITY
PART I, COLUMN F, PART II, LINE 1, PART III		EXPENDITURES AND GRANTS ARE ACCOUNTED FOR BASED ON THE AMOUNT OF CASH EXPENDED
PART III, COLUMN C		THE NUMBER OF RECIPIENTS REPORTED IN PART III IS THE ACTUAL NUMBER OF SCHOLARSHIP RECIPIENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

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

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

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 BIOLA YOUTH (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	40,845	6,730		47,575
	2 Less Charitable contributions	11,750	245		11,995
	3 Gross income (line 1 minus line 2)	29,095	6,485		35,580
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	3,750			3,750
	6 Rent/facility costs	24,279	305		24,584
	7 Food and beverages		606		606
	8 Entertainment				
	9 Other direct expenses	11,899	3,216		15,115
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				44,055
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-8,475

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-0549600
Name: Biola University Inc

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FEDERAL PELL GRANT AWARDS	1197	4,346,535	0	N/A	N/A
FEDERAL ACG	299	270,190	0	N/A	N/A
FEDERAL SMART	17	66,000	0	N/A	N/A
FEDERAL SEOG	478	477,196	0	N/A	N/A
FEDERAL WORKSTUDY	647	853,766	0	N/A	N/A
INSTITUTIONAL SCHOLARSHIPS	2900	14,688,480	0	N/A	N/A
CALIFORNIA GRANT A	578	5,302,318	0	N/A	N/A
CALIFORNIA GRANT B	138	1,201,713	0	N/A	N/A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARRY H COREY	(i)	307,419	0	0	18,800	22,173	348,392	0
	(ii)	0	0	0	0	0	0	0
CARL SCHREIBER	(i)	165,831	0	0	13,440	13,518	192,789	0
	(ii)	0	0	0	0	0	0	0
DAVE D KOONTZ	(i)	123,457	0	0	10,039	27,905	161,401	0
	(ii)	0	0	0	0	0	0	0
GREG BALSANO	(i)	163,538	0	0	13,280	12,908	189,726	0
	(ii)	0	0	0	0	0	0	0
GARY MILLER	(i)	218,933	0	0	7,756	5,001	231,690	0
	(ii)	0	0	0	0	0	0	0
CHRIS GRACE	(i)	169,432	0	0	11,888	12,906	194,226	0
	(ii)	0	0	0	0	0	0	0
SCOTT RAE	(i)	170,840	0	0	8,020	23,026	201,886	0
	(ii)	0	0	0	0	0	0	0
ADAM MORRIS	(i)	145,481	0	0	12,512	21,783	179,776	0
	(ii)	0	0	0	0	0	0	0
MICHAEL WILKINS	(i)	146,273	0	0	10,080	11,718	168,071	0
	(ii)	0	0	0	0	0	0	0
TAMARA HOCKING	(i)	140,087	0	0	11,672	51,688	203,447	0
	(ii)	0	0	0	0	0	0	0
GREGORY VAUGHAN	(i)	150,107	0	0	12,096	63,696	225,899	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
compensation questions	schedule J, line 1a	The president receives housing assistance in the form of periodic forgiveness of his housing assistance loan This amount is treated as taxable compensation and appears on the president's W-2 Spouses of listed persons occasionally travel on business trips where there is a university interest in their participation in university activities Where a bona fide business purpose is absent, the travel costs are reported as taxable compensation On occasion, the president is reimbursed for house cleaning services in conjunction with university events held in his personal residence and for childcare when the president and his wife are on university business This reimbursement is treated as taxable compensation to the president and appears on the president's W-2

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CA Municipal Finance Authority	20-1563466	13048TCU5	03-13-2008	94,006,015	Refund of 2002, 2004 Bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	94,006,015				
2	Gross proceeds in reserve funds	9,438,891				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	1,806,049				
6	Working capital expenditures from proceeds	3,094,380				
7	Capital expenditures from proceeds	0				
8	Year of substantial completion	2008				

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
BARRY H COREY housing assistance		X	1,097,656	1,003,906		No	Yes		Yes	
Total . . . . . ▶ $				1,003,906						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		7,147	EXPERT OPINION
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	8	37,870	PRICE QUOTE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	1	405	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EQUIPMENT)	X	4	13,878	EXPERT OPINION
26	Other ▶ (FURNITURE)	X	1	1,200	EXPERT OPINION
27	Other ▶ (GIFT CERTIFICATES)	X	27	5,422	COST
28	Other ▶ (MISCELLANEOUS)	X	3	2,625	COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

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

Part II

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

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, COLUMN B	THE NUMBER OF CONTRIBUTIONS WAS DETERMINED BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED

Additional Data

Software ID:
Software Version:
EIN: 95-0549600
Name: Biola University Inc

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493133026801**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

Identifier	Return Reference	Explanation
process of reviewing form 990	FORM 990, PART VI, SECTION B, LINE 11A	THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE FINANCE AND AUDIT COMMITTEE THE ORGANIZATION'S SENIOR DIRECTOR OF FINANCIAL MANAGEMENT WORKS CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT ENGAGES TO REVIEW THE RETURN, AND THE FINAL DRAFT OF FORM 990 IS ALSO REVIEWED BY THE CHIEF FINANCIAL OFFICER PRIOR TO PROVIDING THE DRAFT TO THE FINANCE AND AUDIT COMMITTEE In addition to consulting with the senior director of financial management and vice president of business and financial affairs, the chief financial officer also met with the accounting firm hired to prepare the form 990 Form 990 will be mailed to the Finance and Audit Committee of the Board of trustees who will review it in their committee meeting and recommend acceptance by the full Board The accounting firm hired to prepare the Form 990 was available via tele-conference to address any questions which may have arose when Form 990 was presented to the finance and audit committee Biola will post the Form 990, prior to filing, on a secure web site and inform the Board of Trustees that it is available for their review Conflict of Interest Policy Form 990, Part VI, Section B, Line 12c The Director of Human Resources, in conjunction with the Chief Financial Officer, is charged with monitoring proposed or ongoing transactions for conflicts of interest and addressing any potential or actual conflicts Pursuant to the Conflicts of Interest Policy, an annual conflict of interest questionnaire, aimed at determining any family and business relationships and transactions or other transactions that may pose a potential conflict, is distributed to all covered persons (i e , board members, officers and executive leadership or key employees, if any) Covered persons are required to disclose real or potential conflicts at the time when such conflicts arise The completed questionnaires from Board members are reviewed by the President's office All others are reviewed by the Director of Human Resources and the Chief Financial Officer Any persons with actual or potential conflicts are informed via written communication Further action is taken as deemed necessary considering the specific nature of the conflict or potential conflict of interest

Identifier	Return Reference	Explanation
process of determining compensation	FORM 990, PART VI, SECTION B, LINE 15	THE FINANCE AND AUDIT COMMITTEE TO THE BOARD OF TRUSTEES SERVES AS THE UNIVERSITY'S COMPENSATION COMMITTEE, COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS THE COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND THE CRITERIA TO BE USED IN DETERMINING MERIT INCREASES CRITERIA FOR THE PRESIDENT (CEO) THE FULL BOARD REVIEWS AND VALIDATES COMPENSATION ARRANGEMENTS FOR THE PRESIDENT AND HIS DIRECT REPORTS

Identifier	Return Reference	Explanation
Disclosure	FORM 990, PART VI, SECTION c, LINE 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE ON THE UNIVERSITY'S WEBSITE AT <WWW BIOLA EDU/FINANCE> THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
other program services	Form 990, Part III, Line 4d - Rosemead School of Psychology	Rosemead's educational distinctive are its strong professional training orientation and its goal of relating the data and concepts of psychology to those of Christian theology Since both psychology and theology address the human condition, Rosemead's faculty believes there is a great deal to be gained by an interdisciplinary study of the nature of persons Consequently, all students take a series of theology courses and integration seminars designed to study the relationship of psychological and theological conceptions of human functioning This series of courses lengthens Rosemead's doctoral program by approximately one year beyond most four year clinical programs While recognizing that the disciplines of psychology and theology have some very different data and methodologies, their overlapping content, goals and principles provide a rich resource for interdisciplinary study Issues growing out of these overlapping concerns cover a range of topics relating to research, theory and clinical practice By encouraging this study Rosemead is attempting to train psychologists with a broad view of human nature that includes a sensitivity to the religious dimension of life Through its interaction with members of the Christian community, Rosemead is also committed to demonstrating to the church the potentially significant contributions an understanding of the data and methods of psychology can make to the Church's role of ministering to the whole person Family/Child Students desiring to focus on their professional practice on children, couples, or families may take an emphasis in Family-Child Psychology This emphasis requires completion of elective courses in addition to the regular doctoral requirements Advanced Assessment of Individuals with Disabilities Family Psychology and Psychopathology Marriage and Family Therapy I and II Introduction to Child & Adolescent Therapy Advanced Child & Adolescent Therapy Cognitive/Behavioral Therapy with Children Students emphasizing in Family-Child Psychology also write their dissertations or doctoral research papers in a family-child area, spend their year-long outpatient practicum in a setting where at least one-half of their work is with children, couples or families, and complete an internship in a setting where at least one third of their work is with a family-child population They may also elect other family related courses such as Development of Religious Understanding in Children and Adolescents, and Human Sexuality Professional Growth and Training At the heart of an effective training program in professional psychology is the opportunity to develop the personal insights and skills necessary for empathic and effective interaction in a wide range of settings In order to meet this need, Rosemead has developed a sequence of experiences designed to promote personal growth and competence in interpersonal relationships as well as specific clinical skills Beginning in their first year of study, students participate in a variety of activities designed to promote professional awareness and personal growth The first year activities include active training in empathy skills in an on-campus pre-practicum experience The pre-practicum course consists of exercises to assess and facilitate interpersonal skills, and the initial opportunity for the student to work with a volunteer college client in a helping role During the second year, all students participate in interpersonal training therapy As participants, students personally experience some of the growth-producing aspects of interpersonal relationships In addition, students begin their formal practicum and psychotherapy lab courses in the second year Students are placed in such professional facilities as outpatient clinics, hospitals, college counseling centers, public schools and community health organizations on the basis of their individual readiness, needs and interests These practicum experiences are supervised both by Rosemead's faculty and qualified professionals working in the practicum agencies In the psychotherapy lab courses, students receive both instruction and supervised experience, offering clinical services from the theoretical orientation of the course Students elect lab courses from offerings such as Introduction to Child & Adolescent Therapy, Marriage and Family Therapy, Group Therapy, Cognitive Behavioral Therapy with Children, Gestalt Therapy, and Biofeedback During the third year most doctoral students take two or three psychotherapy lab courses, work in an adult outpatient practicum setting, and begin individual training therapy This therapy is designed to give the student first-hand experience in the role of a client and is considered an opportunity for both personal growth and for learning therapeutic principles and techniques A minimum of 50 hours of individual training is required Such issues as timing, choice of therapist and specific goals are determined by students in conjunction with their advisors and the Clinical Training Committee When doctoral students reach their fourth year, most of their time is spent in electives from the therapy, integration, and general psychology courses, advanced practicum assignments, and independent study or research This step-by-step progression in professional training experiences gives the student personal experience with a wide range of personalities in a variety of settings and provides the necessary preparation for a full-time internship during the year of study

Identifier	Return Reference	Explanation
other program services		Form 990, Part III, Line 4d - The School of Intercultural Studies The undergraduate department of anthropology and intercultural studies is centered around mandate given by the Lord Jesus Christ to make disciples of every nation based on an understanding of both human beings and culture The department strives to enable students to demonstrate a knowledge and an understanding of both human beings and culture The department strives to enable students to demonstrate a knowledge and understanding of the theological, historical, sociological, anthropological and linguistic issues of the cross cultural communication of the gospel through a broad range of professions and vocations It is the desire of the faculty that each student in the program will find in their particular career choice the means to effective cross cultural personal ministry and evangelism Interdisciplinary Emphasis The interdisciplinary emphasis is designed to equip majors with an intercultural experience while providing students with practical skills based on their specific career goals Students work closely with their advisors to build a program according to career objectives It is our desire to prepare students to apply an understanding of the diversity of people and cultures to a broad range of locations The interdisciplinary emphasis offers a unique opportunity to combine Intercultural Studies with other disciplines in the University to prepare students for careers such as bicultural education, cross-cultural media communication, social work, cross cultural counseling, international relations and international business administration The School of Education The School of Education serves a diverse student body, consisting of more than 300 undergraduate students, which includes 225 liberal studies majors, and 143 graduate students Our full-time faculty is made up of outstanding professionals with decades of combined experience in classroom and administrative settings At the undergraduate level, the School of Education is home to the liberal studies major, which consistently ranks among the five most popular undergraduate majors at Biola At the graduate level, the School of Education offers the flexible Master of Arts in Teaching (M A T) and Master of Arts in Education (M A Ed) programs, which can be tailored to meet the individual interests of new and experienced teachers alike Our state-accredited Teacher Preparation Program offers teaching credentials at both the graduate and undergraduate levels in multiple and single subjects We also offer five levels of early childhood permits, accredited by CCTC, and one four-course institution-sponsored online special education certificate Crowell School of Business The Crowell School of Business prepares students academically with a foundational business education while nurturing their Christian commitment through solid biblical integration in courses and contact with faculty and staff Our goal is to prepare graduates to be leaders in their profession, impacting the culture for Christ The Master's of Business Administration program at Biola University is designed for business people who already have experience in management, but want to increase their understanding of the entrepreneurial spirit within the corporate culture It prepares followers of Jesus Christ to be successful leaders in the marketplace The program incorporates foundational courses in theology alongside the constant application of biblical principles for decision for the part-time, fully employed student, with classes held in the evening

Identifier	Return Reference	Explanation
financial statements	FORM 990, PART XI, LINE 2 AND PART IV, LINE 12	THE ORGANIZATION'S JUNE 30, 2010 FINANCIAL STATEMENTS ARE INCLUDED IN THE BIOLA UNIVERSITY AND WHOLLY OWNED SUBSIDIARY CONCOLIDATED FINANCIAL STATEMENTS WHICH ARE PREPARED IN ACCORDANCE WITH GAAP THESE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON BIOLA'S WEBSITE AT <WWW BIOLA EDU/FINANCE>

Identifier	Return Reference	Explanation
discrimination by race	schedule E, line 5d	Biola does not discriminate with regard to race in the awarding of any institutionally funded scholarships or other financial assistance, however, the university assists in administration of a limited number of small privately donated scholarship funds that (among other factors) favor members of one or more racial minority groups and do not significantly derogate from the university's racially nondiscrimination policy

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R, PART V, LINE 2, COLUMN C	THE AMOUNTS IN COLUMN C ARE REPORTED AT FAIR MARKET VALUE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026801

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Biola University Inc

Employer identification number
95-0549600

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ARRINGTON SQUARE CORPORATION 13800 BIOLA AVENUE LA MIRADA, CA906390001	LEASING PROPERTY	CA	NA	C CORP	211,318	4,948,159	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	No
c	Gift, grant, or capital contribution from other organization(s)	**1c**	No
d	Loans or loan guarantees to or for other organization(s)	**1d**	No
e	Loans or loan guarantees by other organization(s)	**1e**	No
f	Sale of assets to other organization(s)	**1f**	No
g	Purchase of assets from other organization(s)	**1g**	No
h	Exchange of assets	**1h**	No
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	No
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j** Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	No
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	No
n	Sharing of paid employees	**1n**	No
o	Reimbursement paid to other organization for expenses	**1o**	No
p	Reimbursement paid by other organization for expenses	**1p**	No
q	Other transfer of cash or property to other organization(s)	**1q**	No
r	Other transfer of cash or property from other organization(s)	**1r**	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	arrington square corporation	a	211,318
(2)	arrington square corporation	j	210,749
(3)			
(4)			
(5)			
(6)			

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

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

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