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DLN: 93493096007042

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011 D Employer identification number Name of organization DALLAS BAPTIST UNIVERSITY B Check if applicable Address change 75-6001300 Doing Business As E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) 3000 MOUNTAIN CREEK PARKWAY Room/suite (214) 333-5160 Terminated **G** Gross receipts \$ 113,151,116 City or town, state or country, and ZIP + 4 DALLAS, TX 752119299 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes No GARY COOK 3000 MOUNTAIN CREEK PKWY **H(b)** Are all affiliates included? DALLAS,TX 75211 If "No," attach a list (see instructions) H(c) Group exemption number ▶ **▽** 501(c)(3) **┌** Tax-exempt status Website: ► WWW DBU EDU K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1898 M State of legal domicile TX Part I Summary Briefly describe the organization's mission or most significant activities THE PURPOSE OF DALLAS BAPTIST UNIVERSITY IS TO PROVIDE CHRIST-CENTERED QUALITY HIGHER EDUCATION IN THE ARTS, SCIENCES, AND PROFESSIONAL STUDIES AT BOTH THE UNDERGRADUATE AND GRADUATE LEVELS TO TRADITIONAL AGE AND ADULT STUDENTS IN ORDER TO PRODUCE SERVANT LEADERS WHO HAVE THE ABILITY TO Activities & Governance INTEGRATE FAITH AND LEARNING THROUGH THEIR RESPECTIVE CALLINGS 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets ${f 3}$ Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 35 5 1,747 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 0 6 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 15,031,916 13,771,209 Program service revenue (Part VIII, line 2g) . 77,948,067 85,155,638 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,457,311 413,647 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 193,458 301,823 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 99.642.317 94.630.752 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 20,542,624 22,771,478 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 37,755,884 41,592,282 **多次** 10) Professional fundraising fees (Part IX, column (A), line 11e) . . 0 16a b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,190,930$ 28,059,953 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 27,081,425 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 85,379,933 92,423,713 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 9,250,819 7,218,604 1 Assets or | Id Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 144,086,301 150,204,558 21 Total liabilities (Part X, line 26) 29,442,334 22,977,435 Net assets or fund balances Subtract line 21 from line 20 . 114,643,967 127,227,123 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. ***** 2012-04-02 Signature of officer Date Sign Here ERIC BRUNTMYER VP FOR FINANCIAL AFFAIRS Type or print name and title

IRA L NEVELOW

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's name | WEAVER AND TIDWELL LLP

Firm's address 12221 MERIT DRIVE SUITE 1400

DALLAS, TX 75251

preparer's name

Paid

Preparer

Use Only

Preparer's signature

Date

IRA L NEVELOW

Check if self-

employed 🕨

PTIN

Firm's EIN

✓ Yes

ΓNο

• (972) 490-

Form	990 (2010)					Page 2
Par		t of Program Serv edule O contains a res	-			.
1	Briefly describe the	organization's mission	1			
SCIE A D U	NCES, AND PROFES	SSIONAL STUDIES A [.] RDER TO PRODUCE S	T BOTH THE UN	NDERGRADUATE ANI	O GRADUATE LEVELS TO	R EDUCATION IN THE ARTS, D TRADITIONAL AGE AND E FAITH AND LEARNING
2	the prior Form 990	or 990-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	iese new services on S	chedule O			
3	services?	cease conducting, or		t changes in how it coi	nducts, any program • • • • • •	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Sched	ule O			
4	Section 501(c)(3) a	·	tions and sectio	n 4947(a)(1) trusts a	largest program services re required to report the a service reported	•
4a	(Code) (Expenses \$	24,426,036	ıncludıng grants of \$) (Revenue \$	75,711,044)
	UNIVERSITY REFLECT		O PROVIDE OUR 5,	400+ STUDENTS A QUALIT		RUCTION EXPENDITURES OF THE ON AT THE UNDERGRADUATE AND
4b	(Code) (Expenses \$	3,405,030	ıncludıng grants of \$) (Revenue \$	172,791)
	ACADEMIC SUPPORT IS LIVES OF STUDENTS, D	S VIEWED AS MORE THAN H DEVELOP PERSONAL AND CA	ELPING STUDENTS : RING RELATIONSHIP	SCHEDULE, REGISTER FOR PS WITH STUDENTS, AND S	CLASSES, ETC IT IS SEEN AS A	ETENTION AND SUCCESS AT DBU, AN OPPORTUNITY TO INVEST IN THE LEADERSHIP THAT STUDENTS CAN R THEM TO ATTAIN THEIR PERSONAL
 4с	(Code) (Expenses \$	38,057,929	ıncludıng grants of \$) (Revenue \$	1,017,893)
	STUDENT SERVICES - I SPIRITUALLY AND SOCI OUR RESIDENCE LIFE A STUDENTS ARE HEALTI FOR OUR STUDENT AT ASSIST OUR STUDENTS	DBU ASSISTS PARENTS AND IALLY THESE SERVICES INC AND RECREATIONAL LIFE STHY PHYSICALLY, EMOTIONAL HLETES AS THEY REPRESENS IN ENROLLING FOR THE A	STUDENTS WITH P LUDE STUDENT TES AFF PROVIDE HOUS LY AND SPIRITUALL T OUR UNIVERSITY PPROPRIATE CLASS	ROGRAMS AND SERVICES TO SERVICES TO SERVICES AND SUPPORT SERVICES AND OUR ATHLETIC DEPARTS AT ATHLETIC EVENTS FINES AND BEING ABLE TO AFF	THAT SUPPORT STUDENTS INT HEALTH SERVICES, CAREER SEI IND STUDENT RECREATIONAL S MENT IS ALSO INCLUDED IN TH ALLY, OUR REGISTRAR'S OFFIC	ELLECTUALLY, PHYSICALLY, RVICES AND COUNSELING SERVICES ERVICES TO ENSURE THAT OUR IS AREA AND PROVIDES SUPPORT E AND FINANCIAL AID OFFICE I EACH OF THESE AREAS SUPPORTS
	Othor process :	was (December of Cell	adula 0 \ 5 =	Jan Additional Date 5	u Description	
4d	(Expenses \$	vices (Describe in Sch 5,025,711 ind	redule O) See a :luding grants of) (Revenue \$	8,253,910)
	Total program serv	· · ·	70,914,706	<u> </u>	, (+	-,,
	. otai piogiaili sciv	ICC CAPCHISCSF P	, 0,517,100	•		

			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 (see instruction)? 🖘	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
С	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.	11c		Νο
d	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.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	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, Parts I and IV	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? <i>If</i> " <i>Yes," complete Schedule F, Parts II and IV</i>	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, Parts III and IV.	16		Νο
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 (see instructions)	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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		Νο
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 lines 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		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
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		Νο
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	
		F	orm 99 0	(2010)

	Check if Schedule O contains a response to any question in this Part V	•	<u>.</u>	ı
1_	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
.a	ta 211]		
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	
а	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
h	return			
U		2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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	Yes	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
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?	5c		
а	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	, , , , ,	9b		
0 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1				
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
J.	Enter the amount of reserves the organization is required to maintain by the states			
ט	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Check if Schedule O contains a response to any question in this Part VI										. F	7
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
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 governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	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			
а	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
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	volue code.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	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	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, 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		Νο
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?	161.		
		16b		
<u>Se</u>	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ERIC BRUNTMYER 3000 MOUNTAIN CREEK PARKWAY

DALLAS,TX 75211 (214) 333-5160

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours per	Posi		C) (che	cka			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		tion that a			11		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima mount o	ated fother		
				week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganizati relat organiza	the on and ed
See A	Addıtıonal Data Table														
1b	Sub-Total				٠.	٠.	٠	-							
С	Total from continuation sheets						-								
d	Total (add lines 1b and 1c) .			•				•	2,600,596		0	:	289,132		
2	Total number of individuals (inc \$100,000 in reportable compe					ted	above) who	received more tha	n					
												Yes	No		
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So									ated employee	3		Νο		

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	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				
	muividual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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
PM2I INC 1301 S CAPITAL OF TEXAS HWY AUSTIN, TX 78746	CONSTRUCTION SERVICES	3,481,764
LARRETT INC 6712 FM 1836 KAUFMAN, TX 75142	CONSTRUCTION SERVICES	973,985
EBS SOLUTIONS INC 2631 COMMERCE ST STE A DALLAS, TX 75226	CLEANING SERVICES	675,370
EXCEL COMMERCIAL PO BOX 211946 BEDFORD, TX 76021	PAINTING SERVICES	584,339
BOOHERMCGEE & ASSOCIATES INC 1019 N DUNCANVILLE RD STE 100 DUNCANVILLE, TX 75116	ARCHITECTURAL SERVICES	312,434
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►15

	990 (2010)				Pa	ge 9
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 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$	594,816 4,301,913 8,874,480 200,627				
	h Total. Add lines 1a-1f	▶ Business Code	13,771,209			
Program Serwce Revenue	TUITION AND FEES b DORMITORY INCOME c DINING HALL INCOME d BOOKSTORE INCOME e MISSION TRIPS	611710 611710 611710 611710	5,107,025 2,465,543 169,765	119,617		
- Progr	 f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 	<u>•</u>	110,284 85,155,638 1,647,906			1,647,906
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(II) Personal	121,042			121,042
	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (i) Securities 11,911,924 13,146,933 13,146,933 -1,235,009	(II) O ther 750				
Other Revenue	d Net gain or (loss)		-1,234,259			1,234,259
otho	b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV,		1			-266,181
	b Less direct expenses	ь				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a ADMIN COST ALLOW - AID b SPONSORSHIP FEES c FOOD SERVICE INVESTMEN	Business Code 611710 611710	32,500			51,574 32,500 25,500
	d All other revenue	•	337,388 446,962			337,388
	12 Total revenue. See Instructions	•	99,642,317	85,155,638	0 rm 990 (20	

	990 (2010)				Page 10
Part	Statement of Functional Expenses		- 1		
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 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				· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,085,250	22,085,250		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	686,228	686,228		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,340,130	414,530	1,925,600	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	32,729,308	26,318,046	5,636,173	775,089
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,876,379	1,545,001	273,219	58,159
9	Other employee benefits	2,411,652	1,820,458	524,074	67,120
10	Payroll taxes	2,234,813	1,823,542	357,418	53,853
а	Fees for services (non-employees) Management		, ,		· · ·
Ь	Legal	24,695		24,695	_
с	Accounting	68,500		68,500	
d	Lobbying	,		,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	82,579		82,579	
g	Other	3,995,574	2,268,150	 	879
12	Advertising and promotion	1,173,044	1,060,870	 	2,499
13	Office expenses	4,920,019	2,347,070	 	194,082
14	Information technology	1,002,729		 	2,512
15	Royalties	_,,		,	
16	Occupancy	6,833,116	3,063,605	3,745,834	23,677
17	Travel	2,151,093	, ,	 	13,060
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,131,033	1,303,330	731,137	13,000
19	Conferences, conventions, and meetings	258,331	219,878	38,453	
20	Interest	739,852	,	739,852	
21	Payments to affiliates	·		,	
22	Depreciation, depletion, and amortization	4,428,005	3,898,441	529,564	
23	Insurance	82,396	, ,	82,396	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	TUITION REMISSION	2,066,599	1,611,947	454,652	
b	STUDENT FINE ARTS PRODU	125,848	125,848		
c					
d				1	
e					
f 	All other expenses	107,573	85,759		
25	Total functional expenses. Add lines 1 through 24f	92,423,713	70,914,706	20,318,077	1,190,930
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	ı		2,116,173	1	655,331
	2	Savings and temporary cash investments	13,444,048	2	9,096,590		
	3	Pledges and grants receivable, net	1,118,015	3	150,579		
	4	Accounts receivable, net			2,161,896	4	2,189,810
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			390,000	5	260,000
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B), and contributing e sponsoring organizations of section 501(c)(9) voluntary emploorganizations (see instructions)	mploy	ers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net			2,285,854	7	2,016,428
۲	8	Inventories for sale or use			20,027	8	28,036
	9	Prepaid expenses and deferred charges			673,696	9	482,075
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	136,973,314			
	ь	Less accumulated depreciation	10b	41,407,302	91,144,949	10c	95,566,012
	11	Investments—publicly traded securities			3,256,359	11	0
	12	Investments—other securities See Part IV, line 11			24,593,173	12	36,348,869
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	2,882,111	15	3,410,828		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			144,086,301	16	150,204,558
	17	Accounts payable and accrued expenses .			4,034,039	17	4,012,637
	18	Grants payable				18	
	19	Deferred revenue			3,060,847	19	3,768,185
	20	Tax-exempt bond liabilities	ı		13,907,849	20	8,925,057
es	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			5,857,721	23	3,897,760
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,581,878	25	2,373,796
	26	Total liabilities. Add lines 17 through 25			29,442,334	26	22,977,435
		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	ines 27			
Ð		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			81,138,137	27	92,010,325
Fund Balances	28	Temporarily restricted net assets		10,620,053	28	11,279,729	
Σ	29	Permanently restricted net assets			22,885,777	29	23,937,069
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd con	ıplete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Net	33	Total net assets or fund balances			114,643,967	33	127,227,123
	34	Total liabilities and net assets/fund balances			144,086,301	34	150,204,558

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		99.6	542,31
2	Total expenses (must equal Part IX, column (A), line 25)	2			123,71
3	Revenue less expenses Subtract line 2 from line 1	3		7,2	218,60
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		114,6	543,96
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5,3	364,55
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		127,2	227,12
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			F	I
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			Yes	No
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 is on a separate basis, consolidated basis, or both	sued			
	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	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

93493096007042

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

DALLAS BAPTIST UNIVERSITY

Provide the following information about the supported organization(s)

75-6001300 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I Type II c Type III - Functionally integrated Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.		
S	ection A. Public Support		_						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude 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								
	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								
Ü	line 4								
S	ection B. Total Support	1				I			
	endar year (or fiscal year beginning								
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	A mounts from line 4								
8	Gross income from interest,								
0	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 Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support (Add lines 7								
	through 10)								
12	Gross receipts from related activities	es, etc (See inst	ructions)			12			
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,		
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔		
S	ection C. Computation of Pub	lic Support P	ercentage						
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14			
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15			
							 		
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec			
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -		
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶		
r/a	10%-facts-and-circumstances test-						ın.		
	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								
	_	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F		
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1		
ט	15 is 10% or more, and if the organ								
	Explain in Part IV how the organizat			•		<u>-</u>	clv		
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯		
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1		
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □		

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16	Public support percentage from 2009 Schedule A, Part III, line 15							
S	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17						
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18						

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493096007042

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

LLAS BAPTIST UNIVERSITY			p	loyer identific	ation name	- .
			75-6	5001300		
Organizations Maintaining Donor Advis organization answered "Yes" to Form 990, Po		ner Similar Fu	ınds	or Account	s. Comple	te if th
	(a) Donor advis	ed funds	(b) Funds and	other accou	ınts
Total number at end of year						
Aggregate contributions to (during year)						
Aggregate grants from (during year)						
Aggregate value at end of year						
Did the organization inform all donors and donor advisors funds are the organization's property, subject to the organ	-		or advı	sed	☐ Yes	┌ No
Did the organization inform all grantees, donors, and dono used only for charitable purposes and not for the benefit o conferring impermissible private benefit	_	-	•		┌ Yes	┌ No
rt II Conservation Easements. Complete if the	e organization ans	swered "Yes" to	Forn	n 990. Part I	V. line 7.	
Purpose(s) of conservation easements held by the organiz Preservation of land for public use (e.g., recreation or Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified of the description of the de	r pleasure) P	reservation of an	ertifie	d historic stru	•	a
easement on the last day of the tax year		Г		Hold at th	e End of the	Voor
Total number of conservation easements		-	2a	neid at til	e Elia di the	rear
Total acreage restricted by conservation easements		-	2b			
Number of conservation easements on a certified historic	structure included i	n (a)	2c			
Number of conservation easements included in (c) acquire		(4)	2d			
		L had artarminata		L organization	during	
Number of conservation easements modified, transferred, the taxable year -	, releaseu, extiliguis	neu, or terminate	и Бу сп	ie organizacioi	ruuring	
Number of states where property subject to conservation	easement is located	i ►				
Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	periodic monitoring,	inspection, hand	lling of	violations, an	d Yes	┌ N
Staff and volunteer hours devoted to monitoring, inspecting	ng and enforcing con	servation easem	ents d	uring the year	-	
A mount of expenses incurred in monitoring, inspecting, ar	nd enforcing conserv	ation easements	during	g the year ► \$		
Does each conservation easement reported on line 2(d) a $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	above satisfy the req	uirements of sec	tıon		☐ Yes	┌ N
In Part XIV, describe how the organization reports conserbalance sheet, and include, if applicable, the text of the fothe organization's accounting for conservation easements	ootnote to the organi					
Complete if the organization answered "Yes"			or Otl	her Similar	Assets.	
If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for p provide, in Part XIV, the text of the footnote to its financial	oublic exhibition, edu	cation or researd	h ın fu			e,
If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public 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				- \$		
If the organization received or held works of art, historical following amounts required to be reported under SFAS 110			r fınan	cıal gaın, prov	ıde the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2010						Page 2
Par	Organizations Maintaining Co	llections of Art, F	listorical Trea	sures, or Othe	er Similar As	ssets (c	ontinued
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	-	-		tion	
а	Public exhibition	•	d Loan or	exchange programs	5		
b	Scholarly research	•	e Γ Other				
c	Preservation for future generations						
1	Provide a description of the organization's co Part XIV	ollections and explain	how they further t	he organization's ex	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		•		nılar	┌ Yes	Г No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complete	ıf the organıza	tion answered "Y	es" to Form !	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıa	ary for contributio	ns or other assets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the foll	lowing table				
					Aı	nount	
с	Beginning balance			1c			
d	Additions during the year			1d			
e	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?			│ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete	f the organization a (a)Current Year			rt IV, lıne 10. d)Three Years Bacl	(/a)Eour	Vaara Bad
.a	Beginning of year balance	26,111,075	23,190,428	32,465,676	d)Tillee Tears back	(e) our	rears baci
ь	Contributions	556,315	1,431,472	281,260		1	
c	Investment earnings or losses	4,805,060	2,517,466	-7,572,136			
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses	653,199	1,028,291	1,984,372			
g	End of year balance	30,819,251	26,111,075	23,190,428			
2	Provide the estimated percentage of the yea	r end balance held as					
а	Board designated or quasi-endowment 🕨	35 720 %					
ь	Permanent endowment - 64 280 %						
С	Term endowment ► 0 %						
За	Are there endowment funds not in the posses	ssion of the organization	on that are held a	nd administered for	the		
	organization by					Yes	No
	(i) unrelated organizations				3a	``	No
	(ii) related organizations				3a	- 	N o
	If "Yes" to 3a(II), are the related organizatio	·			3	b	<u> </u>
l De t	t VI Investments—Land, Building:			Part V June 10			
4:1	TWI Investments—Land, Buildings	s, and Equipment	(a) Cost or oth		(c) Accumulated	.	
	Description of investment		basis (investme		depreciation	(d) Bo	ook value
la	Land		3,900,0	1,586,829			5,486,82
b	Buildings		366,1	.42 88,444,490	20,175,61	12 6	68,635,02
c	Leasehold improvements			440,067	294,23	37	145,83
	F			45.654.075	9 66E 11	.1	6,986,76
d	Equipment			15,651,875	8,665,11	<u> </u>	0,900,70
	0.11			26,583,911	1		14,311,572

Part VII Investments—Other Securities. See (a) Description of security or category	1	. (c) Method of valuation	
(including name of security)	(b) Book value	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A) MARKETABLE COMMODITIES	23,149		С
(B) INVESTMENTS HELD IN TRUST	36,324,720		F
(C) OTHER	1,000		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related. See	00,010,000	3	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	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, Iir	ne 15.		
(a) Descrip	otion	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X		·	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
U S GOVERNMENT ADVANCES DEPOSITS	1,870,826 221,943		
OTHER LIABILITIES	281,027		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,373,796		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	99,642,317
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	92,423,713
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,218,604
4	Net unrealized gains (losses) on investments	4	4,582,539
5	Donated services and use of facilities	5	-1,048
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	783,061
9	Total adjustments (net) Add lines 4 - 8	9	5,364,552
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	12,583,156
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	83,166,976
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 507,677		
е	Add lines 2a through 2d	2e	5,090,216
3	Subtract line 2e from line 1	3	78,076,760
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 82,579		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	21,565,557
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	99,642,317
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	70,583,820
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a	Donated services and use of facilities		
ь	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	87,529
3	Subtract line 2e from line 1	3	70,496,291
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 82,579		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	21,927,422
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	92,423,713

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE UNIVERSITY ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (PRIOR AUTHORITATIVE LITERATURE FIN 48), WHICH BECAME EFFECTIVE FOR YEARS BEGINNING AFTER DECEMBER 15, 2008, RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE PRONOUNCEMENT REQUIRES THAT THE UNIVERSITY RECOGNIZE IN ITS FINANCIAL STATEMENTS THE FINANCIAL EFFECTS OF A TAX POSITION, IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS OF THE POSITION THE PRONOUNCEMENT ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE TAX POSITIONS TAKEN RELATED TO THE UNIVERSITY'S STATUS AND STATE TAXES HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE UNIVERSITY WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION ACCORDINGLY, THE UNIVERSITY HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF MAY 31, 2011, THE UNIVERSITY'S TAX YEARS 2007 TO 2010 REMAIN SUBJECT TO EXAMINATION
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON INTEREST RATE SWAP 275,384 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 507,677
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 507,677
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS 21,844,843 SPECIAL EVENTS EXPENSES -361,865
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES 361,865 UNREALIZED GAIN ON INTEREST RATE SWAP -275,384
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS 21,844,843

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DLN: 93493096007042

OMB No 1545-0047

2010

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

Schools

Name of the organization
DALLAS BAPTIST UNIVERSITY

Employer identification number

75-6001300 Part I YES NO 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 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? Yes 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 If you need more space use Part II Yes 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? 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 Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6а Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 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 Part II 7 Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493096007042

Employer identification number

OMB No 1545-0047

Open to Public Inspect ion

SCHEDULE F (Form 990)

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

DALLAS BAPTIST UNIVERSITY 75-6001300 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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 For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (c) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is a (f) Total offices in the employees or region (by type) (e g, program service, describe expenditures for region agents in region or fundraising, program specific type of region/investments ındependent services, investments, grants service(s) in region in region to recipients located in the contractors region) EAST ASIA AND THE 1 10 PROGRAM SERVICES INSTRUCTION 686,228 PACIFIC

10

10

686,228

686,228

	(b) IRS code	space is needed. (c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount of	(h) Description	(i) Method of
a) Name of rganization	section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, othe
		EAST ASIA/PACIFIC	TEACH ENGLISH LANGUAGE	686,228	WIRE			FMV

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	~	Yes	Г	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	٦	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	٦	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ত	No

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

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

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DLN: 93493096007042

OMB No 1545-0047

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.

Inspection

Name of the organization

Employer identification number

DALLAS BAPTIST UNIVERSITY			75-6001300	
Part I Fundraising Activities. Complete	e if the organizat	tion answered "Yes"	to Form 990, Part IV	, lıne 17.
Indicate whether the organization raised funds of the mail solicitations Internet and e-mail solicitations In-person solicitations In-person solicitations Did the organization have a written or oral agree	e f g	Solicitation of no Solicitation of go Special fundraisi	n-government grants vernment grants ng events	
or key employees listed in Form 990, Part VII) b If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the organization.	entities (fundraise	rs) pursuant to agreem	ents under which the fur	
(i) Name and address of (ii) Activity individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes No			
「otal	🕨			

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	R. PERRY DINNER (event type)		T. LANDRY DINNER (event type)	3 (total number)	(Add col (a) through col (c))	
Жe	1	Gross receipts	464,410	121,945	104,146	690,501
Revenue	2	Less Charitable contributions	407,595	111,375	75,846	594,816
	3	Gross income (line 1 minus line 2)	56,815	10,570	28,300	95,685
	4	Cash prizes				
ဟ	5	Non-cash prizes	22,300	3,712 18,		44,108
Expenses	6	Rent/facility costs	9,811	21,976		31,787
ă	7	Food and beverages	83,519	27,330	14,384	125,233
Drea	8	Entertainment	27,403	30,971		58,374
ā	9	Other direct expenses .	70,834	29,413	2,117	102,364
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	361,866
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	$(1, \ldots, 1, \ldots, k) \blacktriangleright ($	-266,181
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
—		\$15,000 OH 10HH 330 EZ, H	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
-		Gross revenue				
Jses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	Г Yes % Г No	┌ Yes % ┌ No	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9		ter the state(s) in which the organiza				
a b		the organization licensed to operate 'No," Explain				· Fyes FNo
		, · <u></u>				
10a b		re any of the organization's gaming 'Yes," Explain			the tax year?	Yes No

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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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

DLN: 93493096007042

Inspect ion

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization DALLAS BAPTIST UNIVERSITY

Employer identification number

						75-6001300	
Part I General Informatio	n on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as:	sistance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, line duplicated if additional	ssistance to Gove e 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
_							
2 Enter total number of section 50 3 Enter total number of other orga						.	
For Brigger Act and Banerwork Reduction	Act Notice coathe T	netrustions for Form 00	•	Cat No EOOFED		Cahadu	lo I /Form 000\ 2010

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par	rt 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	3418	22,085,250			

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

Ident if ier	Return Reference	Explanation
	,	SCHEDULE I, PART I, LINE 2 THE UNIVERSITY HAS A FINANCIAL AID OFFICE WHICH IS CHARGED WITH THE
MONITORING GRANTS		RESPONSIBILITY OF APPLYING SCHOLARSHIPS TO STUDENT ACCOUNTS IN COMPLIANCE WITH ALL FEDERAL
IN THE U S		REQUIREMENTS, DONOR RESTRICTIONS ON ENDOWMENT INCOME TO BE USED FOR SCHOLARSHIPS AND
		INTERNAL POLICIES FOR INSTITUTIONAL SCHOLARSHIP FUNDS IN RELATION TO ELIGIBILITY REQUIREMENTS

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DLN: 93493096007042

OMB No 1545-0047

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.

Open to Public Inspection

Name	of	t he	orga	nizat ion	
DALLAS	BΑ	PTIST	UNIV	/ERSITY	

Employer identification number

75-6001300

Pa	rt I Questions Regarding Compensation	1				
	-				Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	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	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or- reimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		·			
	Compensation committee	<u> </u>	• •			
	Independent compensation consultant	고	· · · · · · · · · · · · · · · · · · ·			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemen	ital non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	, did the organization pay or accrue any			
а	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, compensation contingent on the net earnings of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) COOK GARY R	(I) (II)	418,387 0	0	271,725 0	44,600 0	30,947 0	765,659 0		
(2) BLACKBURN J BLAIR	(I) (II)	188,516 0	67,115 0	1,585 0	15,081 0	46,350 0	318,647 0		
(3) DOWD DENNIS C	(I) (II)	139,168 0	0	10,210	11,709 0	6,848 0	167,935 0		
(4) LINAM R GAIL	(1) (11)	149,092 0	0	692 0	11,909 0	6,489 0	168,182 0		
(5) GREGORY RICK R	(1) (11)	140,192 0	0	6,974 0	12,596 0	6,819 0	166,581 0		
(6) KAVLI SUZANNE E	(I) (II)	90,365 0	0	52,254 0	11,014 0	6,570 0	160,203 0		
(7) MALONE DANIEL R	(I) (II)	135,657 0	0	3,350 0	11,749 0	4,146 0	154,902 0		
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PART II COLUMN B(III) FOR GARY COOK - A DEFERRED COMPENSATION ARRANGEMENT WAS ENTERED INTO FOR YEARS BEGINNING IN 2000 (LATER REVISED) A PORTION OF THE DEFERRED COMPENSATION VESTED AND BECAME TAXABLE IN 2010 ALSO INCLUDED IS AN AMOUNT FOR HOUSING EXPENSE AND A CONTRIBUTION TO COOK'S 403(B) PLAN COLUMN C FOR GARY COOK - INCLUDES DEFERRED COMPENSATION PROVIDED IN 2000 WHICH VESTED IN 2010 BUT IS NOT PAID, AS WELL AS NONTAXABLE RETIREMENT EMPLOYER CONTRIBUTIONS COLUMN D GARY COOK AND J BLAIR BLACKBURN - AMOUNTS IN COLUMN D PROVIDES FOR THE NONTAXABLE VALUE OF CAMPUS HOUSING UNDER SECTION 119, AND/OR NONTAXABLE MEDICAL BENEFITS

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

DLN: 93493096007042 OMB No 1545-0047

> Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization DALLAS BAPTIST UNIVERSITY Employer identification number

75-6001300

Pa	rt I Bond Issues								I.					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing
									Yes	No	Yes	No	Yes	No
Δ	CITY OF TATUM TEXAS HIGHER EDUCATION FACILITIES			12-01-2007	10,000,00	STUDEI HOUSII FACILI	NG/EDUCAT	-ION		х		Х		x
R	CITY OF TATUM TEXAS HIGHER EDUCATION FACILITIES			10-01-2002	7,000,00	0 STUDEI	NT HOUSIN	G		х		Х		х
Pai	rt II Proceeds													<u> </u>
	110cccus				А			В		С		1	D	
1	A mount of bonds retired													
2	Amount of bonds legally defea	ased												
3	Total proceeds of issue				1	0,193,703		7,033,395						
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds													
6	Proceeds in refunding escrow													
7	Issuance costs from proceed	S				52,212		83,639						
8	Credit enhancement from pro-	ceeds												
9	Working capital expenditures	from proceeds				328,405 328,405								
10	Capital expenditures from pro	ceeds				8,942,651		5,683,241						
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completio	n			200	8	20	04				•		
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as par	t of a current refun	ding issue?			X		X						
15	Were the bonds issued as par	t of an advance ref	unding issue?			Х		Х						
16	Has the final allocation of pro	ceeds been made?			Х		Х							
17	Does the organization mainta allocation of proceeds?	ın adequate books	and records to su	ipport the final	Х		х							
Par	t IIII Private Business l	Jse												
					A			В		C			D	
					Yes	No	Yes	No	Yes		No	Yes	_	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Х

Part III Private Business Use (Continued)

	Titude Justiness ese (community		A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×				
b	Are there any research agreements that may result in private business use of bond-financed property?		×		×				
С	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		х				
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								
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								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		x		х				
D-	WITH Aubituace								

Part IV	Arbitrage	

		A		В	}	C		D	
		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?								
	bollu 155ue.		X		X				
2	Is the bond issue a variable rate issue?		Х		Х				
3a	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X				
ь	Name of provider		1		1		•		l.
								ļ	
С	Term of hedge		1		1		_		ı
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
	Were gross proceeds invested in a GIC?			1					
4a			Х		Х				
b	Name of provider								
С	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								
5	period?		×		×				
6	Did the bond issue qualify for an exception to rebate?								

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanat ion

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493096007042

Schedule L Tran

(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

2010

Open to Public Inspection

Name of the DALLAS BAPTIS	e organizat ion ST UNIVERSITY							E	mployer ic	lent if ica	ition numbe	er
							75-6001300 501 (c)(4) organizations only). 25a or 25b, or Form 990-EZ, Part V, line 4 Description of transaction persons during the year under					
											ına 40b	
				res onron	111 9 9 0 , F	·				ait v, i		orrected?
1	(a) Name of disq	ualified	person			(b) Desc	ription c	ftrans	action		Yes	No
2 Entarti	as amount of tax impos	od on t	ho organ	uzation man	agors or	disqualified perso	one duru	ag tha v	voar under			
	4958		ile Organ		• •			-	F	\$		
3 Enterti	ne amount of tax, if any	, on line	e 2, abov	ve, reimburs	ed by the	e organization .			🕨	\$		
		_										
Part II	Loans to and/or					Part IV line 26	or Form	. aan - F	7 Part \/	line 38	. a	
	Complete if the organi.			1 163 0111	01111 9 9 0	, r art IV , ille 20 ,	01 1 0111	1 9 9 0 - 1		, iiie 30		
(a) Name of	ınterested person and	1	oan to m the	(c)0 rig	unal				1 ''		(g)Written	
(a) italiio or	purpose	l .	zation?	principal		(d)Balance due	default?		1 '		agreement?	
		То	From	1			Yes	No		ar under .	Yes	No
(1) GARY CO	OK REAL ESTATE											
NOTE						260,000		N -	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		V	
			X		550,000	260,000		INO	Yes	+	Yes	
			+							+		
Total					▶ \$	260,000						
	Grants or Assista						l	7				
(complete if the orga	anizatio	1			rm 990, Part IV en interested per		<i>/</i> .				
(a) N	ame of interested pers	on	('	•	•	ien interested per: Janization	son	(c) A m	nount of gr	ant or ty	ype of assis	stance
					•	-						

Part TV Bus	iness Transact	tions Involving T	nterested Persons

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

Complete if the organization	m answered res on	101111 330, 1 arc 1 v , 111	10 200, 200, 01 20C.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	atıon's
	organization	Yes	No		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

xplanat ion
×

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization DALLAS BAPTIST UNIVERSITY

Employer identification number

					75-6001300			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of determining amounts		ontribut	ion
1	Art—Works of art			<u>-9</u>				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		90.925	COST OF DONATE	D PRO	PFRT	
5	Clothing and household							
good	3	Х		13,200	COST OF DONATE	D PRO	PERT	Υ
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	ADVERT		_					
	Other ► (SPACE)	X	2	· ' ' '	COST OF DONATE			
	Other ► (OTHER)	Х	18		COST OF DONATE			
	Other ► (STONE)	X	1	10,400	COST OF DONATE	ED PRO	PERT	<u>Y</u>
28	Other ► ()				 			
29	Number of Forms 8283 received by for which the organization complete				29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f				d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptano	e policy that requires the	review of any non-standard	contributions?	31		No
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493096007042

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization DALLAS BAPTIST UNIVERSITY

Employer identification number

75-6001300

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE IRS FORM 990 IS PREPARED INTERNALLY BY THE FINANCIAL AFFAIRS DIVISION OF THE UNIVERSITY THE INFORMATION GATHERED AND REVIEWED TO PREPARE THE FORM 990 COMES FROM NUMEROUS SOURCES THESE SOURCES INCLUDE THE UNIVERSITY'S FINANCIALS, PAYROLL RECORDS, BOARD OF TRUSTEES DOCUMENTS, ETC. THE FINAL DRAFT OF THE FORM 990 IS PRESENTED TO THE FULL BOARD BEFORE IT IS ELECTRONICALLY FILED.

Software ID: Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posit	(C tion (hat a	che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
PARKS ALVA G SENIOR ADVISOR TO THE PRES	13 00	х						28,054	0	0	
PEDERSEN HERBERT L DIRECTOR OF INTERN PROG	8 00	х						20,159	0	0	
CARLISLE JERRY L ADJUNCT INSTRUCTOR	5 00	Х						15,150	0	0	
LASSITER WRIGHT L ADJUNCT INSTRUCTOR	5 00	Х						12,720	0	0	
ARNOLD MICHAEL	1 00	Х						0	0	0	
TRUSTEE BAILEY BERTRAIN	1 00	X						0	0	0	
TRUSTEE BYRD ELLEN	100	^						0	0		
TRUSTEE	1 00	Х						0	0	0	
CARTER WANDA TRUSTEE	1 00	х						0	0	0	
CRAIN GAYLA TRUSTEE	1 00	х						0	0	0	
DEAN ROBERT TRUSTEE	1 00	х						0	0	0	
DELKUS PETE TRUSTEE	1 00	х						0	0	0	
FORD NITA TRUSTEE	1 00	х						0	0	0	
GRIFFIN MICHAEL TRUSTEE	1 00	Х						0	0	0	
JAYAPRABHU SUDHEER TRUSTEE	1 00	х						0	0	0	
JONES ANITA TRUSTEE	1 00	х						0	0	0	
LEPPERT LAURA TRUSTEE	1 00	Х						0	0	0	
MADDOX DAVID TRUSTEE	1 00	Х						0	0	0	
MOON DAVID TRUSTEE	1 00	Х						0	0	0	
MOORE JACKIE TRUSTEE	1 00	х						0	0	0	
MORAGA BERNARDO TRUSTEE	1 00	Х						0	0	0	
NATION JIM TRUSTEE	1 00	Х						0	0	0	
PILGRIM KENNETH TRUSTEE	1 00	Х						0	0	0	
PINSON BOBBIE TRUSTEE	1 00	х						0	0	0	
PLEITZ DANIEL TRUSTEE	1 00	Х						0	0	0	
RENFROW DOROTHY TRUSTEE	1 00	Х						0	0	0	
1	I	l		l	<u> </u>	I	l	l			

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RIOS LUDWINGK TRUSTEE	1 00	х						o	0	0
ROBINSON W SCOTT TRUSTEE	1 00	Х						0	0	0
SADLER JEANNETTE TRUSTEE	1 00	Х						0	0	0
SKAGGS RONALD TRUSTEE	1 00	Х						0	0	0
SLETTE DONNA SPENCE TRUSTEE	1 00	Х						0	0	0
SMITH PATSY TRUSTEE	1 00	Х						0	0	0
STUART MARY TRUSTEE	1 00	Х						0	0	0
TREW JOAN TRUSTEE	1 00	X						0	0	0
TURNER JULIE TRUSTEE	1 00	Х						0	0	0
TYROCH GRADY TRUSTEE	1 00	Х						0	0	0
WARREN JEFFREY TRUSTEE	1 00	Х						0	0	0
WILLIAMS CHERRY TRUSTEE	1 00	Х						0	0	0
WILLIAMS SONNY TRUSTEE	1 00	Х						0	0	0
YIP BIANCA TRUSTEE	1 00	X						0	0	0
COOK GARY R PRESIDENT	60 00			х				690,112	0	75,547
BLACKBURN J BLAIR EXECUTIVE VICE PRESIDENT	60 00			х				257,216	0	61,431
DOWD DENNIS C VICE PRES FOR GRADUATE & CORP AFFAIRS	40 00			х				149,378	0	18,557
BRUNTMYER ERIC I VICE PRESIDENT FOR FINANCIAL AFFAIRS	40 00			х				138,822	0	4,938
LINAM DENNIS B VICE PRESIDENT OF EXTERNAL AFFAIRS	40 00			х				107,651	0	8,718
LINAM R GAIL VICE PRESIDENT AND PROVOST	40 00			х				149,784	0	18,398
MURRAH MATTHEW T VICE PRESIDENT FOR TECHNOLOGY	40 00			х				91,689	0	8,073
WRIGHTADAM C VICE PRESIDENT FOR ADVANCEMENT	40 00			х				114,901	0	8,979
GREGORY RICK R VICE PRESIDENT AND DEAN	40 00			х				147,166	0	19,415
KAVLI SUZANNE E PROFESSOR OF LEADERSHIP	40 00					х		142,619	0	17,584
MALONE DANIEL R GENERAL COUNSEL	40 00					х		139,007	0	15,895

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

	•									
(A) Name and Title	(B) (C) A verage hours Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MACMILLAN DANIEL G PROFESSOR OF HIGHER EDUCATION	40 00					х		136,238	0	11,183
MULLEN STEVEN K DEAN/PROF OF CHRISTIAN EDUCATION	40 00					х		131,384	0	10,309
CONNER FRANCES C DEAN/PROFESSOR OF MANAGEMENT	40 00					х		128,546	0	10,105

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

4d. Other program services

(Code) (Expenses \$ 5,025,711 including grants of \$) (Revenue \$ 8,253,910)

AUXILIARY SERVICES - IN ORDER TO PROMOTE INTEGRATION OF FAITH AND LEARNING IN THE ACADEMIC SETTING, DBU PROVIDES AUXILIARY SERVICES TO OUR STUDENTS IN THE FORM OF RESIDENCE HALLS, APARTMENTS, TOWNHOMES AND DINING SERVICES THESE SERVICES CREATE A COMFORTABLE ENVIRONMENT FOR ACADEMIC PURSUITS WHILE FOSTERING A SENSE OF COMMUNITY AMONG OUR DIVERSE STUDENT POPULATION, ENRICH THE COLLEGE EXPERIENCE AND PROVIDE

LEADERSHIP OPPORTUNITIES TO SERVE THE ON-CAMPUS STUDENT BODY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	YES, THE ORGANIZATION DOES MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY OF DEALING WITH "CONFLICT OF INTEREST" SPECIFICALLY, THE FINANCIAL AFFAIRS VICE PRESIDENT REVIEWS ALL PURCHASE ORDERS AND APPROVES THE PURCHASE ORDERS IN ORDER TO MONITOR WHETHER OR NOT AN OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAS A CONFLICT OF INTEREST AND IS BEING REIMBURSED AS SUCH IF AT ANY TIME AN OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE SHOULD APPEAR TO HAVE A CONFLICT OF INTEREST, THE INFORMATION IS THEN PROVIDED TO THE APPROPRIATE ENTITY FOR THEM TO ACT UPON

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATION'S TOP OFFICER THE ORGANIZATION'S TOP OFFICER REVIEWS AND APPROVES THE COMPENSATION OF THE REMAINING OFFICERS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,582,539 DONATED SERVICES AND USE OF FACILITIES -1,048 UNREALIZED GAIN ON INTEREST RATE SWAP 275,384 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 507,677 TOTAL TO FORM 990, PART XI, LINE 5 5,364,552

Identifier	Return Reference	Explanation
OVERSIGHT OR SELECTION PROCESS	,	NO CHANGE HAS BEEN MADE TO THE OVERSIGHT OR SELECTION PROCESS DURING THE YEAR

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TY 2010 Itemized Other Current Liabilities Schedule

Name: DALLAS BAPTIST UNIVERSITY

EIN: 75-6001300

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
DALLAS BAPTIST UNIVERSITY ASIA CO LTD		OTHER		2,189