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DLN: 93493062007024

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspec<u>tio</u>n A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable DALLAS SEMINARY FOUNDATION Address change 75-2188543 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 3909 Swiss Avenue Terminated (214)887-5190 Amended return City or town, state or country, and ZIP + 4 Dallas, TX 752046411 Application pending **G** Gross receipts \$ 62,421,623 Name and address of principal officer **H(a)** Is this a group return for STEPHEN M GOLDING ┌ Yes 🗸 No affiliates? 3909 SWISS AVENUE DALLAS, TX 75204 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number ► Website: ► www dallasseminaryfoundation org L Year of formation 1987 **M** State of legal domicile TX Part I Summary Briefly describe the organization's mission or most significant activities
TO SUPPORT THE MISSION OF DALLAS THEOLOGICAL SEMINARY BY OFFERING CHARITABLE PLANNED GIVING AND OTHER RELATED SERVICES TO FRIENDS OF THE SEMINARY Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 15 4 10 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 10 **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 0 **Prior Year Current Year** 7.853.901 6,468,317 Contributions and grants (Part VIII, line 1h) . . 329,030 Program service revenue (Part VIII, line 2g) . 368,560 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 901,318 1,724,757 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 9,084,249 8,561,634 13 3,924,128 4,227,072 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 367,057 440,734 Expenses 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 220,927 b 522,393 231,839 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,899,645 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,813,578 19 Revenue less expenses Subtract line 18 from line 12 . 4,270,671 3,661,989 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 52,340,513 55,405,929 21 Total liabilities (Part X, line 26) 26,130,195 27,060,275 22 Net assets or fund balances Subtract line 21 from line 20 26,210,318 28,345,654 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 2014-02-28 Signature of officer Date Sign Here Carrie Park Director of Finance Type or print name and title

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

Print/Type preparer's name

Firm's name

Firm's address 🕨

Paid

Preparer

Use Only

Check Γ self-employed

Firm's EIN 🕨

Phone no

Date

Preparer's signature

PTIN

•	(-				1 age 2
Par	31111	Statement of Program Service Check if Schedule O contains a respons			
1	Briefl	y describe the organization's mission			
		RT THE MISSION OF DALLAS THEOLO ERVICES TO FRIENDS OF THE SEMIN		CHARITABLE PLANNED GIVI	NG AND OTHER
2	the pr	e organization undertake any significant ior Form 990 or 990-EZ?	`. · · · · · · · · · · · · · ·	which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services on Sched	dule O		
3	servic	e organization cease conducting, or mak es?		ducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on Schedule (0		
4	expen	tibe the organization's program service ac ses Section 501(c)(3) and 501(c)(4) or tal expenses, and revenue, if any, for eac	ganizations are required to report t		
4a	(Code	e) (Expenses \$	4,321,981 including grants of \$	4,227,072) (Revenue \$	368,560)
	INCLU	IDED ADMINISTRATION OF FUNDS GIVEN PRIMARI IDE DONOR ADVISED FUNDS MAKING GRANTS TO ITIES, SCHOLARSHIPS AND DESIGNATED GRANTS			
4b	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
4d	Othe	er program services (Describe in Schedul			
	(Exp	enses \$ 0 includi	ng grants of \$	0) (Revenue \$	0)
4e	Tota	l program service expenses 🕨	4,321,981		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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^{\bullet}	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{2}$	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, line 10? 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		Νo
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	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? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{\gamma}$ 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		No
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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			1
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	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		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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? <i>If</i> "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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	<u> </u>
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4		163	_ I
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	┧		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
za -	Tax Statements, filed for the calendar year ending with or within the year covered by this return)		
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		ľ
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		1
ь				'
ט	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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		l
2	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
	organization solicit any contributions that were not tax deductible as charitable contributions?			L
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	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		ı
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		V	
4	file Form 8282?	7c	Yes	
-	21 res, indicate the number of forms 0202 med during the year 1 1 1 1	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		١
	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.			
a	Did the organization make any taxable distributions under section 4966?	9a		١
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		L
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	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)			
a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O	-		\vdash
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
Ξ.	Enter the amount of reserves on hand	1		
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	, 1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		H

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CARRIE PARK 3909 Swiss Avenue Dallas, TX (214) 887-5193

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h ar or/tr	ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Norman E Miller	5	х						0	0	0
Director (2) Larry Jobe	 									
(2) Larry Jobe	5	х						0	О	0
Director "										
(3) Fred Sewell	5	x						0	0	0
Director		,						Ů	ŭ	
(4) Robert Murchison	5	,								•
Director		Х						0	0	0
(5) Robert McCulloch	5									
Director		Х						0	0	0
Director (6) Michael Hemp	5									
		х						0	0	0
Director (7) James Chand										
(7) James Stroud	5	x						0	o	0
Director										
(8) Jerry Smith	5	x						0	0	0
Director		^						o o	ď	U
(9) Mark L Bailey	0									
Director	40	Х						0	183,997	75,628
(10) Robert Riggs	0									
		Х						0	75,694	60,210
Director (11) Dale Larson	40									
(11) Dale Laison		х		Х				0	122,876	13,900
Secretary	40									
(12) Mike Redden	5	x						0	o	0
Director								Ŭ	Ŭ	
(13) Stephen Golding	40	v		х				_	130,000	^
President	0	Х		^				0	120,000	0
(14) Rod Clark	5									
Director		Х						0	0	0
(15) Carrie Park	40						\Box			
		х		Х				0	65,893	0
Treasurer	0									
	1	I			I	l	l l	I		

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	than o	ne l both	oox, an c	heck unless officer stee)		Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ited fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
1b	Sub-Total			٠.	<u>. </u>	<u> </u>		 						
С	Total from continuation shee	ts to Part VII, S	ection A	Α.				Þ						
d	Total (add lines 1b and 1c) .							*		0		50		149,738
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f	ormer officer, dii	ector o	r trus	tee,	key	emplo	yee	, or highes	t compen	sated employee		res	NO
	on line 1a? If "Yes," complete	Schedule J for suc	ch indiv	ıdual	•	•		•				3		No
4	For any individual listed on lir organization and related organization and related organizations.											4	Yes	
5	Did any person listed on line : services rendered to the orga									anızatıon	or individual for	<u> </u>	1 103	No
											L		1	
1	Complete this table for your fi compensation from the organi	ve highest comp											tax year	
		(A) Name and business						· ·			(B) cription of services		(C Comper)
												\dashv		
												\perp		
												-		
	Total number of independent co	ontractors (inclu	dına but	t not	lımıt	ed to	thos:	e list	ted above)	who rece	ıved more than	-		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99								Page 9
Part V	7 🕶	Statement o	f Revenue ule O contains a respon	ise to any question i	ın thıs Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
रु इ	1a	Federated camp		0				
nan	Ь	Membership du	es 1b	0				
€ ق	С	Fundraising eve	ents 1c	0				
if s	d	Related organiz	rations 1d	300,000				
nii.G	l e	Government grants	s (contributions) 1e	0				
Sir	f			6,168,317				
uği Per	'	similar amounts no	ons, gifts, grants, and 1f ot included above					
중	g	Noncash contribution 1a-1f \$	ons included in lines	1,987,576				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		6,468,317			
				Business Code				
E E	2a	ADMINISTRATIVE F	EES	561000	368,560	368,560	o	0
е Же	ь			301000	300,300	300,300	Ŭ	<u>_</u>
or GE	c							
Z .	d							
<u> 3</u>	e							
ra F	f	All other progra	ım service revenue		0	0	0	0
Program Serwce Revenue	-	-					ŭ	
	g		s 2a – 2f		368,560			
	3		ome (including dividend ar amounts)		704,496	o	О	704,496
	4		tment of tax-exempt bond p	_	0	0	0	0
	5	Royalties		▶	0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental incor	me or (loss)					
	l _	Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other than inventory	54,880,250	0				
	b	Less cost or other basis and	53,859,989	0				
	c	sales expenses Gain or (loss)	1,020,261	0				
	ď		s)		1,020,261	o	o	1,020,261
ıne	8a	Gross income fi	rom fundraising	-				
Other Revenue			reported on line 1c) le 18 a					
thе	ь		penses b					
0	c		loss) from fundraising (events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b	Less direct ex	penses b					
	С		loss) from gamıng actı) آ	/ities . ►				
	10a	Gross sales of returns and allo						
		. Scarns und and	a					
	ь	Less cost of go	oods sold b					
	С		(loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenu	L					
	e	Total. Add lines	s 11a-11d	🟲	0			
	12	Total revenue.	See Instructions	<u> </u>	8,561,634	368,560	0	1,724,757

Form 990 (2012) Part IX Statement of Functional Expenses

	Statement of Functional Expenses			1-4 1 (4.)	
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Part include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,227,072	4,227,072		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	185,893	0	62,947	122,946
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	177,983	0	139,352	38,631
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0	0	0	0
9	Other employee benefits	51,023	0	32,659	18,364
10	Payroll taxes	25,835	0	14,468	11,367
11	Fees for services (non-employees)				
а	Management				
ь	Legal	1,379		1,379	
c	Accounting	24,285		24,285	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	25,905		25,905	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	5,098			5,098
12	Schedule O)			2 024	
13	Office expenses	15,735		3,934	11,801
	·	22 772		22.041	0.922
14 15	Information technology	32,773		22,941	9,832
	·				
16	Occupancy	1.003		2.662	1 221
17 18	Travel	4,883		3,662	1,221
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,669		5,002	1,667
23	Insurance				<u> </u>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROFESSIONAL DUES & DEVELOPMENT	3,974	0	3,974	0
b	SUBSCRIPTIONS AND BOOKS	1,981	0	1,981	0
c	MISCELLANEOUS	5,803	0	5,803	0
d	OFFICE EXPENSES	8,445	0	8,445	0
е	All other expenses	94,909	94,909		
25	Total functional expenses. Add lines 1 through 24e	4,899,645	4,321,981	356,737	220,927
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	T X	Check if Schedule O contains a response to any question in this	Part X				· · · · <u>「</u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			146,249	2	105,513
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		•	30,386	4	772
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L		0	5	0	
ts	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(l)$ employers and sponsoring organizations of section $501(c)(9)$ v beneficiary organizations (see instructions) Complete Part II o	ontributing employees'	0		0	
Assets	,	Notes and loans receivable, net			552.878	7	546,170
AS.	7 8	Inventories for sale or use			332,878	8	0
	-				23,876		18,778
	9	Prepaid expenses and deferred charges			23,076	9	10,776
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	945,650		1	
	b	Less accumulated depreciation	10b	40,385	1,372,013		905,265
	11	Investments—publicly traded securities			49,713,342	11	53,110,717
	12	Investments—other securities See Part IV, line 11			501,769	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	718,714
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			52,340,513	16	55,405,929
	17	Accounts payable and accrued expenses		•	52,181	17	55,284
	18	Grants payable			0	18	0
	19	Deferred revenue		•	2,476	19	2,258
	20	Tax-exempt bond liabilities			0	20	0
φ.	21	Escrow or custodial account liability Complete Part IV of Sche	dule D		0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif		tees,			
æ		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	5		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai					
		D			26,075,538	25	27,002,733
	26	Total liabilities. Add lines 17 through 25			26,130,195	26	27,060,275
s es		Organizations that follow SFAS 117 (ASC 958), check here ► [lines 27 through 29, and lines 33 and 34.	✓ and co	omplete			
Ē.	27	Unrestricted net assets			13,322,427	27	14,696,027
- B3	28	Temporarily restricted net assets			4,939,969	28	3,559,670
Z	29	Permanently restricted net assets			7,947,922	29	10,089,957
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► ┌	and			
0.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
45 S	32	Retained earnings, endowment, accumulated income, or other fi				32	
7 ₩	33	Total net assets or fund balances		_	26,210,318		28,345,654
Ŋet	34	Total liabilities and net assets/fund balances			52,340,513		55,405,929
	"	rotar navinties and net assets/fully valdifees		•	52,340,513	34	55,405,929

Par	t XI Reconcilliation of Net Assets				-g
	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		8,5	561,634
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,8	399,645
3	Revenue less expenses Subtract line 2 from line 1	3		3,6	61,989
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26,2	210,318
5	Net unrealized gains (losses) on investments	5		-1,5	21,000
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-5,653
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		28,3	345,654
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equirec	3b		

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As Filed Data -

DLN: 93493062007024

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ) Department of the Treasury

Name of the organization

DALLAS SEMINARY FOUNDATION

Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

Inspection

									75-2188	543			
	rt I			blic Charity Sta						ınstructı	ions.		
he o	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 thro	ugh 11, check	only one b	ox)				
1	Γ			on of churches, or as				ection 170(b)(1)(A)(i).				
2	Г	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	lule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation desci	rıbed ın sectio	n 170(b)(1)(A)(iii).				
4	Γ	hospita	ıl's name, cı	n organization operat ty, and state			•						
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or o	perated by	a governme	ntal unit	descr	ıbed ın	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)								
6		A feder	al, state, or	local government or	government	al unit desc	crıbed ın secti	on 170(b)(1)(A)(v).				
7	⊽ ⊢	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi). described in sectior	(Complete P	art II)		_	ental unit or	from the	gene	ral public	
9	Ė			at normally receives					butions, mer	nbership	fees.	and gros	ss
	•			ities related to its ex									
				oss investment inco	•	=							
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section	509(a)(2). (C	omplete Pa	rt III)	•			
10	Γ			ganized and operated						ı			
11	Γ	one or the box	more public that descri	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr orting organ	ibed in sect ization and	tion 509(a)(1) complete line) or section s 11e throi	509(a)(2) : ugh 11h	See sect i	ion 50)9(a)(3).	Check
е	Γ	other t	han foundatı	ox, I certify that the on managers and otl									
f		If the o	this box	received a written de						e III sup	portir	ng organi:	zation,
g		followir	ng persons?	2006, has the organi				•		. \		W = =	
				irectly or indirectly o governing body of th	•		_	persons de	actinea III (I	' <i>'</i>	11g(Yes	No
				er of a person descri		_				}	11g(-	
		• •	•	lled entity of a perso	• •		above?			-	11g(i		
h				ng information about						L	9(,	<u> </u>
						J	(- /						
:	i) Nam suppor rganiza	ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is t organizati col (i) list your gove docume	on in ted in rning	(v) Did you the organiz in col (i) o suppor	zatıon ıf your	(vi) Is organiza col (i) or in the l	tion in ganized			nount of etary port
				instructions))	Yes	No	Yes	No	Yes	No			

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.)

S	ection A. Public Support	•	•		<u>, , , , , , , , , , , , , , , , , , , </u>	•		
	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	L 2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,837,213	2,000,765	5,603,473	7,853,901	6,4	68,317	24,763,669
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	C	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	C	0	О	0		0	0
4 5	Total. Add lines 1 through 3 The portion of total contributions	2,837,213	2,000,765	5,603,473	7,853,901	6,4	68,317	24,763,669
	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							6,457,567
6	(f) Public support. Subtract line 5 from line 4							18,306,102
	ection B. Total Support							
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	. 2	(f) Total
7	A mounts from line 4	2,837,213	2,000,765	5,603,473	7,853,901	6,4	68,317	24,763,669
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	420,040	301,260	372,933	535,615	71	04,496	2,334,344
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)	257,480	278,871	301,165	329,030	30	68,560	1,535,106
11	Total support (Add lines 7 through 10)							28,633,119
12	Gross receipts from related activiti	ies, etc (see inst	ructions)			12		
13	First five years. If the Form 990 is this box and stop here	<u> </u>	<u> </u>				organi	zation, check
	ection C. Computation of Pul							
14	Public support percentage for 2012			11, column (f))		14		63 933 %
15	Public support percentage for 201:	1 Schedule A, Par	t II, line 14			15		58 468 %
16a	33 1/3% support test—2012. If the				ine 14 is 33 1/3%	or more, c	heck th	
	and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization median	organization did in qualifies as a pu — 2012. If the organition meets the "fa	not check a box o ublicly supported anization did not o acts-and-circums	n line 13 or 16a, organization check a box on lir stances" test, che	ne 13, 16a, or 16 eck this box and :	b, and line stop here. E	14 Explain	▶ ┌
b 18	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization Private foundation. If the organization	nization meets the ition meets the "fa	e "facts-and-circ acts-and-circums	umstances" test, stances" test Tho	check this box a e organization qu	nd stop he i alifies as a	re. publici	▶
	instructions							▶ □

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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	rm 990 or 990-EZ) 2012 Page	<u> </u>
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	Facts And Circumstances Test	
	Explanation	
PART II, LINE	10 (OTHER INCOME) - ADMINISTRATIVE FEE INCOME	

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493062007024

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** DALLAS SEMINARY FOUNDATION

			75-2188543
Pa	organizations Maintaining Donor Ad organization answered "Yes" to Form 990		nds or Accounts. Complete if the
	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	71	
2	Aggregate contributions to (during year)	1,440,635	(
3	Aggregate grants from (during year)	1,297,077	
4	Aggregate value at end of year	12,596,850	(
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		advised
6	Did the organization inform all grantees, donors, and cused only for charitable purposes and not for the bene conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete	f the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education)	rtified historic structure
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) according to the structure listed in the National Register		2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	by the organization during
	the tax year ▶		
4	Number of states where property subject to conservat	ion easement is located 🛌	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, handli	ng of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insper-	ecting, and enforcing conservation easeme	ents during the year
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements o	during the year
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem	e footnote to the organization's financial s	·
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y		r Other Similar Assets.
1a	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, or	research in furtherance of public
b	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar assesservice, provide the following amounts relating to the	ets held for public exhibition, education, or	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$.
	(ii) Accests included in Form 990. Part V		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, HIS	<u>storical li</u>	<u>reasur</u>	es, or O	tne	r Similar As	ssets (<u>continued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cl	neck any of	the follo	wing that a	re a	significant us	e of its	
а	Public exhibition		d	┌ Loan	or exch	ange progra	ams			
b	Scholarly research		е	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expla	ain hov	w they furthe	er the or	ganızatıon'	's ex	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donation	sofar	t, historical	treasur	es or other	sım	ılar		_
	assets to be sold to raise funds rather than t								☐ Yes	☐ No
Pai	Escrow and Custodial Arrang Part IV, line 9, or reported an an					answered	j "Y	es" to Form '	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for contribu	utions oi	rother ass	ets r	not	┌ Yes	Г No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing table		_				
						-		Aı	mount	
С	Beginning balance					<u> </u>	1c			
d	Additions during the year					<u> </u>	1d			
е	Distributions during the year					-	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•					☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation has	been pro	ovided in P	art X	(111		
Pa	rt V Endowment Funds. Complete									
	Parameter for a section to the section of	(a)Current year 10,312,253	(b)	Prior year 10,533,778		o years back 7,226,726	+	Three years back 5,962,855		6,591,363
1a	Beginning of year balance						-			260,013
Ь	Contributions	2,388,855		481,784		2,127,281		602,401		260,013
С	Net investment earnings, gains, and losses	-13,068		-59,592		1,711,104		921,226		-655,153
d	Grants or scholarships	622,274		638,546		525,314		248,159		227,259
e	Other expenditures for facilities and programs	o		0	ı	0		0		0
f	Administrative expenses	3,694		5,171		6,019		11,597		6,109
g	End of year balance	12,062,072		10,312,253		10,533,778		7,226,726		5,962,855
2	Provide the estimated percentage of the curi	rent vear end balan	ce (lır	ne 1a. colum	nn (a)) h	eld as			l	
а	Board designated or quasi-endowment ▶	0 %		- 5 ,	(,,					
b	Permanent endowment • 91 %									
	r ennament endowment F) %								
С	Temporarily restricted endowment From The percentages in lines 2a, 2b, and 2c shows the percentage and 2c shows the 2c shows the percentage and 2c									
За	Are there endowment funds not in the posses		ation	that are hel	d and ac	lministered	lfor	the		
Ju	organization by	ssion of the organiz	acion	that are her	a ana ac	illilli Stered	1 101	cire	Ye	s No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations							3a	(ii)	No
	If "Yes" to 3a(II), are the related organizatio	•					٠	3	b	
4	Describe in Part XIII the intended uses of the				10					
26	t VI Land, Buildings, and Equipme Description of property	ent. See Form 99	90, Pa	(a) Cost o		(b)Cost or o	ther	(c) Accumulate	d (d)	Book value
	Description of property			basis (inve		basis (othe		depreciation	(4)	
1a	Land				454,648		0			454,648
b	Buildings				444,376		0		0	444,376
c	Leasehold improvements				0		0		0	0
d	Equipment				0	46,	626	40,3	385	6,241
					0		0		0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	ımn (B), lıne	10(c).)			🛌		905,265

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value		od of valuation
	(=) ===:::		f-year market value
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
REFUNDABLE ADVANCES	23,666		
ANNUITY OBLIGATIONS	2,064,756		
AMOUNTS HELD ON BEHALF OF OTHERS	16,875,059		
LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	8,039,252		
Total (Column (h) must squal form 200, Best V (m) (m) (m)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	27,002,733		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the tex	t of the footnote to the orga	nization's financial states	ments that renorts the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	7,040,634
2	Amounts 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 XIII) 2d 0		
e	Add lines 2a through 2d	2e	-1,521,000
3	Subtract line 2e from line 1	3	8,561,634
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 0		
b	Other (Describe in Part XIII) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,561,634
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	4,899,645
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,899,645
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 0		
b	Other (Describe in Part XIII) 4b 0		
C	Add lines 4a and 4b	4 c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,899,645

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	To provide scholarship funds to Dallas Theological Seminary
SchD_P10_S00_L02		The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based upon the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statement of activities. As of June 30, 2013 and 2012, the Foundation had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.

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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.

OMB No 1545-0047

DLN: 93493062007024

Open to Public

Schedule I

(Form 990)

Department of the Treasury ► Attach to Form 990

lame of the organization						Employer identificati	on number
PALLAS SEMINARY FOUNDATION						75-2188543	
Part I General Information							
 Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza 	ard the grants or as tion's procedures f	ssistance? or monitoring the use o	f grant funds in the Unite	ed States			√Yes No
Part II Grants and Other As Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and govern	ment organizations list	ed in the line 1 table .			. _	35
3 Enter total number of other organ				Cat No FOOFED			0
or Danamuark Badustian Act Natica coa	the Instructions for	EARM OOA		Cat No EDDEED		Cahadu	In T /Form 000\ 2012

П	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
_	Part III can be duplicated 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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02		Grants made are almost exclusively donor directed When a request is received, confirmation of tax-exempt status of the donor organization is attained, research is also performed to determine mission and doctrinal position of organization to ensure it does not conflict with purpose of Dallas Seminary Foundation

Schedule I (Form 990) 2012

Software ID: 12000197

Software Version: v1.00

EIN: 75-2188543

Name: DALLAS SEMINARY FOUNDATION

(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 grant or assistance
DALLAS THEOLOGICAL SEMINARYBUSINESS OFFICE 3909 SWISS AVENUE DALLAS,TX 75204	75-0827421	501 (c)(3)	3,125,376				General Support
DALLAS SEMINARY FOUNDATION3909 SWISS AVENUE DALLAS,TX 75204	75-2188543	501 (c)(3)	226,680				General Support

(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 grant or assistance
AFRICA NEW LIFE MINISTRIES INTERNATIONAL7145 SW VARNS ST STE 201 PORTLAND, OR 97223	48-1291935	501 (c)(3)	139,413				General Support
FAMILY LIFEPO BOX 7111 LITTLE ROCK.AR 72223	95-6006173	501 (c)(3)	111,000				General Support

(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 grant or assistance
FREDONIA HILL BAPTIST CHURCH1711 SOUTH STREET NACOGDOCHES,TX 75961	75-6001634	501 (c)(3)	61,600				General Support
NORTHWEST BIBLE CHURCH8505 DOUGLAS DALLAS,TX 75225	75-0964577	501 (c)(3)	30,000				General Support

(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 grant or assistance
BIG APPLE CHAPELCO NATALIE HSIEH 200 WATER ST APT 512 NEW YORK,NY 10038	00000000	501 (c)(3)	28,546				General Support
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO, FL 32862	95-6006173	501 (c)(3)	24,500				General Support

(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 grant or assistance
YOUTH FOR CHRISTPO BOX 1164 ROCHESTER, MN 55903	41-1406307	501 (c)(3)	19,200				General Support
CROSSBRIDGE COMMUNITY CHURCH 25700 OVERLOOK PARKWAY SAN ANTONIO,TX 78260	00000000	501 (c)(3)	16,500				General Support

(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 grant or assistance
FIRST CHOICE WOMEN'S RESOURCE CENTER82 SPEEDWELL AVENUE MORRISTOWN,NJ 07960	22-2560940	501 (c)(3)	15,000				General Support
MASTERMEDIA INTERNATIONAL330 N SIXTH STREET 110 REDLANDS,CA 92374	33-0104548	501 (c)(3)	15,000				General Support

(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 grant or assistance
NORTHWEST COMMUNITY CHURCH8900 GUILBEAU RD SAN ANTONIO,TX 78250	74-2378858	501 (c)(3)	15,000				General Support
THE NAVIGATORSPO BOX 6000 COLORADO SPRINGS,CO 80934	84-6007896	501 (c)(3)	14,300				General Support

(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 grant or assistance
BEE WORLD18940 BASE CAMP RD MONUMENT,CO 80132	75-1459777	501 (c)(3)	11,500				General Support
WYCLIFFE BIBLE TRANSLATORSPO BOX 628200 ORLANDO,FL 32862	95-1831097	501 (c)(3)	11,500				General Support

(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 grant or assistance
GRACE BIBLE CHURCH COLLEGE STATIONATTN CARL JAEDICKE 700 ANDERSON ST COLLEGE STATION,TX 77840	74-6072966	501 (c)(3)	10,000				General Support
LIBERTY INSTITUTE2001 W PLANO PKWY STE 1600 PLANO,TX 75075	75-1403169	501 (c)(3)	10,000				General Support

(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 grant or assistance
PEACEMAKER MINISTRIES PO BOX 81130 BILLINGS,MT 59108	36-3206639	501 (c)(3)	10,000				General Support
THE NEW YORK CITY LEADERSHIP CENTERPO BOX 9157 LONG ISLAND CITY,NY 11103	20-8991671	501 (c)(3)	10,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance
PIONEERS10123 WILLIAM CAREY DR ORLANDO,FL 32832	52-1206938	501 (c)(3)	9,300				General Support
GRACE BIBLE CHURCH - DALLAS11306 INWOOD ROAD DALLAS,TX 75229	75-1090510	501 (c)(3)	8,500				General Support

(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 grant or assistance
RREACH17110 DALLAS PKWY STE 230 DALLAS,TX 75248	75-2181879	501 (c)(3)	8,500				General Support
EAST WEST MINISTRIES INTERNATIONALPO BOX 868050 PLANO,TX 75086	75-2486132	501 (c)(3)	7,540				General Support

(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 grant or assistance
PARACLETE MISSION GROUPPO BOX 912576 DENVER,CO 80291	36-3559944	501 (c)(3)	6,500				General Support
NEW TRIBES MISSION1000 E FIRST STREET SANFORD,FL 32771	39-6024926	501 (c)(3)	6,440				General Support

(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 grant or assistance
PEORIA CHRISTIAN SCHOOL3506 N CALIFORNIA AVENUE PEORIA,IL 61603	37-6006386	501 (c)(3)	6,000				General Support
TITUS 2 4 MINISTRIES INC PO BOX 797566 DALLAS,TX 75379	75-1938938	501 (c)(3)	6,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSPEL FOR ASIA1800 GOLDEN TRAIL CT CARROLTON,TX 75010	73-1099096	501 (c)(3)	5,750				General Support
MERCY SHIPSPO BOX 2020 GARDEN VALLEY,TX 75771	95-3793975	501 (c)(3)	5,750				General Support

(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 grant or assistance
EQUIPPED FOR LIFE MINISTRIES6809 PARK LANE DALLAS,TX 75225	30-0190309	501 (c)(3)	5,500				General Support
MULTNOMAH BIBLE COLLEGE8435 NE GLISAN STREET PORTLAND,OR 97220	93-0398802	501 (c)(3)	5,500				General Support

(a) Name and address of organization or government	ration if applicable grant cash		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
REASONS TO BELIEVE731 E ARROW HWY GLENDORA,CA 91740	33-0168048	501 (c)(3)	5,500			General Support
SECOND STORIESPO BOX 66884 PORTLAND,OR 97290	30-0574195	501 (c)(3)	5,500			General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST PRESBYTERIAN CHURCH1627 WILLIAMS DR STE 101B GEORGETOWN,TX 78628	26-2291378	501 (c)(3)	5,200				General Support

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Part I Questions Regarding Compensation

DLN: 93493062007024

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization DALLAS SEMINARY FOUNDATION **Employer identification number**

75-2188543

			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees				
	Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)				
	precionary spending account pressures (e.g., maid, chauneur, cher)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 504(1)(2) and 504(1)(4) are already as a large time 5.0				
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
5	compensation contingent on the revenues of				
а	The organization?	5a		No	
	Any related organization?	5b		No	
	If "Yes," to line 5a or 5b, describe in Part III	<u> </u>			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a		Νo	
b	Any related organization?	6b		Νο	
	If "Yes," to line 6a or 6b, describe in Part III				
7					
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			Na	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No	

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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)Mark L Bailey Director	(i) (ii)	0 183,997	0 0	0 0	0	0 75,628	0 259,625	0 201,785	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference

Schedule J (Form 990) 2012

Explanation

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DLN: 93493062007024

Employer identification number

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organizations 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 SEMINARY FOUNDATION

75-2188543 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 52 1,983,298 AVG MKT VALUE Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy Historical artifacts 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (__ 26 Other ►(___ **27** Other ▶(___ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Page 2

Schedule M	(Form 990) (201	2
Part II	Supplem	1

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493062007024

OMB No 1545-0047

2012

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Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization DALLAS SEMINARY FOUNDATION

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

75-2188543

ldentifier	Return Reference	Explanation
F990_P05_S00_L02a	Form 990, Part V, Line 2a	Dallas Theological Seminary pays the salaries for Dallas Seminary Foundation and files the Form W-3 Dallas Seminary Foundation reimburses Dallas theological Seminary for salary expenditures
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Jerry Smith, Robert Murchison, Fred Sewell, Robert McCulloch, Mike Redden, Norm Miller and Rod Clark - Business Relationship
F990_P06_S0A_L04		The bylaws were amended to change the various responsibilities held by both the Chairman of the Board as well as the Foundation President An indemnification clause was also added
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The 990 is reviewed by the organization's auditing firm prior to being submitted to the audit committee and governing board
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Board members are required to sign a conflict of interest document once a year
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Officers who are not employees are not compensated For other officers, the Board determines a reasonable salary based on benchmarks
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Available upon request - hard copy or pdf versions available
F990_P09_S00_L05		Dallas Seminary Foundation reimburses DTS for DSF officer salary
F990_P11_S00_L09	Form 990, Part XI, Line 9	Change in value of split-interest agreements

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DLN: 93493062007024

2012

OMB No 1545-0047

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SCHEDULE R (Form 990)

DALLAS SEMINARY FOUNDATION

Related Organizations and Unrelated Partnerships

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

Department of the Treasury

Internal Revenue Service Name of the organization

Employer identification number 75-2188543

Part I Identification of Disregarded Entities (Com	plete if the organization	answered "Yes" t	o Form 990, Pa	rt IV, line 33	.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asse	ts	(f) Direct controlling entity				
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete If I the tax year.)	the organization a	I Inswered "Yes"	to Form 990	, Part IV	/, line 34 because i	t had o	ne		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	ion Public chai (if section !	ity status	(f) Direct controlling entity	(13) con entit			
(1) Dallas Theological Seminary	Education	TX	501(c)(3)	170(b)(1)(A	(n)		Yes	No		
3909 Swiss Avenue Dallas, TX 75204					,,,	N/A				
75-0827421 (2) Dallas Seminary Foundation Vision Fund 3909 Swiss Avenue	Pooled common fund foundation established to support purpose of Dallas Seminary Foundation	TX	501(c)3)	170(b)(1)(E)(III)		170(b)(1)(E)(III)		Dallas Seminary Foundation		No
Dallas, TX 75204 75-2242740								<u> </u> -		
For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.	Cat No 501	35Y			Schedule R (For	m 990) 2	2012		

(a) Name, address, and El	IN of	(b) Primary activity		(d Dire	ct	(e) Predominant	total income d, from er	(g) Share of					ral or F	(k) Percentage
related organizatioi	n		domicile (state or foreign country)	contro enti	unrelated excluded fro tax under	unrelated, unrelated, excluded from tax under sections 512-		e end-of-year assets	allocat	ions?	amount in box 20 of Schedule K-1 (Form 1065)	mana part		ownership
						514)			Yes	No		Yes	No	
Part IV Identification of Related line 34 because it had one o	Organizations Taxable r more related organization	as a Corpo ons treated a	ration s a cor	or Tr poratio	ust (C on or t	Complete if rust during	the organ	iization an ear.)	swere	d "Ye	s" to Form	990,	Part I	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f counti	il ile oreign		Direct o	ntity (C o	(e) oe of entity corp, S corp, or trust)	(f) Share of total income	0	(g) re of end of-year assets	d- Percen owner	tage	co	(i) ction 512 (b)(13) ontrolled entity?
(1) CHARITABLE REMAINDER TRUSTS (28)	Charitable Remainder Trusts					Т							Ye	es No
3909 Swiss Avenue Dallas, TX 75204		TX												

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No	
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed	ın Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		No	
b	b Gift, grant, or capital contribution to related organization(s)			1b	Yes		
c	Gift, grant, or capital contribution from related organization(s)			1c	Yes		
d	d Loans or loan guarantees to or for related organization(s)			1d		No	
e	Loans or loan guarantees by related organization(s)			1e		No	
f	F Dividends from related organization(s)			1f		No	
				1g		No	
	h Purchase of assets from related organization(s)			1h		No	
	i Exchange of assets with related organization(s)			1i		No	
	Lease of facilities, equipment, or other assets to related organization(s)			1j		No	
-							
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k	Yes		
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11		No	
m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Yes		
0	Sharing of paid employees with related organization(s)			10	Yes		
р	Reimbursement paid to related organization(s) for expenses			1 p		No	
q	Reimbursement paid by related organization(s) for expenses			1q		No	
r	r Other transfer of cash or property to related organization(s)			1r	Yes		
s	S Other transfer of cash or property from related organization(s)			1s	Yes		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere						
	(a)(b)Name of other organizationTransactionArrtype (a-s)	(c) mount involved	(d) Method of determining amo	unt ır	nvolved		

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000197

Software Version: v1.00

EIN: 75-2188543

Name: DALLAS SEMINARY FOUNDATION

Schedule R (Form 990) 2012

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)							
Identifier Return Reference		Explanation					