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DLN: 93493101003337

OMB No 1545-0047

2015

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/foim990</u>

Return of Organization Exempt From Income Tax

Open	to	Public
		ction

Interna	al Rev	venue Serv	ice						Tusbeonou
A F	or th	e 2015 ca	alendar year, or tax year begi	inning 06-01-2015 , and ending 05	-31-2016	}			
B Che	eck ıf	applicable	C Name of organization DALLAS BAPTIST UNIVERSITY				D Emplo	yer id	lentification number
		s change					75-6	0013	00
Na		change	Doing business as				-		
- - - - - - - - - - - - -		eturn					E Teleph	one nu	mber
return/	term	ınated	Number and street (or P O box 3000 MOUNTAIN CREEK PARK)	x if mail is not delivered to street address) WAY	Room/suite	е			
		d return		, country, and ZIP or foreign postal code			(214	333-	-5160
Ap	olicati	ion pending	DALLAS, TX 752119299	, country, and ZIP of foreign postar code			G Gross	receipt	s \$ 125,391,884
			F Name and address of pr	uncipal officer	$\overline{}$	11/->			
			GARY COOK	merpar officer		H(a) Is the	nis a group ordinates?		rn for
			3000 MOUNTAIN CREEK DALLAS,TX 752119299			No			·
——— т Та:	x-exe	empt status				H(b) Are	all subord uded?	ınates	Yes No
			501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527			n a lis [.]	t (see instructions)
J W	ebsit	te:► WV	WW DBU EDU			H(c) Gro	•		,
K Forr	n of c	organization	n	ssociation Other ►			ormation 1		M State of legal domicile TX
		. 5	, 						
Pa	rt I	Sun	nmary						
				ssion or most significant activities FUNIVERSITY IS TO PROVIDE CH	UDICT C	ENTERER	OHALITY	шсі	IED EDUCATION IN
				SSIONAL STUDIES AT BOTH THE					
				UDENTS IN ORDER TO PRODUCE			S WHO H	AVE	THE ABILITY TO
20	-	INTEGRA	A LE FAITH AND LEARNING	THROUGH THEIR RESPECTIVE C	ALLINGS	<u>S</u>			
E	-								
Governance	-								
	2	Check tl	his box ▶ ┌ if the organization	on discontinued its operations or dis	sposed of	f more than	25% of it	s net a	assets
Activities &	١,	Numahar	of voting mambara of the gar	common body (Dart VI. line 15)				٦	1 27
ıtıe			-	verning body (Part VI, line 1a) . ers of the governing body (Part VI, l				3 4	37
Ę				d in calendar year 2015 (Part V.) line				5	2,012
∢			• •	e if necessary)	•		• •	6	0
			•	m Part VIII, column (C), line 12 .				7a	0
				ne from Form 990-T, line 34				7b	
				· · · · · · · · · · · · · · · · · · ·		1	or Year	<u> </u>	Current Year
	8	Contr	ributions and grants (Part VII	II, line 1h)			15,651	,058	15,079,208
₫	9		am service revenue (Part VI				104,433	,657	107,587,698
Ravenua	10			Iumn (A), lines 3, 4, and 7d)			1,822	,739	2,005,460
æ	11	Othei	r revenue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 11	1e)		209	,203	203,998
	12		revenue—add lines 8 through	h 11 (must equal Part VIII, column	(A), line		122,116	,657	124,876,364
		12)				+			
	13		•	Part IX, column (A), lines 1-3).			27,129		28,307,838
	14			art IX, column (A), line 4)				0	0
\$	15	5 a lar 5 - 10		ployee benefits (Part IX, column (A)	i, iines		51,046	,166	52,876,687
Expenses	16 a	a Profe	· ssional fundraising fees (Par	t IX, column (A), line 11e)				0	0
άx	ь	Total f	undraising expenses (Part IX, colum	nn (D), line 25) ▶1,309,084					
ш	17			(A), lines 11a-11d, 11f-24e)	 .		36,016	,472	37,680,903
	18			(must equal Part IX, column (A), lin			114,191		118,865,428
	19	Revei	nue less expenses Subtract	line 18 from line 12		•	7,924	,954	6,010,936
S & &						Beginning	of Current	Year	End of Year
Net Assets or Fund Balances		T	annata (Dant V. Ing. 4.6)			<u> </u>			
Ass AB	20						182,557	_	182,650,663
N S	21			ract line 21 from line 20			171,564	-	173,502,065
Par			nature Block	Tact fine 21 from fine 20			171,504,	002	173,302,003
				e examined this return, including acc	 company	ıng schedul	es and sta	ateme	nts, and to the best of
my kı	nowle	edge and	belief, it is true, correct, and	complete Declaration of preparer (
prepa	rer h	nas any k	nowledge						
		***	** *			2	017-04-11		
Sign		Sign	nature of officer				ate		
Here			MATTHEW MURRAH VP FOR FINAN	CIAL AFFAIRS	_		_	_	
		<u> </u>	e or print name and title						
			Print/Type preparer's name IRA L NEVELOW	Preparer's signature IRA L NEVELOW	Dat	Ch	eck [if	PTIN P000	83210
Paid		-	Firm's name				f-employed m's EIN ► 7		
Pre	•	er ⊦	Firm's address > 12221 MERIT DRI				one no (97)		
Use	Or	nly				[(5/.	_, .50	

. ✓Yes No

4c

Total program service expenses ▶

138,670) ACADEMIC SUPPORT - DBU RECOGNIZES THE STRONG CORRELATION BETWEEN QUALITY ACADEMIC SUPPORT AND STUDENT RETENTION AND SUCCESS AT DBU, ACADEMIC SUPPORT IS VIEWED AS MORE THAN HELPING STUDENTS SCHEDULE, REGISTER FOR CLASSES, ETC. IT IS SEEN AS AN OPPORTUNITY TO INVEST IN THE LIVES OF STUDENTS, DEVELOP PERSONAL AND CARING RELATIONSHIPS WITH STUDENTS, AND SERVE AS MODELS OF SERVANT LEADERSHIP THAT STUDENTS CAN EMULATE IN ADDITION TO THE UNIVERSITY'S COMMITMENT TO ACADEMIC SUPPORT FOR DBU STUDENTS, IT HELPS EMPOWER THEM TO ATTAIN THEIR PERSONAL ACADEMIC GOALS

- (Code) (Expenses \$ 48,275,769 including grants of \$) (Revenue \$ 4,137,844) STUDENT SERVICES - DBU ASSISTS PARENTS AND STUDENTS WITH PROGRAMS AND SERVICES THAT SUPPORT STUDENTS INTELLECTUALLY, PHYSICALLY, SPIRITUALLY AND SOCIALLY THESE SERVICES INCLUDE STUDENT TESTING, DINING SERVICES, HEALTH SERVICES, CAREER SERVICES AND COUNSELING SERVICES OUR RESIDENCE LIFE AND RECREATIONAL LIFE STAFF PROVIDE HOUSING SUPPORT SERVICES AND STUDENT RECREATIONAL SERVICES TO ENSURE THAT OUR STUDENTS ARE HEALTHY PHYSICALLY, EMOTIONALLY AND SPIRITUALLY OUR ATHLETIC DEPARTMENT IS ALSO INCLUDED IN THIS AREA AND PROVIDES SUPPORT FOR OUR STUDENT ATHLETES AS THEY REPRESENT OUR UNIVERSITY AT ATHLETIC EVENTS FINALLY, OUR REGISTRAR'S OFFICE AND FINANCIAL AID OFFICE THE MISSION OF THE UNIVERSITY TO PROVIDE AN INTEGRATION OF FAITH AND LEARNING AND PROMOTES THE DEVELOPMENT OF STUDENTS AS SERVANT-LEADERS
- ASSIST OUR STUDENTS IN ENROLLING FOR THE APPROPRIATE CLASSES AND BEING ABLE TO AFFORD THE COST OF EDUCATION EACH OF THESE AREAS SUPPORTS See Additional Data 4d Other program services (Describe in Schedule O) (Expenses \$ 7.798.289 including grants of \$) (Revenue \$ 10,905,229)

93.428.177

Page 2

√No

Par	t 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? If "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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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 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			
	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	
	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	
	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	11 c		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 3	11 d		No
	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? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
	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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	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, 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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	1990 (2013)			rage -
Pa	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

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," 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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28h

28c

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31

32

33

34

35a

35b

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37

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Yes

Form 990 (2015)

Yes

Part V	Statements	Regarding	Other	IRS	Filinas	and	Tax	Compliance

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V		T	
12	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 22	7	Yes	No
		· · · · · · · · · · · · · · · · · · ·	0		
		ne organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
·		ng (gambling) winnings to prize winners?	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		statements, filed for the calendar year ending with or within the year covered s return	2		
ь	,	east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
		int)?	4a		No
b	If"Ye	es," enter the name of the foreign country			
		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
Ea	(FBAF	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
			5b		
С	II Ye	s," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	-	ization solicit any contributions that were not tax deductible as charitable contributions?	.s		
	were r	not tax deductible?	6b		
	_	nizations that may receive deductible contributions under section 170(c).			
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required orm 8282?	to 7c		No
d		s," indicate the number of Forms 8282 filed during the year			
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
			7e		No
		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	requir	organization received a contribution of qualified intellectual property, did the organization file Form 8899 a red?	1S 7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	7h		
8		soring organizations maintaining donor advised funds.			
		donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
٥-	_		8		
		ne sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10		on 501(c)(7) organizations. Enter	-		
		tion fees and capital contributions included on Part VIII, line 12 10a			
b		receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilit Section	nes on 501(c)(12) organizations. Enter	I		
		sincome from members or shareholders			
b		s income from other sources (Do not net amounts due or paid to other sources			
	agains	st amounts due or received from them)........... <mark>11b</mark>			
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the			
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the	e organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo	-		
		onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans			
c		the amount of reserves on hand			
14a	Dıd th	ne organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
b	If"Ye	s," 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 or note to any line in this Part VI.

Se	ction A. Governing Body and Management		<u> </u>	✓
	etten Ar Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a 37			
	year	-	ļ	
	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 1b 34			
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		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		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?	8 b	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	ction B. Policies (This Section B requests information about policies not required by the Internal F	<u>≀eveni</u>		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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	
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)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed▶			
.8	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			

(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, address, and telephone number of the person who possesses the organization's books and records

DR MATTHEW MURRAH 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

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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,2033 11100,	,	organization and related organizations
See Additional Data Table										
			•			*				
c Total from continuation shed d Total (add lines 1b and 1c)	•			-	٠.			3,323,134	0	551,475
2 Total number of individuals (\$100,000 of reportable com	ncluding but not	limited t	o the	se I	ıste	d abov	e) wl	no received more th	ian	

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
EBS SOLUTIONS INC	CLEANING SERVICES	888,078
PO BOX 192627 DALLAS, TX 75219		
EXCEL COMMERCIAL	PAINTING SERVICES	577,166
PO BOX 211946 BEDFORD, TX 76021		
BOOHERMCGEE & ASSOCIATES INC	ARCHITECTURAL SERVICES	541,309
1318 SOUTH MAIN STREET DUNCANVILLE, TX 75137		
COMPLETE LANDSCULPTURE	LANDSCAPING SERVICE	396,375
2000 SANDY LN DALLAS, TX 75220		
VERITY GROUP	COPIER SERVICE	308,912
PO BOX 940361 PLANO, TX 75094		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 7

Yes

No

Form 99								Page S
Part V	/++1	Statement of						_
		Check If Sched	ule O contains a res	ponse or note to any l	Ine In this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns	1a				
Grants nount	ь	Membership di	ues	1b				
Gra	c	Fundraising ev	ents	1c 724,952				
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	d			 1d				
		Government grant						
	е	_						
atio er	f	All other contributi similar amounts n	ions, gifts, grants, and ot included above	1f 10,081,001				
^듩	g	Noncash contribut 1a-1f \$	ions included in lines	120,435	j			İ
ng n	h	Total. Add line	s 1a-1f		15,079,208			
<u>S</u>				Business Cada				-
	2a	TUITION AND FEE	S	Business Code 611710	96,503,176	96,503,176		
r Kr	ь	DORMITORY INCO	•	611710		6,701,820		1
ń Œ	l c	DINING HALL INCO		611710	<u> </u>	3,073,908		
<u> </u>	d	ATHLETIC PROGRA	AMS	611710		368,054		+
ૐ ⊂	e	MISSION TRIPS		611710	287,497	287,497		
gran	f	All other progr	am service revenue		653,243	653,243		
Ğ	g	Total Add line	s 2a-2f		107,587,698			+
	3		come (including divid					+
		and other simil	lar amounts)		1,980,876			1,980,876
	4		stment of tax-exempt bo	nd proceeds >	9,955			9,955
	5	Royalties .	(ı) Real	(II) Personal	7,755			3,755
	6a	Gross rents	(1) 11321	(ii) i eiseilai	1			
	b	Less rental			-			
	"	expenses Rental income			-			
	°	or (loss)						
	d	Net rental inco	ome or (loss)					-
	7a	Gross amount	(ı) Securities	(II) Other	1			
		from sales of assets other than inventory	173,143	53,300				
	ь	Less cost or other basis and	154,146	47,713				
		sales expenses Gain or (loss)	18,997	5,587				
	c d		ss)	*	24,584	5,587		18,997
	8a	- '	from fundraising		,	,		<u>'</u>
Other Revenue		Ψ	4,952 s reported on line 1c)				
e.				a 101,630				
Ę.	b		(penses	b 313,661	-212,031			-212,031
0	C 9a		(loss) from fundraisii from gaming activitie		-212,031			-212,031
			ne 19					
	ь	Less directer	openses	a b	-			
			(loss) from gaming a		-			
	10a	Gross sales of returns and all		•				
	ь	less costofa		a	-			
			(loss) from sales of i		1			
		Miscellaneou	s Revenue	Business Code				
	11a	FOOD SERVIC	CEINVESTMENT	611710	· ·			91,969
	b	BOOKSTORE	INVESTMENT	611710	· · ·			50,000
	С	STUDENT INS FEES	SURANCE ADMIN	611710	14,335			14,335
	d	All other reven	nue		249,770			249,770
	е	Total. Add line	s 11a-11d		406,074			
	12	Total revenue.	See Instructions .		124,876,364	107,593,285		0 2,203,871

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must	complete column	(A)
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	Γ				
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	26,257,262	26,257,262		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,050,576	2,050,576		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,369,713	772,885	1,500,048	96,780
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	41,316,174	33,442,482	6,984,235	889,457
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,711,003	2,180,768	458,593	71,642
9	Other employee benefits	3,651,416	2,671,847	896,288	83,281
10	Payroll taxes	2 020 204	2 202 004	470.053	65.220
		2,828,381	2,293,001	470,052	65,328
11	Fees for services (non-employees) Management				
a b	5	57,987	1,830	56,157	
c	Legal	113,054	1,830	113,054	
d	Lobbying	113,034		113,034	
e	Professional fundraising services See Part IV, line 17				_
f	Investment management fees	27,629		27,629	_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,083,197	3,382,004	2,701,193	
12	Advertising and promotion	1,345,896	1,211,021	131,374	3,501
13	Office expenses	6,214,747	3,040,888	3,108,508	65,351
14	Information technology	1,563,585	241,007	1,322,578	
15	Royalties				
16	Occupancy	7,598,093	4,139,069	3,448,584	10,440
17	Travel	3,569,489	2,748,769	798,158	22,562
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	427,142	304,955	121,445	742
20	Interest	44,544		44,544	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,164,675	6,180,335	984,340	
23	Insurance	83,626	214	83,412	
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	TUITION REMISSION	3,000,130	2,181,023	819,107	
b	ATHLETIC EXPENSES	188,848	188,848		
c d	STUDENT FINE ARTS PRODU	137,678	133,067	4,611	
e	All other expenses	60,583	6,326	54,257	
25	Total functional expenses. Add lines 1 through 24e	118,865,428	93,428,177	24,128,167	1,309,084
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)				

Form 990 (2015)			Page 11
Part X	Balance Sheet			_
	Check if Schedule O contains a response or note to any line in this Part X $$. $$.			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	8,001,546	1	3,688,015
2	Savings and temporary cash investments	4	2	15

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

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10a

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iabilities.

Fund Balances

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Net Assets

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

129,489

303.954

50,590

768,588

129,245,967

40,829,007

4,212,493

4,071,100

3,302,056

1,775,442

9,148,598

134,646,528

8,826,552

30,028,985

173,502,065

182,650,663 Form 990 (2015)

182,650,663

3,422,545

146,916

3,056,120

221.810

51,912

883,597

124,828,002

41,049,515

4.317.940

6 216 916

3,441,883

1,334,561

10,993,360

132,860,715

11,093,652

27,609,635

171,564,002

182,557,362

182,557,362

197,324,292

68,078,325

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7

9

10c

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Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . . 2 Revenue less expenses Subtract line 2 from line 1 . . . 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 Net unrealized gains (losses) on investments . . . 5 6 7 8

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting

Donated services and use of facilities .

Investment expenses .

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Prior period adjustments .

Check if Schedule O contains a response or note to any line in this Part XII

Cash ✓ Accrual COther

Both consolidated and separate basis

9 10

1

2b Yes 2c Yes 3a Yes

> Yes Form 990 (2015)

Page 12

124,876,364

118,865,428

171,564,002

-3,611,127

-1,048

-460,698

▽

No

Νo

173,502,065

Yes

2a

3b

6,010,936

1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in a separate basis, consolidated basis, or both Consolidated basis

Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Additional Data

Software ID:

Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

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

(Code) (Expenses \$ 7,798,289 including grants of \$) (Revenue \$ 10,905,229)
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 STUDENT POPULATION, ENRICH THE COLLEGE EXPERIENCE AND PROVIDE LEADERSHIP
OPPORTUNITIES TO SERVE THE ON-CAMPUS STUDENT BODY

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 per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than one both an officer and a director more than officer and a director more more than officer and a director more more more more more more more mo						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trust⊬ë		npłoyee	t compensated	-					
AMMONS GREGORY L ADJUNCT INSTRUCTOR	8 00	X						22,067	0	0		
HARRIS RONALD L ADJUNCT INSTRUCTOR	3 00	×						3,500	0	0		
PEDERSEN HERBERT L ADJUNCT INSTRUCTOR	12 00	×						26,171	0	C		
ARNOLD MILES TRUSTEE	1 00	×						0	0	C		
BAILEY BERTRAIN TRUSTEE	1 00	×						0	0	С		
CARTER WANDA TRUSTEE	1 00	×						0	0	C		

1 00

1 00

1 00

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CRAIN GAYLA

DELKUS PETE

DOTY SANDRA

DURHAM JOHN TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(c) Position (do not check more than one box, an officer and a director/trustee engloyee (do not check more than one box, an officer and a director/trustee engloyee (individual trustee or director					an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
FORD NITA TRUSTEE	1 00	×						0	0	0	
GRIFFIN MICHAEL TRUSTEE	1 00	x						0	0	0	
JAYAPRABHU SUDHEER TRUSTEE	1 00	x						0	0	0	
JONES ANITA TRUSTEE	1 00	х						0	0	0	
KU CHARLES TRUSTEE	1 00	×						0	0	0	
LEPPERT LAURA TRUSTEE	1 00	×						0	0	0	
NATION IV	1 00										

1 00

1 00

1 00

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Χ

NATION JIM

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

.....

PHILLIPS STEPHEN

PINSON BOBBIE

........

PURUSHOTHAM SANJAY

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 per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization		
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	,	and related organizations		
RIOS LUDWINGK TRUSTEE	1 00	x						0	0	0		
ROBERTS SETH TRUSTEE	1 00	х						0	0	0		
SADLER HAROLD TRUSTEE	1 00	x						0	0	0		
SELLARS JOYCE TRUSTEE	1 00	×						0	0	C		
SINGLETON GARY TRUSTEE	1 00	×						0	0	0		
SKAGGS RONALD TRUSTEE	1 00	x						0	0	0		
SMITH DAVID	1 00							_	_	_		

1 00

1 00

1 00

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TRUSTEE

TRUSTEE

STUART MARY TRUSTEE

SMITH PATSY

...... TRUSTEE

STEVENSON BUENA

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

93,261

25,316

33,606

(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer	not one on is and		,	(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	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
TAYLOR BRENT TRUSTEE	1 00	x						0	0	0
TREW JOAN TRUSTEE	1 00	x						0	0	0
TURNER SCOTT TRUSTEE	1 00	x						0	0	0
WHITENACK CALEB TRUSTEE	1 00	x						0	0	0
WILLIAMS CHERRY TRUSTEE	1 00	x						0	0	0
WONG CHRIS TRUSTEE	1 00	x						0	0	0

1 00

60 00

60 00

40 00

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596,107

188,010

174,577

YIP BIANCA TRUSTEE

COOK GARY R

CHANCELLOR

BLACKBURN J BLAIR

BRUNTMYER ERIC I

EXECUTIVE VICE PRESIDENT

VP FOR FINANCIAL AFFAIRS

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

compensated Employees, and Inde	penaent co	1	,	-				1	1	. "
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	nore tl ess pe	than ersoi icer i	not one on is and	both a	,	(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	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
BYERS RANDALL D VP FOR INTL AFFAIRS & DEAN OF ONLINE EDUCATION	40 00			×				134,023	0	31,303
DOWD DENNIS C VP AND PROVOST	40 00			×				192,085	5 0	35,114
HINES CORY D VP FOR ADVANCEMENT & EXT AFFAIRS	40 00			x				168,900	0	15,813
KILLINGSWORTH V BLAKE VP FOR COMMUNICATIONS	40 00			x				111,188	3 0	18,220
MURRAH MATTHEW T VP FOR TECHNOLOGY	40 00			x				149,082	0	30,004
WRIGHTADAM C VP	40 00			×				184,879	0	26,722
TEAT JONATHAN S	40 00				\Box		\Box			

40 00

40 00

40 00

.

VP FOR ADMINISTRATIVE AFFAIRS

ASSOC PROF OF BIBLICAL STUDIES

PROFESSOR OF LEADERSHIP AND RESEARCH

HEEFNER DANIEL J

KAVLI SUZANNE

LEMONS JAMES C

HEAD BASEBALL COACH

135,315

289,707

161,139

174,340

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22,418

44,305

36,289

31,605

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

(A) (B) (C) (D) (E)

Name and Title

LINAM R GAIL

FORMER OFFICER

Name and Litle	Average hours per week (list any hours for related organizations below dotted line)	m unle:	ss pe offi	l Trust-				Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	estimated amount of other compensation from the organization and related organizations
MALONE DANIEL R GENERAL COUNSEL	40 00					X X		172,385	0	34,639
PARK JINSOP PROFESSOR OF FINANCE	40 00					х		165,792	0	26,267
LINAM DENNIS B FORMER OFFICER	40 00						x	123,796	0	22,048

150,071

24,545

40 00

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

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

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

DLN: 93493101003337 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS BAPTIST UNIVERSITY

(Form 990 or

990EZ)

Part I

✓

1

2

3

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

75-6001300

Employer identification number

9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
10 11 a		An organization organione or more publicly s the box in lines 11a th Type I. A supporting o	zed and opera upported orga irough 11d tha rganization op	ated exclusively for the inizations described in at describes the type o perated, supervised, or	e benefit of, to section 509(a of supporting or r controlled by	perform the fu)(1) or sectio rganization an its supported	nctions of, or to carry on 509(a)(2) See sectio d complete lines 11e, 1 organization(s), typical	n 509(a)(3). Check .1f, and 11g ly by giving the					
b	Γ	organization You must	t complete Pa organization s pporting organ	ort IV, Sections A and I supervised or controlle nization vested in the	B. ed in connection	n with its supp	ctors or trustees of the ported organization(s), t r manage the supported	by having control or					
c d	Г Г	supported organization Type III non-function	n(s) (see instr ally integrate	uctions) You must co d. A supporting organi	mplete Part IV zation operated	, Sections A, d in connectio	th, and functionally integ D, and E. n with its supported org irement and an attentiv	anization(s) that is					
e f g	Ente	(see instructions) You	u must comple organization re I non-function ed organizatio	ete Part IV, Sections A eceived a written deter ally integrated suppor ins	and D, and Parmination from the ting organization.	rt V. the IRS that it on	t is a Type I, Type II, T	·					
Nar	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Isted in your docume	nızatıon governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)					
					Yes	No							
Tota	ı												
For F	aperw	ork Reduction Act Noti	ce, see the In	structions for Form 99	90 or 990EZ.	Cat No 11		990 or 990-EZ) 2015					

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated						
9	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						
	VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and stop here. The organization qua 33 1/3% support test—2014. If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and stop here. The organization						▶┌
17a	10%-facts-and-circumstances test - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization Private foundation. If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

DLN: 93493101003337OMB No 1545-0047

2015

Open to Public Inspection

	BAPTIST UNIVERSITY			Limbi	byer identification fidiliber
				75-6	001300
Part	Organizations Maintaining Donor Complete if the organization answers			ınds o	or Accounts.
		(a) Donor advised funds		(b)	Funds and other accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ı	Aggregate value at end of year				
	id the organization inform all donors and donor a inds are the organization's property, subject to t			or advıs	ed Yes No
us Co	id the organization inform all grantees, donors, a sed only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor a	idvisor, or for an	y other	Yes No
Part 1	•			n Form	1 990, Part IV, line 7.
_	urpose(s) of conservation easements held by th —	-	apply)		
	Preservation of land for public use (e g , recreducation)		ecervation of an	hictori	ically important land area
Г	Protection of natural habitat	•			d historic structure
, ,	Preservation of open space	1 ''	eservation of a	coronic	a motoric structure
. C	omplete lines 2a through 2d if the organization	held a qualified conservation o	contribution in th	ha form	of a conservation
	asement on the last day of the tax year	neid a quanned conservation of	contribution in the	ne ioiiii	or a conservation
					Held at the End of the Year
a ⊤	otal number of conservation easements			2a	
b T	otal acreage restricted by conservation easeme	ents		2b	
c N	umber of conservation easements on a certified	historic structure included in	(a)	2 c	
	umber of conservation easements included in (c storic structure listed in the National Register	c) acquired after 8/17/06, and	l not on a	2d	
B N	umber of conservation easements modified, trai	nsferred, released, extinguish	ed, or terminate	d by the	e organization during the
ta	x year ▶				
l N	umber of states where property subject to cons	ervation easement is located	>		
	oes the organization have a written policy regar olations, and enforcement of the conservation e		nspection, hand	lling of	┌ Yes
,	taff and volunteer hours devoted to monitoring, ear	inspecting, handling of violation	ons, and enforci	ng cons	ervation easements during the
₽,					
	mount of expenses incurred in monitoring, inspe \$	ecting, handling of violations, a	and enforcing co	onserva	tion easements during the year
	oes each conservation easement reported on lii 3)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	irements of sec	tion 17	0(h)(4) Yes No
ba	n Part XIII, describe how the organization repor alance sheet, and include, if applicable, the text he organization's accounting for conservation ea	of the footnote to the organiza			•
art I	Organizations Maintaining Collect Complete if the organization answers			or Oth	er Similar Assets.
a If	the organization elected, as permitted under SF	•	•	ue stat	ement and balance sheet
W	orks of art, historical treasures, or other similar ervice, provide, in Part XIII, the text of the footi	assets held for public exhibit	ion, education, o	or resea	arch in furtherance of public
W	the organization elected, as permitted under SF orks of art, historical treasures, or other similar ervice, provide the following amounts relating to	assets held for public exhibit			

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

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	Organizations Maintaining (continued)	g Collections of Ar	t, His	toric	al Tre	asures, or (Other Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other reco	rds,ch	neck an	y of the	e following that	are a significant us	se of its
а	Public exhibition		d	Г	Loan o	r exchange pro	grams	
b	Scholarly research		e	Г	Other			
c	Preservation for future generations							
4	Provide a description of the organization		ain hai	u thou f	furthor	the organizatio	n's avampt purpos	
-	Part XIII	is collections and expi	alli ilov	wtheyi	iuitilei	the organizatio	irs exempt purpose	: 111
5	During the year, did the organization so assets to be sold to raise funds rather t							s No
Par	rt IV Escrow and Custodial Arr Complete if the organization Part X, line 21.		Form	990, P	art IV	, line 9, or re	ported an amou	nt on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	ıstodıan or other ınterm	nediary	for cor	ntributi	ons or other as	sets not	s No
b	If "Yes," explain the arrangement in l	Part XIII and complete	the fol	lowing	table		An	nount
c	Beginning balance					10	:	
d	Additions during the year					10	ı	
e	Distributions during the year					16		
f	Ending balance					1f		
2 a	Did the organization include an amount	on Form 990, Part X, lii	ne 21,	for esc	row or	custodial acco	unt liability? Y e	s No
b	If "Yes," explain the arrangement in Pai	t XIII Check here if th	e expla	anation	ı has be	een provided in	Part XIII	🗆
Pa	rt V Endowment Funds. Compl							
	-	(a)Current year	(b) Pno	r year	b (c) Two years back	(d)Three years back	(e)Four years back
1 a	Beginning of year balance	37,752,198	3	86,217,69	92	32,867,794	28,228,458	30,819,251
b	Contributions	2,955,847		931,94	49	557,530	570,831	441,831
c	Net investment earnings, gains, and losses	-1,637,035		2,116,2	13	4,197,793	4,957,656	-1,614,320
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses	1,300,581		1,513,6	56	1,405,425	889,151	1,418,304
g	End of year balance	37,770,429	3	37,752,19	98	36,217,692	32,867,794	28,228,458
2	Provide the estimated percentage of the	current year end balar	nce (lın	ie 1g, c	olumn	(a)) held as		
а	Board designated or quasi-endowment i	33 190 %						
b	Permanent endowment ► 66 810 %							
c	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and 20	should equal 100%						
За	Are there endowment funds not in the poorganization by	ossession of the organi	zation	that are	e held a	and administere	ed for the	Yes No
	(i) unrelated organizations						3	a(i) No
	(ii) related organizations							a(ii) No
b	If "Yes" on 3a(II), are the related organi	zations listed as requir	ed on S	Schedu	le R?			3b
4	Describe in Part XIII the intended uses	of the organization's e	ndowm	ent fun	ds			
Par	t VI Land, Buildings, and Equi		O	00 00	T\/	line 11a Coo	Form OOO Bart	V line 10
	Complete if the organization Description of property	answered tes to re	11119	90, Pa (a)	rt IV,	(b)	Accumulated	(d)Book value
	2 occupancy			st or othe (ınvestm		Cost or other bas (other)	(c)depreciation	
	Land		-		558,320	2,391,5	13	2,949,833
b	Buildings ••••••••••••••••••••••••••••••••••••					130,292,1	16 31,899,70	8 98,392,408
c	Leasehold improvements		. [336,1	87 328,10	1 8,086
d	Equipment		. 🗀			20,039,0	14,660,81	6 5,378,257
e	Other					43,707,0	21,189,70	0 22,517,383
Tota	II. Add lines 1a through 1e (Column (d) mu		X, colui	mn (B),	line 10			129,245,967

(including name of security)	gory	(b) Book value	(c) Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			cost of cha of year market valu
(2)Closely-held equity interests (3)Other			
(A) MARKETABLE COMMODITIES		7,558	F
(B) INVESTMENTS HELD IN TRUST		40,701,699	F
(C)OTHER		119,750	F
	2 }	40.000.007	
Total. (Column (b) must equal Form 990, Part X, col (B) line 1. Part VIII Investments—Program Relate	d.	40,829,007	
Complete if the organization answ (a) Description of investment		Part IV, line 11c. See	e Form 990, Part X, line 13. (c) Method of valuation
(2, 2 333) production of the contract of the c		(2) 20011 74140	Cost or end-of-year market value
_			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. Complete if the organ (a) [orm 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organ	zation answered 'Yes' on F	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organ	zation answered 'Yes' on F	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organ	zation answered 'Yes' on F	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organ	zation answered 'Yes' on F	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organ	zation answered 'Yes' on F	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organ	zation answered 'Yes' on F	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organ	zation answered 'Yes' on F	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organ (a) [zation answered 'Yes' on F Description	orm 990, Part IV, line 1:	(b) Book value
Part IX Other Assets. Complete if the organ (a) [Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the	zation answered 'Yes' on Foescription line 15)		(b) Book value
Part IX Other Assets. Complete if the organ (a) [Total. (Column (b) must equal Form 990, Part X, col (B)	zation answered 'Yes' on Foescription line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organ (a) [1]	Zation answered 'Yes' on Foescription line 15) organization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	Zation answered 'Yes' on Foescription line 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES	Zation answered 'Yes' on Foescription Jine 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE	Zation answered 'Yes' on Foescription line 15) organization answered (b) Book value 648,7.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE ROOM AND KEY DEPOSITS	Zation answered 'Yes' on Foescription line 15) organization answered (b) Book value 648,7. 800,5.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE ROOM AND KEY DEPOSITS STATE FINANCIAL AID TO BE AWARDED	Zation answered 'Yes' on Foescription Jine 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE ROOM AND KEY DEPOSITS	Zation answered 'Yes' on Foescription line 15) organization answered (b) Book value 648,7. 800,5.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE ROOM AND KEY DEPOSITS STATE FINANCIAL AID TO BE AWARDED	Zation answered 'Yes' on Foescription Jine 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE ROOM AND KEY DEPOSITS STATE FINANCIAL AID TO BE AWARDED	Zation answered 'Yes' on Foescription Jine 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE ROOM AND KEY DEPOSITS STATE FINANCIAL AID TO BE AWARDED	Zation answered 'Yes' on Foescription Jine 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES ANNUITIES PAYABLE ROOM AND KEY DEPOSITS STATE FINANCIAL AID TO BE AWARDED	Zation answered 'Yes' on Foescription line 15) organization answered (b) Book value 648,7. 800,5. 6,8. 93,3. 225,9		(b) Book value

Sche	dule D (Form 990) 2015		Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	93,102,029
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · ·
а	Net unrealized gains (losses) on investments 2a -3,611,127		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	-4,071,825
3	Subtract line 2e from line 1	3	97,173,854
4	A mounts 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 27,629		
b	Other (Describe in Part XIII) 4b 27,674,881		
c	Add lines 4a and 4b	4c	27,702,510
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	124,876,364
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	91,163,966
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	314,709
3	Subtract line 2e from line 1	3	90,849,257
4	A mounts 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 27,629		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	28,016,171
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	118,865,428

Part XIII Supplemental Information

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 ınformatıon

Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) IN ACCORDANCE WITH A LETTER FROM THE INTERNAL REVENUE SERVICE DATED MARCH 16, 1987 THIS LETTER STATES THAT THE EXEMPTION WAS GRANTED IN JUNE 1946 ALSO, UNDER A GROUP RULING ISSUED BY THE INTERNAL REVENUE SERVICE TO THE BGCT, THE UNIVERSITY, AS AN INSTITUTION OF THE BGCT, IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE IRC AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE UNIVERSITY'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511 THE UNIVERSITY'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511 THE UNIVERSITY HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND CONTRIBUTIONS TO IT QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS THE UNIVERSITY HAD NO MATERIAL UNRELATED BUSINESS TAXABLE INCOME DURING THE YEARS ENDED MAY 31, 2016 AND 2015 THE UNIVERSITY ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH BECAME EFFECTIVE FOR YEARS BEGINNING AFTER DECEMBER 15, 2008, RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH BECAME EFFECTIVE FOR YEARS BEGINNING AFTER DECEMBER 15, 2008, RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, 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, 2016, THE UNIVERSITY'S TAX YEARS 2012 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION

Schedule D (Form 990) 2015					
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				
PART XI, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 27,988,542 SPECIAL EVENTS EXPENSES -313,661				
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES 313,661				
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 27,988,542				

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the

Treasury Internal Revenue As Filed Data -

DLN: 93493101003337

OMB No 1545-0047

Open to Public Inspection

Schools

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

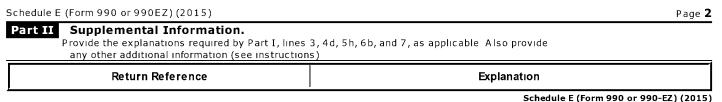
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Service Name of the organization **Employer identification number** DALLAS BAPTIST UNIVERSITY 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? 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 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d 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? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? 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? 6a Νo h 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



efile GRAPHIC print - DO	NOT PROCESS	As Filed Dat	ta -	DLN:	DLN: 93493101003337	
SCHEDULE F (Form 990)	Statement of	ed States	OMB No 1545-0047			
Department of the Treasury	·	Part IV, line 1 ► Attach to	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at wi		2015 Open to Public Inspection	
Name of the organization DALLAS BAPTIST UNIVERSITY	,			Employer ident 75-6001300	ification number	
			ne United States. orm 990, Part IV, line	14b.		
For grantmakers. Does and other assistance, th used to award the grants	e grantees' eligibil			-	「✓ Yes No	
2 For grantmakers. Descr assistance outside the U		ʻganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other	
3 Activites per Region (The	following Part I, line	3 table can be du	uplicated if additional spa	ace is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1)			,			
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuation she to Part I	eets 0				0	
c Totals (add lines 3a and 3b For Paperwork Reduction Act Notice				No 50082W Sched	ule F (Form 990) 2015	

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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

Page 2

Schedule F (Form 990) 2015							Page 3
	Other Assistance to e duplicated if additio			ed States. Complete i	f the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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 assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	13	,	PAID TO UNIVERSITY FOR TUITION			
(2) SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	191		PAID TO UNIVERSITY FOR TUITION			
(3) SCHOLARSHIPS	EUROPE (INCLUDING	10	,	PAID TO UNIVERSITY FOR TUITION			

						appraisal, other)
(1) SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	13		PAID TO UNIVERSITY FOR TUITION		
(2) SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	191		PAID TO UNIVERSITY FOR TUITION		
(3) SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	10	,	PAID TO UNIVERSITY FOR TUITION	_	
(4) SCHOLARSHIPS	NORTH AMERICA	18		PAID TO UNIVERSITY FOR TUITION		
(5) SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	1		PAID TO UNIVERSITY FOR TUITION		
(6) SCHOLARSHIPS	SOUTH AMERICA	131		PAID TO UNIVERSITY FOR TUITION		
(7) SCHOLARSHIPS	SOUTH ASIA	32		PAID TO UNIVERSITY FOR TUITION		
(8) SCHOLARSHIPS	SUB-SAHARAN AFRICA	32		PAID TO UNIVERSITY FOR TUITION		
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						

	ICELAND & GREENLAND)		IORTOTTON		
(4) SCHOLARSHIPS	NORTH AMERICA	18	PAID TO UNIVERSITY FOR TUITION		
(5) SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	1	PAID TO UNIVERSITY FOR TUITION		
(6) SCHOLARSHIPS	SOUTH AMERICA	131	PAID TO UNIVERSITY FOR TUITION		
(7) SCHOLARSHIPS	SOUTH ASIA	32	PAID TO UNIVERSITY FOR TUITION		
(8) SCHOLARSHIPS	SUB-SAHARAN AFRICA	32	PAID TO UNIVERSITY FOR TUITION		
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					
	•	· '	 •	Sched	ule F (Form 990) 2015

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)

Yes ▼ No

Old 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, do not file with Form 990)

Νo

Yes

Additional Data

Software ID: Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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DLN: 93493101003337

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" on 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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization ALLAS BAPTIST UNIVERSIT		Employer identification number					
						75-6001300)
Part I Fundraising Ac Form 990-EZ file	•		_	ation answered "Yes" his part.	on Form	990, Part IV	/, line 17.
Indicate whether the orga	inization raised fun	ds throug	h any of tl	ne following activities C	heck all tl	hat apply	
a Mail solicitations				e Solicitation of n	on-goverr	nment grants	
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g	ing event	S	
d	าร						
Did the organization have or key employees listed in services?							es No
b If "Yes," list the ten high to be compensated at lea				users) pursuant to agree	ements un	der which the f	undrais er is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	fundraiser have from activity (or in activity) custody or control of contributions?		(or re fundrai	eount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
1							
2							
3							
3							
4							
5							
3							
6							
7							
8							
9							
1.0							
otal		•	•				
3 List all states in which the registration or licensing	organization is regi	stered or	licensed	to solicit contributions o	or has bee	n notified it is e	exempt from

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	fundraising event contribution receipts greater than \$5,000.		on Form 990-EZ, lines	s 1 and 6b. List even	ts with gross
		(a)Event #1 R. PERRY DINNER (event type)	(b)Event #2 T. LANDRY DINNER (event type)	(c)Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Reversie	1 Gross receipts	669,176 595,900 73,276	97,184 85,570 11,614	60,222 43,482 16,740	826,582 724,952 101,630
ses	5 Noncash prizes	19,600 3,772 112,278	12,379	3,217 15,287	22,817 3,772 139,944
Direct Expenses	8 Entertainment	12,575 129,048 through 9 in column (d	3,405	2,100	12,575 134,553 313,661
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	<u> </u>	<u> </u>	l	-212,031 e than \$15,000 on
Revenue	_	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses F	1 Gross revenue				
	6 Volunteer labor	-		Yes	
9 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct of the state o	ion conducts gaming acgaming acgaming activities in eac	tivities h of these states?		
.0a b	If "Yes," explain	censes revoked, susper		the tax year?	Yes No

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organiz

Department of the

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Treasury

Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

DLN: 93493101003337OMB No 1545-0047

2015

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

3							
DALLAS BAPTIST UNIVERSITY						75-6001300	
Part I General Information	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization Part II Grants and Other Assist 	ward the grants or as ation's procedures f	ssistance? or monitoring the use	of grant funds in the Ur	ited States		tance, and orm 990, Part IV, line 2:	✓ Yes N
that received more than					unswered res on r		., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 5	. , . ,	-	sted in the line 1 table .				

Cat No 50055P

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

DLN: 93493101003337 OMB No 1545-0047

reas	ury nal Revenue Service	Fini ormation about Schedule J (Fi	orm 990) and its instructions is at <u>www.irs.</u>		Insp	ectio	n
Νa	me of the organiz	zation			Employer identification	on nur	nber	
DAL	LAS BAPTIST UNIVER	RSITY			75-6001300			
Pa	rt I Questi	ions Regarding Compensation	n	•				
							Yes	No
1a		ropiate box(es) if the organization pro Section A , line 1a Complete Part III						
		s or charter travel	· _	Housing allowance or residence for				
	<u></u>	companions	Ë	Payments for business use of person	· i	İ	Ì	j
	•	nification and gross-up payments	~	·	i	İ	İ	İ
	<u> </u>	nary spending account	Ë	Personal services (e.g., maid, chau	ıffeur, chef)	İ		ĺ
	·	, , ,	·	, , ,	, , ,	ĺ	Ì	Ì
b	,	exes in line 1a are checked, did the or tor provision of all of the expenses de	_	, , , , , ,	,	1b	Yes	
2		ation require substantiation prior to r		·				
	directors, trust	tees, officers, including the CEO/Exec	cutive D	rector, regarding the items checked	ın lıne 1a?	2	Yes	
3	organization's	, if any, of the following the filing orgai CEO/Executive Director Check all th led organization to establish compens	nat apply	Do not check any boxes for method	ds			
	✓ Compens	ation committee	▽	Written employment contract			ļ	ļ
	Independ	ent compensation consultant	✓	Compensation survey or study			ļ	ļ
	✓ Form 990	of other organizations	▽	Approval by the board or compensa	ation committee			
4	During the year or a related org	r, did any person listed on Form 990, ganization	Part VI	, Section A , line 1a with respect to t	he filing organization			
а	Receive a seve	erance payment or change-of-control	paymen	t?		4a		Νo
b	Participate in,	or receive payment from, a supplemei	ntal none	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	ased cor	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item ii	n Part III			
	Only E01/6\/3\), 501(c)(4), and 501(c)(29) organizat	tions mu	est complete lines E O				
5	For persons lis	ted on Form 990, Part VII, Section A contingent on the revenues of		•	any			
_	•	2						NI o
a b	The organization Any related orc					5a 5b		No No
U		e 5a or 5b, describe in Part III				20		NO
6	For persons lis	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization	3				6 a		No
a b	Any related ord					6b		No
,		e 6a or 6b, describe in Part III						110
7		ted on Form 990, Part VII, Section A	, line 1a	, did the organization provide any no	n-fixed			
		described in lines 5 and 67 If "Yes," d				7		No
В	,	unts reported on Form 990, Part VII, initial contract exception described in		•		8		No
a	If "Vec" on line	8 did the organization also follow the	e rehutt:	able presumption procedure describe	ed in Regulations			

section 53 4958-6(c)?

Selledales (Form 550) 2015					r age 🕳						
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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the nstructions, 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) 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 W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
		compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

COMPENSATION ARRANGEMENT WAS ENTERED INTO FOR YEARS BEGINNING IN 2000 (LATER REVISED) INCLUDES AMOUNTS FOR HOUSING, MILEAGE EXPENSE, WELLNESS AWARD, TAXABLE GROUP TERM LIFE, AND CONTRIBUTION TO COOK'S 403(B) PLAN, AS WELL AS TUITION REMISSION BENEFITS, MILEAGE EXPENSE, WELLNESS AWARD, AND TAXABLE GROUP TERM LIFE FOR OTHERS COLUMN C - (2) INCLUDES DEFERRED COMPENSATION PROVIDED IN 2000, WHICH VESTED IN 2015, BUT IS NOT PAID, AS WELL AS NONTAXABLE RETIREMENT EMPLOYER CONTRIBUTIONS COLUMN D - (3) AMOUNTS IN COLUMN D PROVIDE FOR THE NONTAXABLE VALUE OF CAMPUS HOUSING UNDER SECTION 119 FOR COOK, AND/OR NONTAXABLE MEDICAL BENEFITS FOR ALL

Software ID: Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

Form 990, Schedule J, I (A) Name and Title		•	f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1COOK GARY RCHANCELLOR	(1)	523,683	0	72,424	50,268	42,993	689,368	
	(11)	0	0	0	0	-		
1BLACKBURN J BLAIR	(1)	153,800	32,108	2,102	10,620	14,696	213,326	
EXECUTIVE VICE PRESIDENT	(11)	0	0	0	0			
2BRUNTMYER ERIC I VP FOR FINANCIAL AFFAIRS	(1)	173,742	0	835	5,746	0 27,860	208,183	
VI TON TIVANCIAL ATTAINS	(11)	0	0	0	0			
3BYERS RANDALL D VP FOR INTL AFFAIRS &	(1)	133,512	0	511	18,000	13,303	165,326	
DEAN OF ONLINE	(11)	0	0	0	0	-		
4DOWD DENNIS C VP AND PROVOST	(1)	187,869	0	4,216	24,000	11,114	227,199	
	(11)	0	0	0	0	-		
5HINES CORY D VP FOR ADVANCEMENT & EXT	(1)	153,180	10,217	5,503	6,613	9,200	184,713	
AFFAIRS	(11)	0	0	0	0			
6MURRAH MATTHEW T VP FOR TECHNOLOGY	(1)	146,909	1,608	565	11,072	18,932	179,086	
	(11)	0	0	0	0	-		
7WRIGHTADAM CVP	(1)	173,833	10,535	511	14,922	11,800	211,601	
	(11)	0	0	0	0	- - 0	-	
8 TEAT JONATHAN S VP FOR ADMINISTRATIVE	(1)	116,421	8,967	9,927	11,705	10,713	157,733	
AFFAIRS	(11)	0	0	0	0	-		
9HEEFNER DANIEL J HEAD BASEBALL COACH	(1)	254,451	32,108	3,148	18,000	26,305	334,012	
	(11)	o	0	0	0	- - 0		
10KAVLI SUZANNE PROFESSOR OF LEADERSHIP	(1)	157,075	1,000	3,064	24,000	12,289	197,428	
AND RESEARCH	(11)	0	0	0	0	-		
11LEMONS JAMES C ASSOC PROF OF BIBLICAL	(1)	171,893	0	2,447	11,543	20,062	205,945	
STUDIES	(11)	0	0	0	0	- - 0	_ 	
12MALONE DANIEL R GENERAL COUNSEL	(1)	170,038	0	2,347	24,000	10,639	207,024	
	(11)	0	0	0	0	-		
13PARK JINSOP PROFESSOR OF FINANCE	(1)	162,530	0	3,262	16,194	10,073	192,059	
	(11)	0	0	0	0	- -	_ 	
14LINAM DENNIS B FORMER OFFICER	(1)	119,117	0	4,679	11,904	10,144	145,844	
	(11)	0	0	0	0	-		
15LINAM R GAIL FORMER OFFICER	(1)	145,102	0	4,969	14,510	10,035	174,616	
	(11)	0	0	0	0			

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Noncash Contributions

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

► Attach to Form 990.

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

DLN: 93493101003337 OMB No 1545-0047

2015

reas	rtment of the sury nal Revenue Service	, , , , , , , , , , , , , , , , , , , ,					Insp	ection	n
lam	e of the organizat					Employer identifica	tion nu	mber	
ALL	AS BAPTIST UNIVERSI	ΙΥ				75-6001300			
Рa	rt I Types	of Property				73 0001300			
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contri		_	ts
1	Art—Works of art	t							
2	Art—Historical t	reasures .							
3	Art—Fractional II	nterests							
4	Books and public		X		28,210	COST OF DONAT	ED PRO) PERT	Υ
	Cars and other v								
	Boats and planes								
	Intellectual prop	•							
	Securities—Publ	•				+			
	Securities—Clos Securities—Parti or trust interests	nership, LLC,							
12	Securities—Misc								
	Qualified conser contribution—His structures	vation storic							
14	Qualified conser contribution—Ot	vation							
15	Real estate—Res	sidential .							
16	Real estate—Cor	mmercial							
17	Real estate—Oth	ner							
	Collectibles .								
	Food inventory								
	Drugs and medic								
	Taxidermy								
	Historical artifac								
	Scientific specin								
	Archeological ar Other ► (tilacts	X	1	50.000	COST OF DONAT	ED DD() D	
	ERTISING)		_ ^	1	30,000	COST OF DONAT	LUPK	<i>)</i>	
26	Other►(IER)		Х	12	24,125	COST OF DONAT	ED PRO) P	
	Other►(NITURE)		Х	2	12,500	COST OF DONAT	ED PRO) P	
	Other▶(MPUTER EQUIPM	IENT)	Х	3	5,600	COST OF DONAT	ED PRO) P	
29			, ,	nization during the tax yea 283, Part IV, Donee Ackno		29		Yes	No
30a	During the year,	, dıd the organıza	ation receiv	e by contribution any prope	erty reported in Part I, lines	s 1 through 28, that		163	140
	ıt must hold for	at least three ye	ars from the	e date of the initial contribu	ition, and which is not requ	ired to be used			
	for exempt purp	oses for the enti	re holding p	eriod?			30a		No
b	If "Yes," descri	be the arrangem	ent in Part 1	I					
31	Does the organi	zation have a dif	ft acceptant	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
				es or related organizations					İ
_	J						1	1 !	L

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

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 **Open to Public** Inspection

DLN: 93493101003337

Name of the organization DALLAS BAPTIST UNIVERSITY

Department of the

Internal Revenue Service

Treasurv

Employer identification number

75-6001300

990 Schedule O. Supplemental Information

Return Explanation Reference FORM 990, PART THE IRS FORM 990 IS PREPARED INTERNALLY BY THE FINANCIAL AFFAIRS DIVISION OF THE UNIVERSITY. THE VI. SECTION B. INFORMATION GATHERED AND REVIEWED TO PREPARE THE FORM 990 COMES FROM NUMEROUS SOURCES THESE LINE 11 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 FLECTRONICALLY FILED. FORM 990, PART YES. THE ORGANIZATION DOES MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY OF DEALING WITH VI. SECTION B. "CONFLICT OF INTEREST" SPECIFICALLY. THE FINANCIAL AFFAIRS VICE PRESIDENT REVIEWS ALL PUR LINF 12C CHASE ORDERS AND APPROVES THE PURCHASE ORDERS IN ORDER TO MONITOR WHETHER OR NOT AN OFFICE R. DIRECTOR. TRUSTEE. OR KEY EMPLOYEE HAS A CONFLICT OF INTEREST AND IS BEING REIMBURSED A S SUCH IF AT ANY TIME AN OFFICER. DIRECTOR, TRUSTEE, OR KEY EMPLOYEE SHOULD APPEAR TO HAV E A CONFLICT OF INTEREST. THE INFORMATION IS THEN PROVIDED TO THE APPROPRIATE ENTITY FOR T HEM TO ACT UPON

SECTION B, LINE 15	REMAINING OFFICERS
FORM 990, PART VI, SECTION C. LINE 19	UPON REQUEST

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS/FUND BALANCES -460,698
FORM 990, PART XII, LINE 2C - CHANGE IN	THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OF THE AUDIT OR SELECTION OF
OVERSIGHT OF THE AUDIT	AN INDEPENDENT A CCOUNTANT

OVERSIGHT OF THE AUDIT