

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016, and ending 05-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
DALLAS BAPTIST UNIVERSITY

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
3000 MOUNTAIN CREEK PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 752119299

D Employer identification number
75-6001300

E Telephone number
(214) 333-5160

F Name and address of principal officer
GARY COOK
3000 MOUNTAIN CREEK PARKWAY
DALLAS, TX 752119299

G Gross receipts \$ 128,834,010

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW DBU EDU

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1898

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PURPOSE OF DALLAS BAPTIST UNIVERSITY IS TO PROVIDE CHRIST-CENTERED QUALITY HIGHER EDUCATION IN THE ARTS, SCIENCES, AND PROFESSIONAL STUDIES AT BOTH THE UNDERGRADUATE AND GRADUATE LEVELS TO TRADITIONAL AGE AND ADULT STUDENTS IN ORDER TO PRODUCE SERVANT LEADERS WHO HAVE THE ABILITY TO INTEGRATE FAITH AND LEARNING THROUGH THEIR RESPECTIVE CALLINGS

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

3 Number of voting members of the governing body (Part VI, line 1a)	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	37
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2,066
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,079,208	13,991,203
9 Program service revenue (Part VIII, line 2g)	107,587,698	111,242,382
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,005,460	2,866,527
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,998	122,577
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,876,364	128,222,689
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,307,838	30,348,994
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52,876,687	54,784,888
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,056,621		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,680,903	37,467,739
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	118,865,428	122,601,621
19 Revenue less expenses Subtract line 18 from line 12	6,010,936	5,621,068

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	182,650,663	191,697,265
21 Total liabilities (Part X, line 26)	9,148,598	9,242,479
22 Net assets or fund balances Subtract line 21 from line 20	173,502,065	182,454,786

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-03-20
DR MATTHEW MURRAH VP FOR FINANCIAL AFFAIRS
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name IRA L NEVELOW
Preparer's signature IRA L NEVELOW
Date
Check if self-employed PTIN P00083210
Firm's name ▶ WEAVER AND TIDWELL LLP Firm's EIN ▶ 75-0786316
Firm's address ▶ 12221 MERIT DRIVE SUITE 1400 Phone no (972) 490-1970
DALLAS, TX 75251

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 THE PURPOSE OF DALLAS BAPTIST UNIVERSITY IS TO PROVIDE CHRIST-CENTERED QUALITY HIGHER EDUCATION IN THE ARTS, SCIENCES, AND PROFESSIONAL STUDIES AT BOTH THE UNDERGRADUATE AND GRADUATE LEVELS TO TRADITIONAL AGE AND ADULT STUDENTS IN ORDER TO PRODUCE SERVANT LEADERS WHO HAVE THE ABILITY TO INTEGRATE FAITH AND LEARNING THROUGH THEIR RESPECTIVE CALLINGS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 29,883,522 including grants of \$ 30,348,994) (Revenue \$ 94,254,133)
 See Additional Data

4b (Code) (Expenses \$ 4,450,972 including grants of \$) (Revenue \$ 135,113)
 See Additional Data

4c (Code) (Expenses \$ 55,892,501 including grants of \$) (Revenue \$ 5,319,757)
 See Additional Data

(Code) (Expenses \$ 7,282,808 including grants of \$) (Revenue \$ 11,533,365)
 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

4d Other program services (Describe in Schedule O)
 (Expenses \$ 7,282,808 including grants of \$) (Revenue \$ 11,533,365)

4e Total program service expenses ▶ 97,509,803

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 19 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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 to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	498,248			
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,104,463			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,388,492			
	g Noncash contributions included in lines 1a-1f \$ _____		142,480			
	h Total. Add lines 1a-1f		13,991,203			
Program Service Revenue		Business Code				
	2a TUITION AND FEES	611710	99,320,775	99,320,775		
	b DORMITORY INCOME	611710	7,147,474	7,147,474		
	c DINING HALL INCOME	611710	3,263,365	3,263,365		
	d MISSION TRIPS	611710	462,059	462,059		
	e ATHLETIC PROGRAMS	611710	366,252	366,252		
	f All other program service revenue		682,457	682,457		
g Total. Add lines 2a-2f		111,242,382				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,145,106		2,145,106	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	969,752			
		(ii) Other		6,720		
		b Less cost or other basis and sales expenses	248,317		6,734	
		c Gain or (loss)	721,435		-14	
	d Net gain or (loss)		721,421	-14	721,435	
	8a Gross income from fundraising events (not including \$ 498,248 of contributions reported on line 1c) See Part IV, line 18	a		104,216		
		b Less direct expenses		356,270		
c Net income or (loss) from fundraising events			-252,054		-252,054	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a FOOD SERVICE INVESTMENT	611710	91,969		91,969		
b BOOKSTORE INVESTMENT	611710	50,000		50,000		
c STUDENT INSURANCE ADMIN FEES	611710	14,339		14,339		
d All other revenue		218,323		218,323		
e Total. Add lines 11a-11d		374,631				
12 Total revenue. See Instructions		128,222,689	111,242,368	0	2,989,118	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	28,219,144	28,219,144		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	2,129,850	2,129,850		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,774,361	455,048	2,152,189	167,124
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.	42,470,103	34,970,394	6,868,127	631,582
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,625,342	2,202,994	374,293	48,055
9 Other employee benefits.	3,972,803	2,986,373	929,467	56,963
10 Payroll taxes.	2,942,279	2,409,533	484,157	48,589
11 Fees for services (non-employees)				
a Management.				
b Legal.	81,660		81,660	
c Accounting.	78,939		78,939	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	28,857		28,857	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,523,417	3,877,773	2,645,394	250
12 Advertising and promotion.	1,398,924	1,264,157	133,384	1,383
13 Office expenses.	6,123,145	3,067,727	2,983,775	71,643
14 Information technology.	1,447,725	358,024	1,089,701	
15 Royalties.				
16 Occupancy.	6,254,490	3,127,485	3,116,325	10,680
17 Travel.	3,931,798	2,923,723	987,908	20,167
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	405,644	322,124	83,335	185
20 Interest.	41,161		41,161	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	7,549,109	6,502,821	1,046,288	
23 Insurance.	104,128	73	104,055	
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.)				
a TUITION REMISSION	3,149,299	2,349,589	799,710	
b CHORAL TRIP	169,327	169,327		
c STUDENT FINE ARTS PRODU	86,739	86,739		
d ATHLETIC EXPENSES	80,360	80,360		
e All other expenses	13,017	6,545	6,472	
25 Total functional expenses. Add lines 1 through 24e.	122,601,621	97,509,803	24,035,197	1,056,621
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,688,015	1	7,828,992
	2 Savings and temporary cash investments	15	2	65
	3 Pledges and grants receivable, net	129,489	3	0
	4 Accounts receivable, net	3,422,545	4	3,377,421
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	50,590	8	43,484
	9 Prepaid expenses and deferred charges	768,588	9	1,070,214
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	203,319,529		
	b Less accumulated depreciation	75,502,741		
		129,245,967	10c	127,816,788
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	40,829,007	12	46,419,285
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	4,516,447	15	5,141,016	
16 Total assets. Add lines 1 through 15 (must equal line 34)	182,650,663	16	191,697,265	
Liabilities	17 Accounts payable and accrued expenses	4,071,100	17	3,869,596
	18 Grants payable		18	
	19 Deferred revenue	3,302,056	19	3,475,175
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,775,442	25	1,897,708
	26 Total liabilities. Add lines 17 through 25	9,148,598	26	9,242,479
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	134,646,528	27	138,143,091
	28 Temporarily restricted net assets	8,826,552	28	11,619,274
	29 Permanently restricted net assets	30,028,985	29	32,692,421
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	173,502,065	33	182,454,786
	34 Total liabilities and net assets/fund balances	182,650,663	34	191,697,265

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,222,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,601,621
3	Revenue less expenses Subtract line 2 from line 1	3	5,621,068
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	173,502,065
5	Net unrealized gains (losses) on investments	5	2,686,343
6	Donated services and use of facilities	6	-1,048
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	646,358
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	182,454,786

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

Form 990 (2016)

Form 990, Part III, Line 4a:

INSTRUCTION - AT THE CORE OF THE MISSION OF THE UNIVERSITY IS THE INTEGRATION OF FAITH AND LEARNING THE INSTRUCTION EXPENDITURES OF THE UNIVERSITY REFLECT THE UNIVERSITY'S DESIRE TO PROVIDE OUR OVER 5,000 STUDENTS A QUALITY CHRISTIAN HIGHER EDUCATION AT THE UNDERGRADUATE AND GRADUATE LEVELS THESE EXPENDITURES INCLUDE FACULTY SALARIES AND BENEFITS

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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 ASSIST OUR STUDENTS IN ENROLLING FOR THE APPROPRIATE CLASSES AND BEING ABLE TO AFFORD THE COST OF EDUCATION EACH OF THESE AREAS SUPPORTS THE MISSION OF THE UNIVERSITY TO PROVIDE AN INTEGRATION OF FAITH AND LEARNING AND PROMOTES THE DEVELOPMENT OF STUDENTS AS SERVANT-LEADERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMMONS GREGORY L ADJUNCT INSTRUCTOR	10 00	X						21,062	0	0
HARRIS RONALD L ADJUNCT INSTRUCTOR	3 00	X						3,500	0	0
PEDERSEN HERBERT L ADJUNCT INSTRUCTOR	12 00	X						28,474	0	0
ARNOLD MILES TRUSTEE	1 00	X						0	0	0
BAILEY BERTRAIN TRUSTEE	1 00	X						0	0	0
BYUN JAMES TRUSTEE	1 00	X						0	0	0
CRAIN GAYLA TRUSTEE	1 00	X						0	0	0
DEAN ROBERT TRUSTEE	1 00	X						0	0	0
DELKUS PETE TRUSTEE	1 00	X						0	0	0
DOTY SANDRA TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DURHAM JOHN TRUSTEE	1 00	X						0	0	0
FORD NITA TRUSTEE	1 00	X						0	0	0
GRACE KEVIN TRUSTEE	1 00	X						0	0	0
GRIFFIN MICHAEL TRUSTEE	1 00	X						0	0	0
GUNN ROBERT TRUSTEE	1 00	X						0	0	0
JONES ANITA TRUSTEE	1 00	X						0	0	0
KU CHARLES TRUSTEE	1 00	X						0	0	0
LEPPERT LAURA TRUSTEE	1 00	X						0	0	0
LUNSFORD KAYE DAWN TRUSTEE	1 00	X						0	0	0
NATION JIM TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILLIPS STEPHEN TRUSTEE	1 00	X						0	0	0
PINSON BOBBIE TRUSTEE	1 00	X						0	0	0
PURUSHOTHAM SANJAY TRUSTEE	1 00	X						0	0	0
RAMIREZ ANDREA TRUSTEE	1 00	X						0	0	0
RIOS LUDWINGK TRUSTEE	1 00	X						0	0	0
ROBERTS SETH TRUSTEE	1 00	X						0	0	0
SADLER HAROLD TRUSTEE	1 00	X						0	0	0
SELLARS JOYCE TRUSTEE	1 00	X						0	0	0
SINGLETON GARY TRUSTEE	1 00	X						0	0	0
SMITH DAVID TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SMITH PATSY TRUSTEE	1 00	X						0	0	0
STEVENS ON BUENA TRUSTEE	1 00	X						0	0	0
STUART MARY TRUSTEE	1 00	X						0	0	0
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
YIP BIANCA TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						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		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
COOK GARY R CHANCELLOR	60 00			X				499,854	0	122,568		
BRUNTMYER ERIC I VP FOR FINANCIAL AFFAIRS	40 00			X				92,387	0	7,048		
BYERS RANDALL D VP FOR INTL AFFAIRS & DEAN OF ONLINE EDUCATION	40 00			X				136,345	0	25,625		
DOWD DENNIS C VP AND PROVOST	40 00			X				199,053	0	31,394		
HARLEY JAMES R VP FOR STUDENT AFFAIRS	40 00			X				124,182	0	19,599		
HEDIN NORMA S VP FOR EXECUTIVE AFFAIRS	40 00			X				116,362	0	4,424		
HINES CORY D VP FOR ENROLLMENT	40 00			X				189,734	0	15,778		
JOHNSON JEFFREY P VP FOR ADVANCEMENT	40 00			X				61,350	0	3,996		
KILLINGSWORTH V BLAKE VP FOR COMMUNICATIONS	40 00			X				144,427	0	21,988		
MURRAH MATTHEW T VP FOR TECHNOLOGY	40 00			X				169,862	0	23,321		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TEAT JONATHAN S VP FOR ADMINISTRATIVE AFFAIRS	40 00			X				151,325	0	23,812
WRIGHTADAM C PRESIDENT	60 00			X				339,323	0	86,590
HEEFNER DANIEL J HEAD BASEBALL COACH	40 00					X		354,655	0	29,713
MALONE DANIEL R GENERAL COUNSEL	40 00					X		181,956	0	22,752
LEMONS JAMES C PROFESSOR OF THEOLOGICAL STUDIES & LEADERSHIP	40 00					X		178,974	0	26,509
KAVLI SUZANNE PROFESSOR OF LEADERSHIP AND RESEARCH	40 00					X		175,717	0	28,216
INGRAM JR OSMOND C ASSITSANT PROFESSOR OF LEADERSHIP	40 00					X		175,054	0	28,816
LINAM DENNIS B DIRECTOR OF DENOMINATIONAL AND GOV'TL RELATIONS	40 00						X	129,250	0	23,789
LINAM R GAIL ACADEMIC DEAN	40 00						X	156,709	0	26,516

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DALLAS BAPTIST UNIVERSITY

Employer identification number

75-6001300

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (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 activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section 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 509(a)(1) or (2).		
	2		
3a	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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b 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? 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.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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 I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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 9a) 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 9a) 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 .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>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.</i>		
b	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? <i>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.</i>		
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 each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 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	
7 Other expenses (see instructions)	7	
8 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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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 www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization DALLAS BAPTIST UNIVERSITY

Employer identification number 75-6001300

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 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: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,770,429	37,752,198	36,217,692	32,867,794	28,228,458
b Contributions	1,738,039	2,955,847	931,949	557,530	570,831
c Net investment earnings, gains, and losses	4,733,285	-1,637,035	2,116,213	4,197,793	4,957,656
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,689,499	1,300,581	1,513,656	1,405,425	889,151
g End of year balance	42,552,254	37,770,429	37,752,198	36,217,692	32,867,794

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 36 670 %
 - b** Permanent endowment ▶ 63 330 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	193,377	2,391,513		2,584,890
b Buildings		135,512,699	35,203,854	100,308,845
c Leasehold improvements		336,187	329,641	6,546
d Equipment		20,998,551	16,076,898	4,921,653
e Other		43,887,202	23,892,348	19,994,854
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				127,816,788

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MARKETABLE COMMODITIES	8,564	F
(B) INVESTMENTS HELD IN TRUST	45,690,971	F
(C) OTHER	719,750	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	46,419,285	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	937,740
ANNUITIES PAYABLE	714,782
ROOM AND KEY DEPOSITS	18,173
STATE FINANCIAL AID TO BE AWARDED	78,097
AGENCY ACCOUNTS	148,916
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,897,708

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	101,832,538
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,686,343
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	646,358
e	Add lines 2a through 2d	2e	3,332,701
3	Subtract line 2e from line 1	3	98,499,837
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,857
b	Other (Describe in Part XIII)	4b	29,693,995
c	Add lines 4a and 4b	4c	29,722,852
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	128,222,689

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	92,879,817
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,048
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	356,270
e	Add lines 2a through 2d	2e	357,318
3	Subtract line 2e from line 1	3	92,522,499
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,857
b	Other (Describe in Part XIII)	4b	30,050,265
c	Add lines 4a and 4b	4c	30,079,122
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	122,601,621

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 information.

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

Supplemental Information

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 INSUBSTITUTION 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 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, 2017 AND 2016 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 THE PRONOUNCEMENT REQUIRES THAT THE UNIVERSITY RECOGNIZE IN ITS FINANCIAL STATEMENTS THE FINANCIAL EFFECTS OF A TAX POSITION, IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS OF THE POSITION THE PRONOUNCEMENT ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE TAX POSITIONS TAKEN RELATED TO THE UNIVERSITY'S STATUS AND STATE TAXES HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE UNIVERSITY WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION ACCORDINGLY, THE UNIVERSITY HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF MAY 31, 2017, THE UNIVERSITY'S TAX YEARS 2013 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 646,358

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 30,050,265 SPECIAL EVENTS EXPENSES -356,270

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES 356,270

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 30,050,265

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2016

Open to Public Inspection

▶ **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.**

Department of the Treasury

Name of the organization
DALLAS BAPTIST UNIVERSITY

Employer identification number

75-6001300

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?		No
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
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.	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
DALLAS BAPTIST UNIVERSITY

Employer identification number
75-6001300

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space 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
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 75-6001300

Name: DALLAS BAPTIST UNIVERSITY

Schedule F (Form 990) 2016

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).

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	3	18,134	PAID TO UNIVERSITY FOR TUITION			
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	139	790,144	PAID TO UNIVERSITY FOR TUITION			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	5	111,211	PAID TO UNIVERSITY FOR TUITION			
SCHOLARSHIPS	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	100	576,291	PAID TO UNIVERSITY FOR TUITION			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	105	464,401	PAID TO UNIVERSITY FOR TUITION			
SCHOLARSHIPS	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	20	58,884	PAID TO UNIVERSITY FOR TUITION			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	16	75,728	PAID TO UNIVERSITY FOR TUITION			
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	1	35,057	PAID TO UNIVERSITY FOR TUITION			

Part II 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>R. PERRY DINNER</u> (event type)	<u>T. LANDRY DINNER</u> (event type)	<u>2</u> (total number)	Total events (add col (a) through col (c))
1	Gross receipts	395,156	110,417	96,891	602,464
2	Less Contributions	327,417	95,300	75,531	498,248
3	Gross income (line 1 minus line 2)	67,739	15,117	21,360	104,216
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	12,600	0	2,022	14,622
	6 Rent/facility costs	3,459	0	0	3,459
	7 Food and beverages	108,190	18,740	18,401	145,331
	8 Entertainment	12,475	0	0	12,475
	9 Other direct expenses	162,972	6,070	11,341	180,383
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-252,054

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | |
|--------------------------------------|--------------|
| a The organization's facility | 13a % |
| b An outside facility | 13b % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
DALLAS BAPTIST UNIVERSITY

Employer identification number
75-6001300

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	3460	28,219,144			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART II	<p>COLUMN B(I) - AMOUNTS IN COLUMN INCLUDE, BUT ARE NOT LIMITED TO, CONTRACTUAL PAY COLUMN B(III) - (1) A DEFERRED 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, CONTRIBUTION TO WRIGHT'S 403(B), AS WELL AS HOUSING, TUITION REMISSION BENEFITS, MILEAGE EXPENSE, WELLNESS AWARD, TAXABLE GROUP TERM LIFE FOR WRIGHT AND OTHERS COLUMN C - (2) INCLUDES DEFERRED COMPENSATION PROVIDED IN 2000, WHICH VESTED IN 2016, BUT IS NOT PAID (FOR COOK), 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</p>

Additional Data

Software ID:
Software Version:
EIN: 75-6001300
Name: DALLAS BAPTIST UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 COOK GARY R CHANCELLOR	(i)	375,248	0	124,606	50,699	71,869	622,422	0
	(ii)	0	0	0	0	0	0	0
1 BYERS RANDALL D VP FOR INTL AFFAIRS & DEAN OF ONLINE	(i)	135,805	0	540	13,912	11,713	161,970	0
	(ii)	0	0	0	0	0	0	0
2 DOWD DENNIS C VP AND PROVOST	(i)	192,255	0	6,798	19,298	12,096	230,447	0
	(ii)	0	0	0	0	0	0	0
3 HINES CORY D VP FOR ENROLLMENT	(i)	168,598	2,500	18,636	5,065	10,713	205,512	0
	(ii)	0	0	0	0	0	0	0
4 KILLINGSWORTH V BLAKE VP FOR COMMUNICATIONS	(i)	141,887	2,000	540	12,998	8,990	166,415	0
	(ii)	0	0	0	0	0	0	0
5 MURRAH MATTHEW T VP FOR TECHNOLOGY	(i)	161,675	7,405	782	11,608	11,713	193,183	0
	(ii)	0	0	0	0	0	0	0
6 TEAT JONATHAN S VP FOR ADMINISTRATIVE AFFAIRS	(i)	131,291	5,964	14,070	12,099	11,713	175,137	0
	(ii)	0	0	0	0	0	0	0
7 WRIGHT ADAM C PRESIDENT	(i)	310,200	15,800	13,323	18,000	68,590	425,913	0
	(ii)	0	0	0	0	0	0	0
8 HEEFNER DANIEL J HEAD BASEBALL COACH	(i)	289,473	62,000	3,182	18,000	11,713	384,368	0
	(ii)	0	0	0	0	0	0	0
9 MALONE DANIEL R GENERAL COUNSEL	(i)	177,066	0	4,890	11,039	11,713	204,708	0
	(ii)	0	0	0	0	0	0	0
10 LEMONS JAMES C PROFESSOR OF THEOLOGICAL STUDIES & L	(i)	175,851	0	3,123	15,199	11,310	205,483	0
	(ii)	0	0	0	0	0	0	0
11 KAVLI SUZANNE PROFESSOR OF LEADERSHIP AND RESEARCH	(i)	172,565	0	3,152	17,591	10,625	203,933	0
	(ii)	0	0	0	0	0	0	0
12 INGRAM JR OSMOND C ASSISTANT PROFESSOR OF LEADERSHIP	(i)	172,172	0	2,882	16,799	12,017	203,870	0
	(ii)	0	0	0	0	0	0	0
13 LINAM DENNIS B DIRECTOR OF DENOMINATIONAL AND GOVT'	(i)	121,696	2,348	5,206	12,181	11,608	153,039	0
	(ii)	0	0	0	0	0	0	0
14 LINAM R GAIL ACADEMIC DEAN	(i)	149,005	2,348	5,356	14,898	11,618	183,225	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

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

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DALLAS BAPTIST UNIVERSITY

Employer identification number
75-6001300

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		32,000	COST OF DONATED PROPERTY
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ADVERTISING)	X	1	50,000	COST OF DONATED PROP
26 Other ▶ (OTHER)	X	11	36,480	COST OF DONATED PROP
27 Other ▶ (LAND)	X	1	24,000	COST OF DONATED PROP
28 Other ▶ (_____)				

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

29	
----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

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

	Yes	No
30a		No
31	Yes	
32a		No
33		

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
DALLAS BAPTIST UNIVERSITY**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

2016**Open to Public Inspection****Employer identification number**

75-6001300

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 646,358

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C - CHANGE IN OVERSIGHT OF THE AUDIT	THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OF THE AUDIT OR SELECTION OF AN INDEPENDENT ACCOUNTANT