Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2008

Open to Public Inspection

. F.		2000							•
			ndar yeai	r, or tax year beginning 06-01-2008 C Name of organization	and ending 05-31-200	9		D Employer ide	ntification number
_	eck if ap		lease	Southern Methodist University					
Ado	dress cha	ange	se IRS abel or	Doing Business As				75-080068 E Telephone nu	
- Na	me chan		rint or ype. See	Doing business As				L releptione na	mbei
- Ind	tıal retur	n S	pecific	Number and street (or P O box if mail is r	not delivered to street addre	ess) Room/	suite	(214) 768-2	
– Tei	mınatıor		nstruc- ions.	PO Box 750261		, , , , , ,		G Gross receipt	<b>s</b> \$ 933,329,327
_	nended r			City or town, state or country, and ZIP + 4	1				
				Dallas, TX 752750261	<del>1</del>				
Ap	plication	pending							
				ne and address of Principal Officer		H(a) I	s this	s a group return	for
				d Turner 750261		а	ffiliat	tes?	┌Yes ┌No
				730201 TX 752750261		U/E> A	!!	-661:	42
Ta	x-exem	pt status		(3) <b>◄</b> (insert no )	527	1 ' '		affiliates include	d?   Yes   No See instructions )
14/						7		o,     attach  a nst p  Exemption Nui	
VV	ed Site	<b>≥: ►</b> www.s	smu eau			"(c)		p z x o p t . o i t u .	
. Tyn	e of ora	anization 🔽	Corporati	on		l Vear	of For	mation 1911 M	State of legal domicile TX
Гур	e or orga	anization j*	Corporati	on trust association other F		L Teal	01 1 01	mation 1911   M	state of legal doffficile 17
Pa	rt I	Summa	ary						
	1	Briefly des	scribe the	e organization's mission or most sign	ıfıcant actıvıtıes				
υ		An educat	tional ins	titution of higher learning,expanding	knowledge through res	earch and	ltead	hing	
≧									
<u> </u>									
aoyemidilice	2	Check this	s box 🗀 i	f the organization discontinued its op	perations or disposed o	of more th	an 2!	5% of its assets	
9	1		,	nembers of the governing body (Part '					42
	1		-	dent voting members of the governing				_	39
2							•		5,856
=	1			ployees (Part V, line 2a)				_	
AVIITINIES A	1			lunteers (estimate if necessary) .			_		
•				ed business revenue from Part VIII,				_	-92,732
	ь	Net unrela	ated busii	ness taxable income from Form 990-	T, line 34	1		7b	0
							Prio	r Year	Current Year
a.	8	Contribu	tions and	grants (Part VIII, line 1h)			:	105,894,972	100,696,626
Revenue	9	Program	servicer	evenue (Part VIII, line 2g)			:	376,328,960	396,920,658
9 6	10	Investm	ent incon	ne (Part VIII, column (A), lines 3, 4,	and 7d)		:	125,088,402	-43,317,411
Ϋ́	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						19,780,605	7,434,301
	12		enue—ac	ld lines 8 through 11 (must equal Pa	rt VIII, column (A), lın	е			461 724 174
		12)					,	527,092,939	461,734,174
	13			r amounts paid (Part IX, column (A),				92,394,298	104,304,250
	14		-	r for members (Part IX, column (A), l	•				0
ø	15		, other co	mpensation, employee benefits (Part	: IX, column (A), lines	5 –		213,898,648	233,053,133
Expenses	16-	10)	6		- 4.41				
<u>a</u>	16a			raising fees (Part IX, column (A), line	•			9,298	10,805
盃	b	(Total fund	draising exp	enses, Part IX, column (D), line 25 21,194,6	71)				
	17	Otherex	penses (	Part IX, column (A), lines 11a-11d,	11f-24f)		:	157,649,344	177,071,411
	18	Total exp	penses—a	add lines 13–17 (must equal Part IX	, line 25, column (A ))		4	163,951,588	514,439,599
	19	Revenue	less exp	enses Subtract line 18 from line 12				163,141,351	-52,705,425
5 % 5	1					Ве	ginni	ng of Year	End of Year
2 4	20	Total ass	sets (Par	t X, line 16)			2,2	254,485,108	1,959,339,231
net Assets ta Fund Balances	21		•	art X, line 26)				566,333,077	542,881,624
£ 25			-		. 30				
	22			d balances Subtract line 21 from line	= 20		Ι,:	588,152,031	1,416,457,607
Pa	rt II		ture Blo						
				Jury, I declare that I have examined this reti orrect, and complete Declaration of preparei					
Plea	ise			, I propule	, Day	1		, ,	,
Sigr		Signatu	re of office	r			2010- Date	04-14	
ler		[, ]							
			e Casey VF r print name	ofor Business and Finance and title					
	1	F	,	T	D-1-	Charles 1		D	Con Com Tuth
		Preparer's signature				Check If self-		Preparer's PTIN (	See Gen Inst )
Paid		Jighature	7			empolyed I	. $ abla$		
•	arer's	Firm's name	` '	<b>N</b>				EIN Þ	
Jse (	Only	ıf self-empl address, an		<i>r</i>			_	LIN F	
		,						Phone no 🕨	
124	the IDC	S discuss :	this rotur	n with the preparer shown above? (S	ee instructions			1	 ☐ Yes ☐ No
ıay	ine IKS	- uiscuss i	s retur	ni with the preparel Showli above? (Si	ee manuchons)				1 153 1 NU

# Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	455,428,786 Must equal Part I A	(, Line 25, column (B).	
4d	Other program services (Describe ii (Expenses \$	including grants of \$	) (Revenue \$	)
	(Code ) (Expenses \$	21,782,906 including grants of \$	) (Revenue \$	9,410,561 )
4c	(Code ) (Expenses \$ Sponsored ResearchSponsored Research - 22		) (Revenue \$	24,712,372 )
	Service - 791,046Food Service - 421,506Inde	ependent Operations - 3,284,543		-
4b	(Code ) (Expenses \$ Auxiliary Activities Apartment and Residentia	l Operations - 2,462,528Housing - 14,297,025Intel	13,138,952 ) (Revenue \$ rcollegiate Athletics - 52,249,852SMU-	40,175,216 ) In-Taos - Housing and Food
4a	(Code ) (Expenses \$ Instructional Total Student EnrollmentFall Ser	332,206,549 including grants of \$ mester 2008/2009 - 10,965Spring Semester 2008/	91,165,299 ) (Revenue \$ 2009 - 10,386	322,622,509 )
4	Section 501(c)(3) and (4) organizatio	ements for each of the organization's three ins and 4947(a)(1) trusts are required to ue, if any, for each program service report	report the amount of grants an	
	services?			─ Yes 🔽 No
3	If "Yes," describe these new services  Did the organization cease conducting	on Schedule O g or make significant changes in how it co	nducts any program	
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	gnificant program services during the yea	r which were not listed on	Yes ✓ No
	The primary mission of the University is educati communities and lead professions in a global so	ion through research and teaching by creating and ociety	imparting knowledge that will shape of	citizens who contribute to their

art TV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

#### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	10	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI 📆			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 1,512			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4 -	V	
<b>3</b> -	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial		,	
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country XE , FR			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76	V	
8	required?	7h	Yes	
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

6

8

11

Section A. Governing Body and Management

No

Νo

Νo Νo

Νo

Νo

Yes

Yes

7a

7Ь

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
1a	Enter the number of voting members of the governing body	1a	42
ь	Enter the number of voting members that are independent	1b	39

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

	other officer, director, trustee, or key employee?		l
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		I
6	Does the organization have members or stockholders?	6	Ī

7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	
	governing body?	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

-	a the governing body	•	•	•	•	•	•	•	•	•	•	
Ь	<b>b</b> each committee with authority to act on behalf of the governing body?											
	Does the organization have local chapters, branches, or affiliates?											

Ь	If "Yes," does the organization have written policies and procedures governing the activities of such	c h	ар	ter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization? $\ \ .$				

)	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	5
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, w	vho canr	ot l	be r	eac	hed	lat
the organization's mailing address? If "Yes," provide the names and addresses in Sched	O əlut	•				

8a	Yes	
8b	Yes	
9a		No
9b		
10	Yes	
11		No
	•	

Yes

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
  - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Controller's Office 6116 N Central Expressway Dallas, TX 752750261 (214) 768-2800

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

The check this box in the organization and i	·	<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	W- (W 2/1000	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
	+									
					$\vdash \vdash \downarrow$					
				$\vdash$	$\vdash$		$\vdash$			
					$\vdash$					
1b Total							-	10,692,833	3	1,032,691

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►372

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

#### **Section B. Independent Contractors**

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

\$100,000 of compensation from the organization						
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation				
Hunt Construction Group Inc 4099 McEwen Road Suite 400 Dallas, TX 75244	Construction	7,850,742				
Turner Construction Co Inc 2001 N Lamar Street Dallas, TX 75202	Construction	7,687,901				
Austin Commercial Inc PO Box 2879 Dallas, TX 75221	Construction	4,994,367				
Highland Builders Inc 2432 Fabens Rd 100 Dallas, TX 75229	Construction	4,942,077				
Schneider Electric Building Americas Inc PO Box 59469 Dallas, TX 75229	Construction	4,907,902				
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization						

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
執禁	ь	Membership dues	_				
恵吉		1b -					
S, G	С	Fundraising events <b>1c</b> ·	1,172,671				
無意	d	Related organizations1d					
% <u>`</u> ≣	e	Government grants (contributions) <b>1e</b>	25,027				
ution Tersi	f	All other contributions, gifts, grants, and similar amounts not included above	99,498,928				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$					
O a	h	Total (Add lines 1a-1f)		100,696,626			
			Business Code				
<u>a</u>	2a	Tuition and Fees	Dusiness Code	307,721,656	307,721,656		
Program Serwce Revenue	b	Auxiliary Activities					44 700 242
		·		39,803,398	28,004,055		11,799,343
e S	C .	Sponsored Research		24,239,518	24,239,518		
ja S	d	Other Student fees		9,379,846	9,379,846		
3 5	e	Organized Activities		9,117,260	9,117,260		
ୁଣୀୟ	f	All other program service revenue		6,658,980	6,645,312	13,668	
<u>&amp;</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	· · · · · · · · · · · · · · · · · · ·				
		other similar amounts)	🕌	20,631,824		12,553	20,619,271
	4	Income from investment of tax-exempt bo	nd proceeds	3,185,052			3,185,052
	_	B	▶	7,402,760		5,154	7,397,606
	5	Royalties	() 5	7,402,700		5,154	7,397,000
	6a	(1) Real Gross Rents 127,991	(II) Personal				
	ь	Less rental 74,277					
		expenses					
	С	Rental income 53,714 or (loss)					
	d	Net rental income or (loss)	· · · · <u>.</u>	53,714			53,714
	7a	Gross amount from sales of (1) Securities 392,642,744	(II) O ther 10,632,802				
	ь	assets other than inventory Less cost or 458,735,014	11,674,819				
	c	other basis and sales expenses Gain or (loss) -66,092,270	-1,042,017				
	d	Net gain or (loss)		-67,134,287		-124,107	-67,010,180
	8a	Gross income from fundraising	▶				
Other Revenue		events (not including  \$1,088,870 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
<u>.</u>	1	\$15,000 a	1,172,671				
ţ	Ь	Less direct expensesb	1,111,043	-22,173	-22,173		
0	с 9а	Net income or (loss) from fundraisi	ng events	-22,1/3	-22,173		
		activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	b	Less direct expensesb					
	c	Net income or (loss) from gaming a	ctivities <b>-</b>				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of i	nventory				
		Miscellaneous Revenue	Business Code	T	T		
	11a						
	ь						
	С						
	d	All other revenue					
	e e	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g, 3,		461,734,174	385,085,474	-92,732	-23,955,194
		8c, 9c, 10c, and 11e					

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	104,304,250	104,304,250			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	6,353,475	909,798	5,092,317	351,360	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	725,787	306,499	419,288		
7	Other salaries and wages	178,001,733	160,065,741	419,288	9,064,603	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,667,531	11,388,563	751,775	527,193	
9	Other employee benefits	23,909,363	21,307,475	1,588,564	1,013,324	
10	Payroll taxes	11,395,244	10,237,727	675,489	482,028	
11	Fees for services (non-employees)					
а	Management					
Ь	Legal	3,127,460	140,989	2,986,471		
c	Accounting	345,255		345,255		
d	Lobbying	226,055		226,055		
e	Professional fundraising See Part IV, line 17	10,805			10,805	
f	Investment management fees	10,299,158		10,299,158		
g	Other	19,778,701	15,164,629	776,419	3,837,653	
12	Advertising and promotion	1,835,075	1,434,237	400,838		
13	Office expenses	19,127,738	17,334,031	519,152	1,274,555	
14	Information technology	7,401,061	6,999,556	237,757	163,748	
15	Royalties	24,607	24,607			
16	Occupancy	20,799,261	19,611,728	653,095	534,438	
17	Travel	10,937,386	10,263,212	256,989	417,185	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	3,556	3,556			
19	Conferences, conventions and meetings	1,116,277	1,004,027	80,352	31,898	
20	Interest	15,597,422	15,597,422			
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	23,284,103	20,304,542	1,529,329	1,450,232	
23 24	Insurance	2,061,985	853,463	1,208,522		
	total expenses shown on line 25 below )					
_	Books and Periodicals  Pusings Meals and Ente	5,949,947	5,949,847	100		
b		5,579,018	5,579,018	300 035	240.260	
C C	Public Relations  Student Aid - Students	5,511,193	4,862,898	308,035	340,260	
d	Student Aid - Stipends  Property Costs	4,240,919	4,240,919	( 055	10 267	
e f	Property Costs All other expenses	3,771,339 16,053,895	3,746,017	6,955	1 677 022	
_	Total functional expenses. Add lines 1 through 24f	, ,	13,794,035	582,838	1,677,022	
25		514,439,599	455,428,786	37,816,142	21,194,671	
26	Joint Costs. Check  fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Part X	Balance	Sheet
Part X	Balance	Sheet

			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	12,313,520		3,646,550
	2	Savings and temporary cash investments	159,875,001	2	322,408,548
	3	Pledges and grants receivable, net	81,170,054	_	80,399,766
	4	Accounts receivable, net	74,449,637	4	105,487,209
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties $\it Complete Part II of Schedule L$		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) are persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	d	6	
	7	Notes and loans receivable, net	14,817,362	7	22,464,892
	8	Inventories for sale or use	316,060	8	339,574
2	9	Prepaid expenses and deferred charges	2,648,796	9	5,631,255
ssets	10a	Land, buildings, and equipment cost basis   10a   811,606,48	12		
4	ь				
	D	Less accumulated depreciation Complete Part VI of Schedule D	538,398,294	10c	560,209,275
	11	Investments—publicly traded securities	517,244,987	11	248,793,651
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	847,450,595	12	604,703,711
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	5,800,802	I	5,254,800
		D	2 25 4 425 422	15	4 050 000 004
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,254,485,108		1,959,339,231
	17	Accounts payable and accrued expenses .	215,737,566		133,613,364
	18	Grants payable	27.550.504	18	05 057 000
	19	Deferred revenue	27,552,531		25,657,099
S	20	Tax-exempt bond liabilities	380,748,535		331,458,000
ŧĕ	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		1	
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	37,913,167	23	47,921,998
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	4,381,278	25	4,231,163
	26	Total liabilities. Add lines 17 through 25	666,333,077	26	542,881,624
S & S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	432,888,031	27	429,109,607
- E	28	Temporarily restricted net assets	704,271,000	28	513,339,000
귤	29	Permanently restricted net assets	450,993,000	29	474,009,000
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
2		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,588,152,031	33	1,416,457,607
_	34	Total liabilities and net assets/fund balances	2,254,485,108	34	1,959,339,231
Pa	rt XI	Financial Statements and Reporting			

Part XT	Financial	Statements	and Reporting

			103	110
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
С	If "Yes" to lines 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?	2c		
За	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?	3h	δĀ	

**Employer identification number** 

# OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public Inspection

outre	em met	nodist Universit	ıy					75	-0800689	2	
Рa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio				
				ation because it is (Please	•				211001000	.01.07	
1	Γ			nurches, or association of ch					(A)(i).		
2	~	A school de	escribed in <b>Sect</b>	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )					
3	Γ	A hospital	or a cooperative	e hospital service organizati	on describ	bed in <b>Sec</b>	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H )
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a l	hospital de	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	$\sqcap$	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unit desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ity trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontributior	ıs, membe	rship fees	, and gross
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2	) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	( <b>a)(4).</b> (Se	ee instruc	tions )
11	Γ			and operated exclusively fo							
				orted organizations describe type of supporting organiza						Section 5	<b>09(a)(3).</b> Check
		_	ype I <b>b</b>		Type III				'' d	Гтуре	III - Other
e	$\sqcap$			rtify that the organization is	• •				one or mor		
		other than	foundation man	agers and other than one or	more publ	ıcly suppo	orted orga	nızations	described	ın sectior	509(a)(1) or
_		section 50		d a western data en estan fra	m tha IDC	. +6-+ .+	5 Tuno I	Tuna II a	. Tuna III		
f		check this		d a written determination fro	ill the IRS	tilat it is	а гуре 1,	Type II o	i Type III	Supportin	
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<b>!</b>		,
		following pe									
			•	r indirectly controls, either a		_	tn persons	describe	a in (ii)		Yes No
			· -	ng body of the the supported	_	tion				11g	
			•	erson described in (i) above		haua?				11g(	
<b>L</b>				ty of a person described in ( nation about the organizatio			cupports			11g(	···/
h		riovide tile	: lollowing illion	nation about the organization	ins the org	janization	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
Supported (described on lines 1-9 organization in the organization org						organiz	ation in	support?			
							rganized				
	(See Instructions)) your governing support? in the U.S.? document?										
Yes No Yes No Yes No							†				
					1.55			•			

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	10% Facts and Circumstances Test - 2008. 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 "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)						
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

of the organization rn Methodist University			Employer iden	tıfıcatıon number
,				
	75			
	y all organizations exempe the instructions for Schedule		n 501(c) and section	527
rovide a description of the org	ganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	tivities in Part IV	
olitical expenditures				\$
olunteer hours				
		t under section	<b>n 501(c)(3).</b> (See the	instructions
nter the amount of any excise	e tax incurred by the organization i	ınder section 4955	5	\$
nter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955	\$
f the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	ر.	┌ Yes ┌ No
/as a correction made?				┌ Yes ┌ No
f "Yes," describe in Part IV				
		t under section	n 501(c), except sect	ion 501(c)(3).
nter the amount directly expe	ended by the filing organization for	section 527 exem	ot function activities	\$
nter the amount of the filing o 27 exempt funtion activities	rganızatıon's ınternal funds contril	outed to other orga	nizations for section	\$
otal of direct and indirect exe 120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and ent	ter here and on Form	\$
ıd the filing organization file <b>F</b>	form 1120-POL for this year?			┌ Yes ┌ No
ere made Enter the amount p olitical contributions received	oaid and indicate if the amount was d and promptly and directly deliver	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -
	olunteer hours  To be completed be for Schedule C for donter the amount of any excise the organization incurred in a second factor of the organization factor of the filing organization file of the f	To be completed by all organizations exemp for Schedule C for details.)  Inter the amount of any excise tax incurred by the organization unter the amount of any excise tax incurred by organization mans of the organization incurred in a section 4955 tax, did it file Form lass a correction made?  Fives," describe in Part IV  To be completed by all organizations exemp (See the instructions for Schedule C for details.)  Inter the amount directly expended by the filing organization for inter the amount of the filing organization's internal funds contributed to the filing organization expenditures. Add limit 120-POL, line 17b in the filing organization file Form 1120-POL for this year? It tate the names, addresses and Employer Identification Number ere made. Enter the amount paid and indicate if the amount was olitical contributions received and promptly and directly deliver egregated fund or a political action committee (PAC). If addition (a) Name.  (b) Address	To be completed by all organizations exempt under section for Schedule C for details.)  Inter the amount of any excise tax incurred by the organization under section 4955 inter the amount of any excise tax incurred by organization managers under section fit the organization incurred in a section 4955 tax, did it file Form 4720 for this year (as a correction made?  Firyes," describe in Part IV  Consider the instructions for Schedule C for details.)  Inter the amount directly expended by the filing organization for section 527 exempiner the amount of the filing organization's internal funds contributed to other orgal 27 exempt funtion activities  otal of direct and indirect exempt function expenditures. Add lines 1 and 2 and entail 20-POL, line 17b in the filing organization file Form 1120-POL for this year?  tate the names, addresses and Employer Identification Number (EIN) of all sections are made. Enter the amount paid and indicate if the amount was paid from the filing olitical contributions received and promptly and directly delivered to a separate pregregated fund or a political action committee (PAC). If additional space is needed.  (a) Name  (b) Address (c) EIN	To be completed by all organizations exempt under section 501(c)(3). (See the for Schedule C for details.)  Inter the amount of any excise tax incurred by the organization under section 4955  Inter the amount of any excise tax incurred by organization managers under section 4955  Inter the amount of any excise tax incurred by organization managers under section 4955  Inter organization incurred in a section 4955 tax, did it file Form 4720 for this year?  Inter the amount organization for section 501(c), except section (See the instructions for Schedule C for details.)  Inter the amount directly expended by the filing organization for section 527 exempt function activities  Inter the amount of the filing organization's internal funds contributed to other organizations for section 27 exempt funtion activities  Inter the amount of the filing organization's internal funds contributed to other organizations for section 27 exempt funtion activities  Inter the amount of the filing organization expenditures Add lines 1 and 2 and enter here and on Form 120-POL, line 17b  Inter the amount of the filing organization file Form 1120-POL for this year?  Inter the amount of the filing organization file form 1120-POL for this year?  Inter the amount of the filing organization organization with the filing organization's own internation of the filing organization file form 1120-POL for this year?  Internal funds and indicate if the amount was paid from the filing organization, such a term of the filing organization form organization form filing organization, such a term organization form filing organization form filing organization form filing organization is internal funds. If none, internal funds If none, internal funds If none,

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A To be completed by	organizations exempt under section 501(c)	(3) that filed Form 57	68
_		tion 501(h)). (See the instructions for Schedule		
A		belongs to an affiliated group		
В	Check   If the filing organization	checked box A and "limited control" provisions apply		
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	226,055		
c	Total lobbying expenditures (add line	es 1a and 1b)	226,055	
d	Other exempt purpose expenditures	514,213,544		
е	Total exempt purpose expenditures (	514,439,599		
f	Lobbying nontaxable amount Enter t columns—	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter - 0	0		

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	(e) Total	
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
b 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000	
_c	Total lobbying expenditures	249,530	243,251	242,967	226,055	961,803	
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000	
е 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000	
f	Grassroots lobbying expenditures						

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
<b>-</b>	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016		) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(		,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	art II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

Schedule D (Form 990) 2008

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization
Southern Methodist University

Employer identification number
75-0800689

			75-0800689	
Pa	rt I Organizations Maintaining Donor A		r Funds or Accounts	. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and ot	her accounts
1	Total number at end of year		(=, - = = = = = = = = = = = = = = = = = =	2
2	Aggregate Contributions to (during year)			100
3	Aggregate Grants from (during year)			1,138,320
4	Aggregate value at end of year			29,068,673
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>		✓ Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?			▽ Yes
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Ye	es" to Form 990, Part IV	', line 7.
1	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreat  Protection of natural habitat	ion or pleasure)	of an historically important of certified historic structu	
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the	form of a conservation eas	ement
			Held at	the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	es :	2b	
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe the taxable year ►	erred, released, extinguished, or term	inated by the organization	during
4	Number of states where property subject to conserve	ation oncoment is located		
5	Does the organization have a written policy regarding		violations and	
,	enforcement of the conservation easements it holds		violations, and	☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during	g the year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during t	he year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2 (d) above satisfy the requirements o	fsection	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's fina		
Par	Complete if the organization answered			Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or re-	search in furtherance of pu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or resea		•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	30,230
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	32,398,969
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		ets for financial gain, provid	le the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	

Cat No 52283D

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art, His	tori	<u>cal Treas</u>	ures, or Othe	er Similar Ass	ets (c	ontınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any of th	ne fol	lowing that a	are a significant i	use of its collection	on	
а	Public exhibition	d	굣	Loan or ex	change programs	5		
b	Scholarly research	e	<b>~</b>	Other Edu	ıcatıonal Prograr	mmıng		
c	✓ Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	w the	v further the	organization's e	xempt purpose in		
•	Part XIV	one della dira displani ila		, , , , , , , , , , , , , , , , , , , ,	organization o	xampa parpasa m		
5	During the year, did the organization solicit of					nılar		<b></b>
Doo	assets to be sold to raise funds rather than t						Yes	VOO
Pel	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				janization ansv	vereu res to i	ל וווו	190,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other assets	not	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mo	unt	
c	Beginning balance				<b>1</b> c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1						
Pa	rt V Endowment Funds. Complete							
_			<b>b)</b> Prio	r Year (c)	Two Years Back (d	Three Years Back (	<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	1,401,274,328						
b	Contributions	25,069,217						
с	Investment earnings or losses	12,844,512						
d	Grants or scholarships	44,628,154						
е	Other expenditures for facilities and programs	44,020,134						
f	Administrative expenses	3,825,185						
g	End of year balance	1,032,262,197						
2	Provide the estimated percentage of the yea	r end balance held as						
а	Board designated or quasi-endowment	6 780 %						
ь	Permanent endowment • 93 210 %							
c	Term endowment ► 0 010 %							
3a	Are there endowment funds not in the posses	ssion of the organization	thata	are held and	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		—
	(ii) related organizations					3a(ii	)   Yes	<del>                                     </del>
ь 4	Describe in Part XIV the intended uses of th	·				<u>3b</u>		
	t VI Investments—Land, Buildings				Part X line 10			
	<u> </u>	o, and Equipment s		Cost or other	(b)Cost or other			
	Description of investment			(investment)	basis (other)	(c) Depreciation	( <b>d)</b> Bo	ook value
1a	Land				68,716,306	<u>'</u>	$\epsilon$	58,716,306
b I	Buildings				601,081,000	189,808,464		11,272,536
	Leasehold improvements							
d I	Equipment				106,329,327	43,738,814	$\epsilon$	52,590,513
e	Other				35,479,849	17,849,929	1	17,629,920
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (B,	), line	10(c).) .			5€	50,209,275
						Schedule D	Form 9	90) 2008

investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		·
Closely-held equity interests		
Other Venture Capital	48,819,540	С
Other Funds Held In Trust By Others	14,120,911	F
Other Private Equity Funds	176,289,935	С
Other Absolute Return Funds	187,043,691	С
Other Equity Funds Without Daily Liquidity	62,025,709	С
Other Fixed Income Funds without Daily Liquidity	3,926,043	С
Other Other Investments	8	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	604,703,711	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Deposits	1,577,184	
US Government Student Loan Advances	2,653,979	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	4,231,163	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	<u>Return</u>
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV,	lines 1b and 2b,

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

Ident if ier	Return Reference	Explanat ion
Part III, Line 4		The Meadows Museum at Southern Methodist University houses one of the largest and most comprehensive collections of Spanish art outside of Spain. With works dating from the 10th to the 21st century, the internationally renowned collection presents a broad spectrum of art covering a thousand years of Spanish heritage. The museum is a resource of Southern Methodist University that serves a broad and international audience as well as the university community through meaningful exhibitions, publications, workshops, and other educational programs and encourages public participation through a broad-based membership
Part V , Line 4	Description of Intended Use of Endowment Funds	Intended uses of endowment funds are education program support, chairs and faculty support, scholarships and other student aid, library and books, and maintenance
Part X	Description of Uncertain Tax Positions Under FIN 48	In June 2006, the Financial Accounting Standards Board issued Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48), which prescribes a recognition threshold and measurement requirements for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. In addition, FIN 48 provides guidance on recognition, classification, accounting in interim periods and disclosure requirements for uncertain tax provisions. The interpretation was effective for the University's fiscal year ended May 31, 2008. The University and its controlled corporations do not have any material unrelated business income tax liability for the years ended May 31, 2009 and May 31,2008.

## OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE E** (Form 990 or 990-EZ)

> Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Open to Public Inspection

Name of the organization Southern Methodist University  Employ Southern Methodist University			oyer identification number			
Souti	75-0800689					
	·		YES	NO		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its chaother governing instrument, or in a resolution of its governing body?	arter, bylaws,	Yes			
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in a brochures, catalogues, and other written communications with the public dealing with student admission programs, and scholarships?		Yes			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast rethe period of solicitation for students, or during the registration period if it has no solicitation program,	, ın a way				
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe please explain		V			
	All admission brochures, newspapers, advertisements etc include non-discrimination statements	3	Yes			
4	Does the organization maintain the following?					
_	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes			
		<u> </u>	1 63			
•	b Records documenting that scholarships and other financial assistance are awarded on a racially nondi basis?	4 <b>b</b>	Yes			
	• Copies of all catalogues, brochures, announcements, and other written communications to the public o		1,00			
	with student admissions, programs, and scholarships?	4c	Yes			
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d				
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate		1			
5	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?	5a		No		
•	2 Students Tights of privileges.	<u> </u>	1	140		
ı	b Admissions policies?	5b		Νo		
•	Employment of faculty or administrative staff?	5c		Νο		
•	d Scholarships or other financial assistance?	5d		No		
•	e Educational policies?	5e		Νo		
1	f Use of facilities?	5f		No		
g	g Athletic programs?	5g		No		
ı	h Other extracurricular activities?	<u>5h</u>	1	No		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate	statement )				
_						
	a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?	6a	Yes	N -		
	_ ·	6b		No		
_	If you answered "Yes" to either 6a or b, please explain using an attached statement					
,	Does the organization certify that it has complied with the applicable requirements of sections 4 01 th					
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanat	ion I <b>7</b>	lYes	1		

#### OMB No 1545-0047

2008

Open to Public Inspection

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Name of the organization Southern Methodist University  ${\bf Employer\ identification\ number}$ 

75-0800689

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

- **2** For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

Activites per Region (o	se schedule r-1	(FUIIII 990) II auc	illional space is needed )		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
Central America and the Caribbean			Program Services	Student Recruiting	591
East Asia and the Pacific			Program Services	Study Abroad Programs	866,617
East Asia and the Pacific			Program Services	Student Recruiting	10,035
Europe	1	7	Program Services	Study Abroad Programs	4,061,185
Europe			Program Services	Student Recruiting	24,877
Middle East and North Africa			Program Services	Study Abroad Programs	36,489
North America			Program Services	Study Abroad Programs	130,775
North America			Fundraising	Alumnı Reception	6,599
Russia and the Newly Independant States			Program Services	Study Abroad Programs	20,043
South America			Program Services	Study Abroad Programs	116,670
South America			Program Services	Student Recruiting	3,383
South Asia			Program Services	Study Abroad Programs	89,110
South Asia			Program Services	Student Recruiting	3,913
Sub-Saharan Africa			Program Services	Study Abroad Programs	76,776
Totals ▶	1	7			5,447,063
For Danaguark Poduction Act No	tica coatha instri	ustions for Form O	Cat No	500821//	chodulo E /Form 000\ 2008

Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

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

Schedule F (Form 990) 2008

Part IV	Supplemental Information Complete this part to	r <b>mation</b> provide the information required	in Part I, line 2, and any other additional information.
	Identifier	ReturnReference	Explanation
Method Use Expenditure	ed to Acccount for		Schedule F, Part I, Line 3 The University accounts for all expenditures on an accrual basis and makes all reimbursements under an accountable plan

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DLN: 93493104012030

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

nternal revenue cervice						Tiispection
Name of the organization					Employer ider	ntification number
Southern Methodist University					75-0800689	
			_		1	
Part I Fundraising Ac	<b>tivities.</b> Complet	e if the o	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the	following activities Che	ck all that apply	
a Mail solicitations				e Solicitation of r	on-government grants	
<b>b</b> Email solicitations				f Solicitation of g	jovernment grants	
<b>c</b> Phone solicitations				g   Special fundrais	sing events	
<b>d</b> In-person solicitation	S					
2a Did the organization have						
or key employees listed ir	n Form 990, Part VII	) or entity	in connec	tion with professional f	undraising activities?	┌ Yes ┌ N
<b>b</b> If "Yes," list the ten highe to be compensated at leas						
to be compensated at leas	st \$5,000 by the org	anization	roiiii 990	-EZ mers are not requi	red to complete this tal	Die
		(iii)	Dıd			
		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to
<ul><li>(i) Name of individual or entity (fundraiser)</li></ul>	(ii) Activity					(or retained by) organization
or entity (idildraiser)						
		Yes	No	1		

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, lin eipts greater than \$5,	e 18, or 000.	report	:ed
			(a) Event #1  Lecture Series (event type)	(b) Event #2  School of Arts Concert (event type)	(c) O ther Events  8 (total number)	(Add col	tal Ever (a) thr I (c))	
Revenue	1	Gross receipts	1,629,860		373,581		2,26	1,541
	2	Less Charitable contributions	720,112	258,100	194,459		1,17	2,671
	3	Gross revenue (line 1 minus line 2)	909,748		179,122		1,088	8,870
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	0	6,313	0			6,313
ă K	7	Other direct expenses	741,658	27,300	335,772		1,104	4,730
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			1,11	1,043
	9	Net income summary Combine lir						2,173
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	l
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
es Se	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u> ស្គ	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes% ┌ No	┌────────────────────────────────────	┌ Yes% ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Explain					
11		Does the organization operate gaming activities with nonmembers?						
12	Ist	he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entıty			

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	-	
	Address •	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493104012030 OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public Inspect ion

Employer identification number

Southern Methodist University						75-0800689	
<ul> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the off</li> <li>Part II Grants and Otform 990, Part Part IV and Sch</li> </ul>	aintain records to seed to award the grain organization's proceeds.  Ther Assistance IV, line 21 for an idedule I-1 if additionally	nts or assistance? edures for monitoring the e to Governments ny recipient that rece tional space is	t of the grants or assista 	in the United States in the United Sta		organization answere than \$5	ed "Yes" on
1(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance
2 Enter total number of sec			<u> </u>			•	· 
organizations  Benter total number of oth	er organizations .						
For Paperwork Reduction Act Not	tice, see the Instruct	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

	·	
art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student Tuition Grants and Scholarships	6806	4,240,919	100,063,331	Book	Tuition, Fees, Room and Board Allowances

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The University provides financial aid to students to enable them to attend the University All financial aid recipients are selected on an equal objectively determinable basis with other recipients. That is, all students receiving scholarships and fellowships are judged worthy based on the University's assessment of academic achievement, financial need and other similar standards. A list of recipients of scholarships and fellowships is on file at the University in the Financial Aid Office.

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As Filed Data -

DLN: 93493104012030

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

# **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Southern Methodist University 75-0800689 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain Yes 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ✓ Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? 4a Yes 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Yes 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Addıtıonal Data Table (i)								
(ii	)							
(i)								
(ii	)							
(i)								
(ii	)							
(i)								
(ii	)							
(i)								
(ii	)							
(i)								
(ii	)							
(i)								
(ii	)							
(i)								
(ii	)							

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		First class or charter travel - The University's travel policy is followed for business travel for employees and students. The policy provides that employee business travel should be made at the lowest practicable coach fares. First class travel upgrades may be obtained at the employee's expense. Any exceptions to the travel policy would require appropriate approvals. The University's travel policy also provides that travel expenses incurred by spouses are not reimbursable unless the spouse is traveling for a bona fide business purpose and the travel has been approved. Any exceptions to the policy require approval by the appropriate University officer. All spousal travel is processed under the provisions of the Tax Department's Spousal Travel policy which provides for evaluating the taxable component, if any, of the travel and the appropriate tax treatment and reporting. Appropriate approvals in accordance with policy are required prior to reimbursement. All gross-up payments have been appropriately approved in accordance with University policy prior to payment. The President is required under his employment contract to reside in the University provided residence. There is a policy regarding review/approval of social club dues. The University has established a reporting period of November 1 through October 31 for reporting personal use of a club and calculating the personal portion of dues that should be reported as taxable income. Any personal charges at social clubs are reimbursed to the University when the billing is received, prior to payment. The University provides services such as landscaping and residential repairs and maintenance for the President's residence, considering them necessary and appropriate for his use of the facility for business functions, and since it is a University owned asset.
		There is one person listed in Form 990, Part VII, who received an incentive compensation bonus. The eligibility for and the amount of the payment is determined by two components a quantitative measure of the performance of the University's Investment Pool against an appropriate benchmark and a qualitative measure based on factors such as risk mitigation, quality of decision making and contributions to advancement of the endowment.
	<u> </u>	

DLN: 93493104012030

OMB No 1545-0047

Department of the Treasury

Schedule K

(Form 990)

Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

**Supplemental Information on Tax Exempt Bonds** 

Open to Public Inspect ion

Employer identification number Name of the organization Southern Methodist University 75-0800689 **Bond Issues** (Required for 2008) (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Southern Methodist University ABO Refund 1984 Bond (6/13/1984) 75-0800689 07-24-1985 49,295,000 Х 845040AB0 Χ and pay issuance costs CXO Refund part of 1992 Bond Southern Methodist University 75-0800689 845040CX0 01-20-1999 (6/17/1992) and pay issuance costs Х Χ 13,169,851 Southern Methodist University DA9 Construction and renovation 75-0800689 845040DA9 02-24-1999 35,400,000 Х Χ projects and pay issuance costs CW2 Construction, acquisition, Southern Methodist University 75-0800689 845040CW2 01-20-1999 50,946,335 renovation projects and pay issuance Χ Χ EA8 Refund part of 1992 Bond Southern Methodist University 75-0800689 845040EA8 07-03-2002 71.581.457 (6/17/1992),interest,renovation,issuance Х Х Proceeds (Optional for 2008) Α В C D Ε Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 5 Issuance Costs from Proceeds Working Capital Expenditures from Proceeds 6 7 Capital Expenditures from Proceeds Year of Substantial Completion Yes Yes Yes No No Yes No Yes No Were the bonds issued as part of a current refunding issue? 9 Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use (Optional for 2008) В C Ε Α D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Schedule K	(Form 990) 2008	
Part III	Private Business Use	(Continued)

		4	A	E	3	(	С	I	D		E
		Yes	No								
За	Are there any management or service contracts with respect to the										
	financed property which may result in private business use?										
3b	A re there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		Α		В		С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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DLN: 93493104012030

OMB No 1545-0047

## **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** 

Schedule K (Form 990) 2008

Employer identification number Name of the organization Southern Methodist University 75-0800689 Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Southern Methodist University FB5 Fund construction project and 30,470,393 75-0800689 845040FB5 12-18-2003 Х Χ pav issuance costs FC3 Refund 1995 Bond Southern Methodist University 75-0800689 84,700,000 (1/4/1996),construction,acquisition,issuance Х Χ 845040FC3 03-01-2006 GDO Refund parts of 1999A Southern Methodist University 75-0800689 845040GD0 02-14-2007 100,890,740 (1/20/1999) and 2002 Bonds Х Χ (7/3/2002),issuance costs Proceeds (Optional for 2008) C D Ε Total Proceeds of Issue Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III Α С D E Yes Yes No Yes No Yes No Yes No No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 which may result in private business use?

Cat No 50193E

Schedule K	(Form 990) 2008	
Part III	Private Business Use	(Continued)

		4	A	E	3	(	С	I	D		E
		Yes	No								
За	Are there any management or service contracts with respect to the										
	financed property which may result in private business use?										
3b	A re there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		Α		В		С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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DLN: 93493104012030

### OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Name of the organization Southern Methodist University							Employer identification number					
Part I Excess Benefit Transact	i <b>ons</b> (se	ction 501(	c)(3)	and section 501	L (c)(		5-080 zatioi					
To be completed by organizatio										, Part	V , line	40b
1 (a) Name of disqualified	d person			(h) Des	crinti	on of trans	action			(	<b>c)</b> Corr	ected?
1 (2)				( <b>b)</b> Des	СПРЕК	JII OI LIAIIS	3011011				Yes	No
										_		
										+	$\longrightarrow$	
2 Enter the amount of tax imposed on section 4958	the organi			r disqualified pers			ear ui	nder <b>F</b>	\$	<b>.</b>		
3 Enter the amount of tax, if any, on lin								•	\$			
Part III Loans to and/or From		•		-								
To be completed by organiza				n Form 990, Part	IV, lıı	ne 26, or F	orm 9	90-E	Z, Part	V, lin	e 38a	
	( <b>b</b> ) Loan	ı to or					l		(f			
(a) Name of interested person and	from t	the	(c)Original principal		(d)B	(d)Balance due		(e) In default?		oved ard or	1	ritten ment?
purpose	organiza	ition?		amount	(u)b	alalice due			comm		1 -	mene.
	To From			Yes	No	Yes	No	Yes	No			
	<u> </u>											
	-											1
	1										+	
	1										+-	
			_	<b>&gt;</b> \$								
Part IIII Grants or Assistance B	enefittii	na Intere:	sted	•								
To be completed by organ					90, F	art IV, lır	ne 27					
(a) Name of interested person	(b)			een interested pe ganization	rson	<b>(c)</b> A m	ount o	of grai	nt or ty	pe of	assista	nce
Trustee		ndent				Scholars					,000	
Trustee	<del></del>	ndent				Grant in t						
Trustee	Self					Scholars	nip in	the ar	nount	of \$22	,715	
Part IV Business Transactions	Involvi	na Intere	sted	Persons								
To be completed by organ					90, F	art IV, lır	ne 28	a, 28	b, or	28c.		
(a) Name of interested person		Relationship een interestorson and the	ed	(c) A mount of transaction	:	(d) Description of transac			ansactı	، ا	(e) Shar	
		rganization	.	ti dii 3 de ti oli							Yes	No

OMB No 1545-0047

**Non-Cash Contributions** 

Inspection

Department of the Treasury Internal Revenue Service

Part I Types of Property

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Employer identification number** Name of the organization Southern Methodist University 75-0800689

		(a) Check	<b>(b)</b> Number of Contributions	(c) Revenues reported on	(d) Method of determining	
		If	Number of Contributions	Form 990, Part VIII, line	revenues	
		applicable		1 g		
1	Art—Works of art	X	4	30,230	Market or Appraisal Value	
2	Art—Historical treasures .					
3	Art—Fractional interests					
	Books and publications	Х		258,161	Market or Appraisal Value	
5	Clothing and household goods					
	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
	Securities—Publicly traded .	Х	46	15,573,265	Market or Appraisal Value	
10	Securities—Closely held stock $ . $					
11	Securities—Partnership, LLC, or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation contribution (historic structures)					
14	Q ualified conservation contribution (other)					
15	Real estate—Residential .	Х	2	975,000	Market or Appraisal Value	
16	Real estate—Commercial					
	Real estate—Other	Х	2	2	Statement on Schedule O	
18	Collectibles					
	Food inventory					
20	Drugs and medical supplies .					
21	Taxidermy					
	Historical artifacts	X	18	101,067	Market or Appraisal Value	
23	Scientific specimens					
24	Archeological artifacts					
25	Other (describe <u>Tickets</u> )	Х	945	106,974	Market or Appraisal Value	
	Travel			00.504	L	
26	Other (describe Vouchers )	X	13	89,604	Market or Appraisal Value	
27	Event Other (describe Supplies )	×	6	29.068	  Market or Appraisal Value	
21	Computers,			23,000	Tranket of Appraisar variae	
28	Other (describe Machinery )	l x	5	105,297	Market or Appraisal Value	
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ar for contributions for		
	which the organization complete	d Form 828	3, Part IV, Donee		29	9
	Acknowledgement		•		Las	1
	5				Yes	No
зua	During the year, did the organiza hold for at least three years from the date of				1 1	l I
	for the entire holding period? .	i the illitial	contribution, and which is	not required to be dised for t		No
ь	If "Yes", describe the arrangement	ent in Part 1	1		30a	+ 110
31	Does the organization have a gif	·		·		<del> </del>
32a	Does the organization hire or use contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash ••••••••••••••••••••••••••••••••••••	
b	If "Yes", describe in Part II					
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is	
	checked, describe in Part II					
For P	aperwork Reduction Act Notice, see	the Instruc	tions for Form 990.	Cat No 51227J	Schedule M (Form 99	0) 2008

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Explanation Third Party Use Part I, Line 32b The University retains the service of certain financial brokerage firms to acquire, process and liquidate gifts of securities and pays a fee to the broker(s) for such services In addition, the University retains the services of real estate brokerage firms to process and liquidate gifts of real property and pays a fee to the broker(s) for such services

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## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

DLN: 93493104012030

Open to Public Inspection

Name of the organization Southern Methodist University Employer identification number

75-0800689

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Organized Activities Community Services - 1,805,250 Conferences and Seminars - 14,642,660 Summer Camps - 5,209,319 Total Organized Activities 21,657,229 Student Loan Fund Administrative Expenses - 125,677 Expenses \$ 21782906 including grants of \$ 0 Revenue \$ 9410561

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Clark Hunt and Ray Hunt have a family relationship James Gibbs and Paul Loyd have a business relationship R Gerald Turner has business relationships with John Tolleson, Alan Feld, Jeanne Phillips, Laura Bush and Ray Hunt Jeanne Phillips also has business relationships with Ray Hunt and Laura Bush Laura Bush also has a business relationship with Ruth Altshuler

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Pursuant to the Restated Articles of Incorporation of SMU, campus property may be sold or leased only with the consent of the South Central Jurisdictional Conference of the United Methodist Church

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The completed Form 990 is provided to the Audit Committee of the Board of Trustees sufficiently in advance of the filing deadline to enable a detailed and conscientious review by the Committee All questions, concerns, etc. of the Audit Committee are addressed by the University and incorporated into the Form 990 as required. The Form 990 is also placed on a secure wiebsite for all members of the governing body without are notified when it is ready for review.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		Pursuant to separate Board of Trustees policies relating to trustees, including members of Board committees and officers and key employees with administrative responsibilities respectively, each covered person completes an information and disclosure statement annually. The disclosures are reviewed by a Board committee to determine whether a material conflict of interest exists or is threatened. In the event of such a finding, such action as may be necessary is taken to eliminate the conflict or otherwise safeguard the interest of the University.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		The Compensation Committee of the SMU Board of Trustees consists of the Chair and Vice Chair of the Board, a Trustee Bishop, the representatives of the SMU Alumni Association, the Students' Association, and the Faculty Senate, and the Chairs of the Standing Committees of the Board. The Committee reviews and approves compensation decisions based upon appropriate comparability data and includes the advice of an independent compensation consultant and contemporaneous documentation of the compensation decisions. The Compensation Committee has all of the powers of the full Board in matters of compensation of corporate officers, however, the Compensation Committee reports to the full Board any action taken by the Committee

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		All requests for copies of Form 990 and 990-T are made to the Tax Department of Southern Methodist University Upon receiving a written request, the University provides a copy of the requested documentation within 30 days from the date of receipt. If the request is made in person, the University provides the copies on the day of the request, unless unusual circumstances prevent this in which case the requested documentation are provided within five days after the date of the request.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization does not make its governing documents, conflict of interest policy and financial statements available to the public

ldentifier	Return Reference	Explanation
Form 990, Part IV, Line 12		The University did not receive a separate audited financial statement. However, the University's financial statements including the Balance Sheet and related Statements of Activities and Cash Flow's were audited in accordance with GAAP and were reported on a consolidated basis.

ldentifier	Return Reference	Explanation
Form 990, Part IV, Line 24(b)		The University plans to spend proceeds within the temporary period exception, but in cases when it does not, it prepares the appropriate arbitrage reporting and remits any excess earnings over the arbitrage yield to the government

ldentifier	Return Reference	Explanation
Form 990, Part IV, Line 24(c)		The University received a donation restricted for projects funded by bonds which was put into escrow until the earliest optional redemption date

ldentifier	Return Reference	Explanation
 Form 990, Part VI, Section B, Line 14		Southern Methodist University does not have a university-wide retention policy, but departments within the University have retention and destruction policies that reflect legislative or other legal requirements and good business practices

ldentifier	Return Reference	Explanation
Schedule D, Part V		The endow ment market values reported in this section do not include pledges receivable which are included for financial statement purposes in compliance with SFAS No. 116. Pledges do not generate income for spending and normally are not included when the University reports endow ment fund market value for purposes other than the financial statements and are not included here. The market values include assets other than marketable securities reported at fair value. The University has not elected to report these assets at fair value for financial statement purposes, and accordingly, neither the unrealized gains in prior years nor the unrealized losses in fiscal year 2009 are reported for financial statement purposes, except if they are determined to be permanently impaired. As of May 31, 2009, the University had \$144.3 million of unrealized gains that are reflected here but had not been recognized in its financial statements.

ldentifier	Return Reference	Explanation
Schedule J, Part II, Column (B)(III)		Other compensation for R Gerald Turner includes a one time payment to him of \$1,586,108 in connection with the early termination of a nonqualified deferred compensation arrangement entered into in 1999. This early termination was effected in order to meet a December 31, 2008 IRS deadline for avoiding material adverse tax consequences that would have otherwise resulted from changes in federal tax law made in 2004 with respect to such existing deferred compensation arrangements.

ldentifier	Return Reference	Explanation
Schedule M, Part I, Line 17		Non-producing mineral rights are recorded at nominal value

DLN: 93493104012030

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** Southern Methodist University 75-0800689 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

( <b>A)</b> Name, address, and EIN of related organization	Prın	(B) nary activity	(C) Legal domicile (state or foreign country)		Incom Inve	(E) edominant me(related, vestment, nrelated)		<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managin partner	
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related org	anızatıon	<b>(B)</b> Primary activity		(C) Legal domicile (state or foreign country)	2	<b>(D)</b> Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of I-of-yea assets	( <b>H)</b> Percentage r ownership		

(5)

(6)

Dart V	Transactions with	Related	Organizations
Partv	i i alisactions with	Relateu	Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with or	ne or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b	Gift, grant, or capital contribution to other organization(s)			1b		No		
c	Gift, grant, or capital contribution from other organization(s)			<b>1</b> c		No		
d	Loans or loan guarantees to or for other organization(s)			1d	Yes			
e	Loans or loan guarantees by other organization(s)			1e		No		
f	Sale of assets to other organization(s)			1f		No		
g Purchase of assets from other organization(s)								
h	h Exchange of assets							
i	i Lease of facilities, equipment, or other assets to other organization(s)							
j	j Lease of facilities, equipment, or other assets from other organization(s)							
k	Performance of services or membership or fundraising solicitations for other organization	n(s)		1k	Yes			
ı	I Performance of services or membership or fundraising solicitations by other organization(s)							
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes			
n	Sharing of paid employees			1n	Yes			
0	Reimbursement paid to other organization for expenses			10		No		
р	Reimbursement paid by other organization for expenses			1р	Yes			
q	O ther transfer of cash or property to other organization(s)			<b>1</b> q	Yes			
r	O ther transfer of cash or property from other organization(s)			1r	Yes			
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete this line, including covered relationships a	nd transaction thresholds					
	(A)	(B)	(C)					
	Name of other organization(s)	Transaction type(a-r)	Amount Involved					
(1)								
(2)	All other transactions marked yes above are with 501(c)(3) orgranizations				1,00			
(3)								
(4)								

### Part VI Unrelated Organizations Taxable as a Partnership

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

					1					
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	<sub>3</sub> ?	<b>(E)</b> Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
					<del></del>		<del></del>		R (Form	200) 2000

Software ID: Software Version:

**EIN:** 75-0800689

Name: Southern Methodist University

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		(C) Position (check all that apply)							, ·	(F)		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
Ruth S Altshuler , Trustee	1 00	Χ						0	0	0		
Earl Bledsoe , Trustee	1 00	Х						0	0	0		
Michael M Boone , Trustee	1 00	Х						0	0	0		
Bradley Brookshire , Trustee	1 00	Х						0	0	0		
Laura Welch Bush , Trustee	1 00	Х						0	0	0		
Kırbyjon H Caldwell , Trustee	1 00	Х						0	0	0		
Donald J Carty , Trustee	1 00	Х						0	0	0		
Kelly H Compton , Trustee	1 00	Х						0	0	0		
Mark Craig , Trustee	1 00	Х						0	0	0		
Gary T Crum , Trustee	1 00	Х						0	0	0		
Lında Custard , Trustee	1 00	Х						0	0	0		
Robert H Dedman Jr , Trustee	1 00	Χ						0	0	0		
Lamar Dowling , Trustee (Student)	4 00	Х						1,662	0	0		
Frank M Dunlevy , Trustee	1 00	Х						0	0	0		
Juan Elek , Trustee	1 00	Х						0	0	0		
Alan Feld , Trustee	1 00	Χ						0	0	0		
Gerald J Ford , Trustee	1 00	Х						0	0	0		
Dennis Foster , Trustee (Faculty)	37 50	Χ						110,706	0	17,917		
Antonio O Garza Jr , Trustee	1 00	Х						0	0	0		
James R Gıbbs , Trustee	1 00	Х						0	0	0		
Frederick B Hegi Jr , Trustee	1 00	Х						0	0	0		
Clark K Hunt , Trustee	1 00	Х						0	0	0		
Ray L Hunt , Trustee	1 00	Х						0	0	0		
Gene C Jones , Trustee	1 00	Х						0	0	0		
Scott Jones , Trustee	1 00	Х						0	0	0		
Fredrick Leach , Trustee	1 00	Х						0	0	0		
Paul B Loyd Jr , Trustee	1 00	Х						0	0	0		
Bobby B Lyle , Trustee	1 00	Х						0	0	0		
David B Miller , Trustee	1 00	Х						0	0	0		
Connie O'Neill , Trustee	1 00	Х			<u> </u>			0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1							ı			
		(C) Position (check all that apply)					_		(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
Sheron Patterson , Trustee	1 00	Х						0	0	0	
Sarah Perot , Trustee	1 00	Х						0	0	0	
Jeanne L Phillips , Trustee	1 00	Х						0	0	0	
Caren H Prothro , Trustee	1 00	Х						0	0	0	
Carl Sewell , Trustee	1 00	Х						0	0	0	
Ann B Sherer , Trustee	1 00	Х						0	0	0	
Helmut Sohmen , Trustee	1 00	Х						0	0	0	
Richard K Templeton , Trustee	1 00	Х						0	0	0	
John C Tolleson , Trustee	1 00	Х						0	0	0	
R Gerald Turner , Trustee and President	37 50	Х		Х				2,427,186	0	346,814	
Royce E Wilson Sr , Trustee	1 00	Х						0	0	0	
Richard J Wood , Trustee	1 00	Х						0	0	0	
Paul Ludden , Provost and VP of Acad A	37 50			Х				370,442	0	35,604	
Thomas Barry , VP for Executive Affairs	37 50			Х				261,842	0	38,769	
Michael Condon , Treasurer	37 50			Х				28,585	0	4,070	
Elizabeth Williams , Treasurer	37 50			Х				331,782	0	28,957	
Paul Ward , VP for Legal Affairs and	37 50			Х				0	0	0	
S Leon Bennett , VP for Legal Affairs and	37 50			х				626,527	0	35,529	
Lorı White , VP for Student Affairs	37 50			Х				212,422	0	28,102	
Brad Cheves , VP for Development and E	37 50			х				315,595	0	41,445	
Christine Casey , VP for Business and Fina	37 50			х				288,002	0	29,579	
Mary Anne Rogers , Secretary	37 50			Х				80,687	0	22,206	
Donna Hancock , Asst Secretary	37 50			Х				56,179	0	10,919	
Albert Niemi Jr , Dean	37 50				Х			406,639	0	29,240	
Cordelia Candelaria , Dean	37 50				Х			178,850	0	14,838	
June Jones , Football Coach	37 50					Х		2,108,861	0	33,195	
Matthew Doherty , Basketball Coach	37 50					Х		530,884	0	40,259	
Steven Orsını , Dırector of Athletics	37 50					Х		399,918	0	45,147	
William Dillon , Associate Dean of Busine	37 50					х		388,486	0	40,405	
Phil Bennett , Football Coach	37 50					Х		360,451	0	37,973	

Form 990, Part VII - Section Aaa

	_										
			(C tion ( hat a	chec		I			(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Thomas Tunks , Former Interim Provost	37 50						Х	171,996	0	23,823	
Ross Murfin , Former Provost	37 50						Х	257,958	0	30,762	
John O'Connor , Former Interım VP for Bu	37 50						х	169,694	0	24,744	
A mıt Basu , Professor	37 50						Х	309,016	0	36,119	
Bezalel Gavısh , Professor	37 50						Х	298,463	0	36,275	

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

<del>-</del>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Tuition and Fees		307,721,656	307,721,656		
<b>b</b> Auxiliary Activities		39,803,398	28,004,055		11,799,343
<b>c</b> Sponsored Research		24,239,518	24,239,518		
<b>d</b> Other Student fees		9,379,846	9,379,846		
e Organized Activities		9,117,260	9,117,260		

Software ID:

**Software Version:** 

**EIN:** 75-0800689

Name: Southern Methodist University

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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Software ID: Software Version:

**EIN:** 75-0800689

Name: Southern Methodist University

Form 990, Schedule J,	Part	II - Officers, Dire	ctors, Trustees, Ko	ey Employees, and	d Highest Compens	sated Employees	1		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
R Gerald Turner	(ı) (ıı)	534,866	264,739	1,627,581	219,223	127,591	2,774,000	405,940	
Paul Ludden	(ı) (ıı)	356,533		13,909	23,000	12,604	406,046	151,492	
Thomas Barry	(I) (II)	230,721	12,500	18,621	23,000	15,769	300,611	114,844	
Elizabeth Williams	(I) (II)	267,528	48,260	15,994	23,000	5,957	360,739	112,357	
S Leon Bennett	(I) (II)		25,000	273,232	23,000	12,529	662,056	166,554	
Lorı White	(I) (II)	202,718		9,704	20,525	7,577	240,524	87,367	
Brad Cheves	(I) (II)	273,471	25,000	17,124	23,000	18,445	357,040	135,629	
Christine Casey	(I) (II)	276,478		11,524	18,400	11,179	317,581	117,297	
Albert Niemi Jr	(ı) (ıı)	329,150	70,000	7,489	23,000	6,240	435,879	208,177	
Cordelia Candelaria	(ı) (ıı)	124,039	50,000	4,811	12,500	2,338	193,688		
June Jones	(I) (II)	2,102,320		6,541	23,000	10,195	2,142,056	1,156,093	
Matthew Doherty	(I) (II)		10,000	3,583	23,000	17,259	571,143	216,002	
Steven Orsini	(1) (11)	388,816		11,102	23,000	22,147	445,065	182,928	
William Dillon	(ı) (ıı)	384,653	1,360	2,473	23,000	17,405	428,891		
Phil Bennett	(1) (11)			1,295	21,500	16,473	398,424	178,755	
Thomas Tunks	(1) (11)	170,331		1,665	17,339	6,484	195,819	70,667	
Ross Murfin	(1) (11)	255,288		2,670	23,000	7,762	288,720	106,171	
John O'Connor	(1) (11)	168,613		1,081	17,287	7,457	194,438	70,645	
A mit Basu	(ı) (ıı)	308,193		823	23,000	13,119	345,135		
Bezalel Gavish	(I) (II)	296,154		2,309	22,770	13,505	334,738		

Software ID: Software Version:

**EIN:** 75-0800689

Name: Southern Methodist University

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity					
Peruna Holdings Corporation										
PO Box 750261 Dallas, TX752750261 20-4039621	Supporting O rganization	тх	509(a)(3)	Line 11, Type I	N A					
Mustang Mockingbird Corporation		,								
PO Box 750261 Dallas, TX752750261 20-4216744	Supporting Organization	ТХ	509(a)(3)	Line 11, Type I	NA					
Mustang Airline Corporation		1								
PO Box 750261 Dallas, TX752750261 20-4217087	Supporting Organization	тх	509(a)(3)	Line 11, Type I	NA					
Mustang Mockingbird Properties		,								
PO Box 750261 Dallas, TX752750261 20-4216534	Supporting Organization	тх	509(a)(3)	Line 11, Type I	NA					
Peruna Properties Inc										
PO Box 750261 Dallas, TX752750261 _75-2806008	Supporting Organization	тх	509(a)(3)	Line 11, Type I	NA					
Pony Properties Inc		,								
PO Box 750261 Dallas, TX752750261 _20-0884887	Supporting Organization	тх	509(a)(3)	Line 11, Type I	NA					
Southern Methodist University Foundation for Research										
PO Box 750261 Dallas, TX752750261 20-0588905	Supporting Organization	тх	509(a)(3)	Line 11, Type I	NA					
The Stadium Club										
PO Box 750261 Dallas, TX752750261 75-2883207	Social Club	тх	501(c)(7)		NA					
SMU Corp		<u></u>			1					
PO Box 750261 Dallas, TX752750261 26-4739435	Supporting Organization	тх	501(c)(3)	Application Pending	NA					
Conference USA										
5201 North O Connor Blvd Suite 300 Irving, TX750393765 36-4021594	Supporting Organization	тх	501(c)(3)	Line 11, Type III	NA					