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

2009

OMB No 1545-0047

Inspection calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010 A For the 2009 D Employer identification number Name of organization Southern Methodist University B Check if applicable use IRS Address change 75-0800689 label or Doing Business As E Telephone number Name change print or type. See Specific (214) 768-2800 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite instruc-**G** Gross receipts \$ 963,629,483 Terminated tions. City or town, state or country, and ZIP + 4 Dallas, TX 752750261 Amended return Application pending Name and address of principal officer Is this a group return for R Gerald Turner affiliates? PO Box 750261 Dallas, TX 752750261 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c) (3) ◀ (insert no) Г 4947(a)(1) or \Box Group exemption number 🕨 M State of legal domicile TX L Year of formation 1911 Summary Briefly describe the organization's mission or most significant activities An educational institution of higher learning, expanding knowledge through research and teaching Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . . . 39 6,064 Total number of employees (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) . 1,201 46,221 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 100,696,626 54,344,662 Program service revenue (Part VIII, line 2g) . 414,641,528 9 396,920,658 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -43,317,411 46,803,613 11 Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,434,301 3,914,124 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 461,734,174 519,703,927 13 104.304.250 114.351.841 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 233,053,133 243.049.600 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 10,805 6,000 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 20,726,291$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 177,071,411 149,539,727 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 514,439,599 506,947,168 19 Revenue less expenses Subtract line 18 from line 12 . -52.705.425 12,756,759 t Assets or id Bafamoes **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 1,959,339,231 1,967,543,174 Total liabilities (Part X, line 26) . . 542,881,624 500,567,179 1,466,975,995 Net assets or fund balances Subtract line 21 from line 20 1,416,457,607 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2011-04-14 Here Signature of officer Christine Casey VP for Business and Finance Type or print name and title Preparer's signature Date Check if Preparer's identifying number Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours EIN ▶ if self-employed),

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

Use Only

address, and ZIP + 4

Cat No 11282Y

┌ Yes ┌ No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The primary mission of the University is education through research and teaching by creating and imparting knowledge that will shape citizens who contribute to their communities and lead professions in a global society

| | | | · | | | Form 990 (2009) |
|----|--|--|-------------------------|---|---|--|
| 4e | Total program ser | vice expenses ⊁ \$ | 446,251,71 | 4 | | |
| | (Expenses \$ | 17,175,947 ind | cluding grants o | of \$ |) (Revenue \$ | 10,967,002) |
| 4d | Other program se | rvices (Describe in Sch | nedule O) See : | also Additional Data 1 | for Description | |
| | | | | | the University's research program institution or separately budgeted | ı, ıncludıng activities specifically l by an organizational unit within the |
| 4c | (Code |) (Expenses \$ | 26,792,931 | including grants of \$ |) (Revenue \$ | 25,020,080) |
| | | s category includes athletic e on and independent operation | | ervices that support educa | tional activities Services include b | ookstore, student housing, vending |
| 4b | (Code |) (Expenses \$ | 77,028,920 | including grants of \$ | 13,005,690) (Revenue \$ | 43,889,070) |
| | | | | | e and graduate students including Semester 2010 was 10,486 | financial aid in the form of |
| 4a | (Code |) (Expenses \$ | 325,253,916 | including grants of \$ | 101,346,151) (Revenue \$ | , |
| 4 | Section 501(c)(3) allocations to other | and 501(c)(4) organizars, the total expenses, a | tions and secti | on 4947(a)(1) trusts any, for each program | e largest program services l are required to report the ai service reported | |
| | If "Yes," describe t | hese changes on Sched | lule O | | | |
| 3 | _ | n cease conducting, or | make sıgnıfıcar | - | onducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe t | hese new services on S | chedule O | | | |
| 2 | | n undertake any signific or 990-EZ? | | | r which were not listed on | ┌ Yes ┌ No |

| art TV | Check | dist 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 | | No |
| 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, 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 U S? 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 U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νo |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | Yes | |
| С | 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 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Νο |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Νο |
| 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 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Part V | Statements | Regarding | Other II | RS Filings a | and Tax | Compliance |
|--------|------------|-----------|----------|--------------|---------|------------|
|--------|------------|-----------|----------|--------------|---------|------------|

| | | | Yes | No |
|----|---|-----|-----|----|
| .a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 1,342 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| a | 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 on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| h | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| а | 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 | |
| Ь | If "Yes," enter the name of the foreign country LUK, FR See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 1 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | Νo |
|) | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| | 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 | | Νo |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| _ | benefit contract? | 7e | | Νo |
| • | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| j | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

6116 N Central Expressway Dallas, TX 752750261 (214) 768-2800

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | |
|-----|--|---------|----------|-----|
| | | | Yes | No |
| | | | | |
| _ | | | | |
| 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Νο |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νο |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νo |
| 6 | Does the organization have members or stockholders? | 6 | | Νο |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Νο |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| | ction B. Policies (This Section B requests information about policies not required by the Internal | | | |
| ке | venue Code.) | | Yes | No |
| 102 | Does the organization have local chapters, branches, or affiliates? | 10a | 163 | No |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 104 | | 110 |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 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 | | Νο |
| 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 | |
| | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | 100 | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | |
| _• | (3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | ne orga | nızatıor | n 🕨 |
| | Controller's Office | | | |

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

| (A) Name and Title A verage hours per week A | Check this box if the organization did | | sate any | / curi | rent | or fo | rmer c | ffice | r, director, trustee | or key employee | |
|--|--|---------------------|-----------------------------------|-----------------------|----------------------------|--------------|------------------------------|--------|----------------------------|------------------------------|---|
| week or director o | | Average Position (d | | | (C) Position (check all | | | | Reportable compensation | Reportable compensation | Estimated amount of other |
| See add'l data | | | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- | organizations (W- 2/1099- | from the organization and related |
| | See add'l data | | | | | | | | | | |
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1b Total .

1,098,455

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶387

| | | | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | Yes | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 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 | | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|---------------------|
| Austin Commercial Inc PO Box 2879 Dallas, TX 75221 | Construction | 17,987,106 |
| Sarcon Construction Corporation PO Box 6020 Santa Fe, NM 87502 | Construction | 3,598,951 |
| Schneider Electric Building Americas Inc PO Box 59469 Dallas, TX 75229 | Construction | 3,208,169 |
| The Richards Group 8750 N Central Expwy Ste 1200 Dallas, TX 75231 | Advertising | 2,954,743 |
| Idea Construction Inc 13650 Floyd Circle Dallas, TX 75243 | Construction | 2,113,999 |
| 2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶92 |) who received more than | |

| Form 99 | | | | | | | | Page 9 |
|--|---------|--|---|--------------------------|----------------------|--|---|---|
| Part V | | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| まま | 1a | Federated cam | paigns 1a | | | | | |
| s, grant Imount | ь | Membership du | es | | | | | |
| ું # | С | Fundraising eve | ents 1c | 1,705,441 | | | | |
| Contributions, gifts, grants and other similar amounts | d | | ations 1d | | | | | |
| έĒ | е | Government grants | s (contributions) 1e | | ļ | | | |
| ntío er s | f | All other contribution similar amounts no | ons, gifts, grants, and 1f ot included above | 52,633,485 | | | | |
| ^듩 | g | Noncash contri | butions included in | | | | | |
| 멸 | | | s la-lf | L | 54,344,662 | | | |
| ပ္က | h | iotai. A dd iines | S 1a-17 | | 34,344,002 | | | |
| Program Service Revenue | 2a | Tuition and Fees | | Business Code 611,310 | 324,170,657 | 324,170,657 | | |
| | ь | Auxiliary Activities | | 611,310 | 41,949,874 | 30,749,950 | | 11,199,924 |
| | c | Sponsored Research | | 611,310 | 24,919,472 | 24,919,472 | | 11,199,924 |
| | d | Other Student fees | | 611,310 | 9,253,685 | 9,253,685 | | |
| - B | e | Organized Activities | | 611,310 | 9,183,854 | 9,183,854 | | |
| <u> </u> | f | | am service revenue | 311,313 | 5,163,986 | 5,150,170 | 13,816 | |
| ္နိ | | | | | | 0,200,210 | | |
| | g 3 | | ome (including dividen | | 414,641,528 | | | |
| | | | ar amounts) | . F | 13,633,129 | | 13,297 | 13,619,832 |
| | 4 | | tment of tax-exempt bond | F | 2,066,751 | | | 2,066,751 |
| | 5 | Royalties | | ▶ [| 4,865,165 | | | 4,865,165 |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | 162,441 141,101 | | | | | |
| | b | Less rental expenses | , | | | | | |
| | C | Rental income or (loss) | 21,340 | | | | | |
| | d | Net rental inco | me or (loss) | | 21,340 | | | 21,340 |
| | 7a | Gross amount from sales of assets other | (i) Securities 466,806,649 | (II) O ther 5,178,851 | | | | |
| | b | than inventory Less cost or other basis and sales expenses | 439,555,627 | 1,326,140 | | | | |
| | c | Gain or (loss) | 27,251,022 | 3,852,711 | 24 402 722 | | 10.100 | 24 004 625 |
| | d 8a | Net gain or (los Gross income f | s) | ▶ | 31,103,733 | | 19,108 | 31,084,625 |
| Other Revenue | | events (not inc \$1,705 | luding ,441 reported on line 1c) | 1,930,307 | | | | |
| i e | ь | Less direct ex | penses b | 2,902,688 | | | | |
| δ | С | Net income or (| loss) from fundraising | events 🕨 | -972,381 | -972,381 | | |
| | 9a | Gross income f See Part IV, lin | rom gaming activities le 19 a | | | | | |
| | b c | | penses b (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | b | | oods sold b | | | | | |
| | С | | (loss) from sales of inve | | | | | |
| | | Miscellaneous | Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | q C | Δ II other revers | | | | | | |
| | d e | All other revenue Total. Add lines | | | | | | |
| | | , , , and miles | | · · · • | | | | |
| | 12 | Total revenue. | See Instructions . | ► | 519,703,927 | 402,455,407 | 46,221 | 62,857,637 |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| Δ | Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to | | | (D) | |
|-------|---|--------------------|------------------------------|-------------------------------------|-----------------------------------|
| Do no | ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | <u> </u> |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 114,351,841 | 114,351,841 | | |
| 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 | 4,503,473 | 1,029,566 | 3,106,984 | 366,923 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 1,120,719 | 460,825 | 659,894 | |
| 7 | Other salaries and wages | 187,904,989 | 164,577,182 | 13,265,789 | 10,062,018 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 13,371,039 | 11,627,288 | 1,074,359 | 669,392 |
| 9 | Other employee benefits | 24,181,930 | 20,729,123 | 2,232,698 | 1,220,109 |
| 10 | Payroll taxes | 11,967,450 | 10,332,830 | 1,030,735 | 603,885 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 1,376,899 | 226,863 | 1,150,036 | |
| c | Accounting | 331,640 | 38,163 | 293,477 | |
| d | Lobbying | 247,612 | | 247,612 | |
| e | Professional fundraising See Part IV, line 17 | 6,000 | | | 6,000 |
| f | Investment management fees | 9,159,896 | | 9,159,896 | |
| g | Other | 16,578,379 | 14,360,078 | 231,762 | 1,986,539 |
| 12 | Advertising and promotion | 3,609,317 | 3,544,251 | 38,593 | 26,473 |
| 13 | Office expenses | 16,984,880 | 14,882,280 | 761,844 | 1,340,756 |
| 14 | Information technology | 6,977,315 | 5,481,028 | 1,353,744 | 142,543 |
| 15 | Royalties | 40,749 | 40,749 | | |
| 16 | Occupancy | 18,161,630 | 17,080,317 | 699,762 | 381,551 |
| 17 | Travel | 11,470,485 | 10,784,308 | 159,117 | 527,060 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 45,200 | 45,200 | | _ |
| 19 | Conferences, conventions, and meetings | 842,711 | 762,338 | 67,925 | 12,448 |
| 20 | Interest | 13,725,175 | 13,725,175 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 24,490,689 | 21,096,354 | 2,048,166 | 1,346,169 |
| 23 | Insurance | 2,218,625 | 817,338 | 1,401,287 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | | 6,162,514 | 6,162,232 | 282 | |
| b | Property Costs | 3,259,549 | 3,211,744 | 3,820 | 43,985 |
| c | Public Relations | 1,604,990 | 896,565 | 582,848 | 125,577 |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 12,251,472 | 9,988,076 | 398,533 | 1,864,863 |
| 25 | Total functional expenses. Add lines 1 through 24f | 506,947,168 | 446,251,714 | 39,969,163 | 20,726,291 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational | | | | |
| | campaign and fundraising solicitation | | | | |

| Pa | rt X | Balance Sheet | | | | | |
|---------------|------|---|--------------|---------------|---------------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | • | | 3,646,550 | 1 | 3,475,495 |
| | 2 | Savings and temporary cash investments | | | 322,408,548 | 2 | 198,723,086 |
| | 3 | Pledges and grants receivable, net | | | 80,399,766 | 3 | 66,091,321 |
| | 4 | Accounts receivable, net | | | 105,487,209 | 4 | 112,426,911 |
| | 5 | Receivables from current and former officers, directors, trusted highest compensated employees Complete Part II of | es, key emp | loyees, and | | | |
| | | Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ Complete Part II | | 58(f)(1)) and | | | |
| | | Schedule L | | | | 6 | |
| stess | 7 | Notes and loans receivable, net | | | 22,464,892 | 7 | 11,607,264 |
| SS | 8 | Inventories for sale or use | | | 339,574 | 8 | 405,921 |
| ٧ | 9 | Prepaid expenses and deferred charges | | | 5,631,255 | 9 | 6,679,027 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 875,321,632 | | | |
| | ь | Less accumulated depreciation | 10b | 274,754,619 | 560,209,275 | 10c | 600,567,013 |
| | 11 | Investments—publicly traded securities | | | 248,793,651 | 11 | 297,543,579 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 604,703,711 | 12 | 665,995,512 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 5,254,800 | 15 | 4,028,045 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 1,959,339,231 | 16 | 1,967,543,174 |
| | 17 | Accounts payable and accrued expenses . | | | 133,613,364 | 17 | 110,224,981 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 25,657,099 | 19 | 25,418,467 |
| | 20 | Tax-exempt bond liabilities | | | 331,458,000 | 20 | 360,115,000 |
| je s | 21 | Escrow or custodial account liability Complete Part IV of Schedu | ule D | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified | | | | | |
| 77 | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | es | | 47,921,998 | 23 | 841,454 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | | 4,231,163 | 25 | 3,967,277 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 542,881,624 | 26 | 500,567,179 |
| - v | | Organizations that follow SFAS 117, check here ▶ 🔽 and com | nplete lines | 27 | | | _ |
| 92 | | through 29, and lines 33 and 34. | | | | | |
| la. | 27 | Unrestricted net assets | | | 429,109,607 | 27 | 480,524,995 |
| Fund Balances | 28 | Temporarily restricted net assets | | | 513,339,000 | 28 | 493,818,000 |
| Pu | 29 | Permanently restricted net assets | | | 474,009,000 | 29 | 492,633,000 |
| 교 | | Organizations that do not follow SFAS 117, check here F a | and complet | e | | | |
| ٥ |] | lines 30 through 34. | | | | 20 | |
| ets | 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 | iunas | | 1 416 457 607 | 32 | 1 466 075 005 |
| Net | 33 | Total labelitation and not accept found belongs | | | 1,416,457,607 | 33 | 1,466,975,995 |
| l | 34 | Total liabilities and net assets/fund balances | | | 1,959,339,231 | 34 | 1,967,543,174 |

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| C | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

7 3

h

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

Southern Methodist University

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| and (III) be | low, the g | overning body of th | e the supported organ | ızatıon? | 1: | Lg(i) | |
|---------------|-------------|----------------------|----------------------------|----------|------|--------|--|
| (ii) a famıly | y member | of a person describ | oed in (i) above? | | 11 | .g(ii) | |
| (iii) a 35% | controlle | d entity of a persor | n described in (i) or (ii) |) above? | 11 | g(iii) | |
| Provide the | e following | ınformatıon about | the supported organiz | ation(s) | | | |
| | | (iii) Type of | (iv) | (v) | (vi) | | |

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

| (i) Name of supported organization | (ii) EIN | Type of organization (described on lines 1- 9 above or IRC section (see | organiza col (i) lis your gov | Is the organization in col (i) listed in your governing document? | | col (ı) of your col | | e ion in anized S ? | (vii) A mount of support? |
|---|-------------|---|-------------------------------------|---|-----|---------------------|-----|------------------------------|---------------------------------|
| | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Yes

ınstructions

| P | Support Schedule (Complete only if yo | | | | | and 170(b) | (1)(A)(vi) |
|---------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S | ection A. Public Support | a checked tile | DOX OII IIIC 3, | ,, or o or rare. | ÷·/ | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2006 | (6) 2007 | (d) 2008 | (e) 2009 | (I) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual | | | | | | |
| _ | grants ") Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| _ | (f) Dublic Support Subtract line F from | | | | | | |
| 6 | Public Support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | | - | | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2000 | (6) 2007 | (d) 2008 | (e) 2009 | (1) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| 9 | sources Net income from unrelated | | | | | | |
| 9 | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income (Explain in Part | | | | | | |
| | IV) Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| 4.5 | through 10) | /5 | | | | | |
| 12 | Gross receipts from related activities | , | • | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organizati | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | inization, ▶□ |
| | check this box and stop here | | | | | | -1 |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2009 | | | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2008 | Schedule A . Pa | rt II. line 14 | | | 15 | |
| | 33 1/3% support test—2009. If the | • | , | v on line 13 and | line 14 is 33 1/30 | | k this hox |
| | and stop here. The organization qua | - | | · | IIIIC 14 13 33 1/3/ | o or more, ence | ▶ □ |
| ь | 33 1/3% support test—2008. If the | | | | 5a, and line 15 is | 33 1/3% or moi | |
| | box and stop here. The organization | | | | , | | ▶ |
| 17a | 10%-facts-and-circumstances test- | -2009. If the org | anızatıon dıd not | check a box on lı | ne 13, 16a, or 16 | b and line 14 | |
| | ıs 10% or more, and ıf the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts and | l cırcumstances" | test The organiz | ration qualifies as | a publicly supp | |
| L | organization | _2009 Ifthe c== | onization did net | chack a bay as li | no 12 165 164 | or 17a and line | ▶□ |
| D | 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ | _ | | | | | |
| | Explain in Part IV how the organizat | | | | | | clv |
| | supported organization | | | | | | ▶ ┌ |
| 10 | Deiveta Farmdation Ifthe averages | on did not obselv | a hay an line 12 | 16- 16- 17- | 17 | hay and cas | • |

▶□

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

| | (Complete only if you | cnecked the | box on line 9 o | r Part I.) | | | |
|---------|--|-------------------------|---------------------|--------------------|--------------------------|------------------------|------------------|
| | ction A. Public Support | | | | 1 | T | ı |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| _ | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| 3 | purpose Gross receipts from activities that | | | | + | | |
| 3 | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | - | | |
| 7a | A mounts included on lines 1, 2, and 3 received from disqualified | | | | | | |
| | persons | | | | 1 | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public Support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ction B. Total Support | | 1 | | | 1 | Γ |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| | ıncome (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| _ | June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 11 | Net income from unrelated | | | | | | |
| 11 | business activities not included | | | | | | |
| | ın lıne 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, | | | | | | |
| 14 | 11 and 12) First Five Years If the Form 990 is for | or the organizat | lon's first, second | L third fourth or | l fifth tax vear as a | 1 a 501(c)(3) organ | l uzation |
| | check this box and stop here | or the organizat | | ., 4, | men tax your as t | (c)(c) c.gu. | ▶ ┌ |
| | | | | | | | |
| | ction C. Computation of Publ | | | | | | |
| 15 | Public Support Percentage for 2009 | (line 8 column | (f) divided by line | 13 column (f)) | | 15 | |
| 16 | Public support percentage from 200 | 8 Schedule A , F | art III, line 15 | | | 16 | |
| | | | | | | | |
| Se | ction D. Computation of Inve | stment Inco | ome Percenta | ge | | | |
| 17 | Investment income percentage for 2 | 009 (line 10c c | olumn (f) dıvıded | by line 13 columi | n (f)) | 17 | |
| 18 | Investment income percentage from | 2008 Schedule | A, Part III, line 1 | L 7 | | 18 | |
| 19a | 33 1/3% support tests—2009. If the | organization di | d not check the b | ox on line 14, and | d line 15 is more | than 33 1/3% and | d line 17 is not |
| | more than 33 1/3%, check this box a | ind stop here. T | | | | | |
| L | organization 33 1/3% support tests—2008. If the | ► C | d not chastes been | on line 14 amilion | 100 and line 4 | 5 ic mara +ha= 22 | 1/20/2 and line |
| b | שר בו בע suppoit tests—zouo. If the | organization (I | и посепеска вох | OILLINE TH OLINE | = ⊥⊃a, anu nne 1(| us more man 33 | 1/370 and ine |

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 75-0800689

Name: Southern Methodist University

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

| d. | O | ther | prog | yram | serv | ices |
|----|---|------|------|------|------|------|
| | | | | | | |

(Code) (Expenses \$ 17,175,947 including grants of \$) (Revenue \$ 10,967,002)

Organized Activities Organized activities make available to the public various resources that exist within the University such as seminars, conferences and camps

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

| Compensated Employees, and | Independ | dent C | onti | act | tors | 5 | | | | |
|--------------------------------|--------------------------------|---|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per | Posi t | (C tion (hat a | che |) | | 1 | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee <i>o</i> r director | Institutional Trustee | Officei | Kej emplojee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| Ruth S Altshuler Trustee | 1 00 | Х | | | | | | 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 Trustee | 1 00 | Х | | | | | | 0 | 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 | Х | | | | | | 0 | 0 | 0 |
| Gerald J Ford Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Antonio O Garza Jr Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| James R Gibbs Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Robert T Hayden III 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 |

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

| Compensated Employees, and | Independ | lent C | onti | act | tors | 5 | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|----------|---|--|--|
| (A) Name and Title | (B) Average hours per | | (C tion (hat a | che | ') | | <u> </u> | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| Paul B Loyd Jr Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Bobby B Lyle Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Ken Malcolmson Trustee | 1 00 | × | | | | | | 0 | 0 | 0 |
| David B Miller Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| 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-Simpson 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 President | 37 50 | Х | | х | | | | 595,786 | 0 | 353,212 |
| Royce E Wilson Sr Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Rıchard J Wood Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Fredrick I Olness Trustee | 37 50 | Х | | | | | | 108,567 | 0 | 37,557 |
| Paul Ludden Provost and VP for A cade | 37 50 | | | x | | | | 384,338 | 0 | 33,673 |
| Thomas Barry VP for Executive Affairs | 37 50 | | | х | | | | 255,742 | 0 | 35,952 |
| Michael Condon Treasurer | 37 50 | | | х | | | | 447,478 | 0 | 39,454 |
| Paul Ward VP for Legal Affairs | 37 50 | | | х | | | | 463,189 | 0 | 35,916 |
| Lori White VP for Student Affairs | 37 50 | | | х | | | | 219,559 | 0 | 28,616 |
| Brad Cheves VP for Public Affairs | 37 50 | | | Х | | | | 312,176 | 0 | 35,454 |
| Christine Casey VP for Business and Fina | 37 50 | | | х | | | | 301,521 | 0 | 27,262 |
| Mary Anne Rogers Assistant Secretary | 37 50 | | | Х | | | | 83,038 | 0 | 22,245 |

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

| Compensated Employees, and | Tildepeni | Tent C | UIIL | acı | .013 | • | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per | Posi t | tion (hat a | (che |) | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| Albert Niemi Jr Dean | 37 50 | | | | Х | | | 434,849 | 0 | 39,366 |
| Cordelia Candelaria Dean | 37 50 | | | | х | | | 364,546 | 0 | 11,423 |
| Peter Moore Interim Dean | 37 50 | | | | х | | | 166,764 | 0 | 26,774 |
| June Jones Football Coach | 37 50 | | | | | х | | 1,691,566 | 0 | 35,516 |
| Matthew Doherty Basketball Coach | 37 50 | | | | | х | | 575,166 | 0 | 41,520 |
| Steven Orsini Director of Athletics | 37 50 | | | | | х | | 385,536 | 0 | 46,408 |
| William Dillon Associate Dean of Busine | 37 50 | | | | | х | | 443,431 | 0 | 27,027 |
| Mıguel Quinones Professor | 37 50 | | | | | х | | 329,763 | 0 | 35,850 |
| A mit Basu Former Highest Compensat | 37 50 | | | | | | х | 329,581 | 0 | 36,286 |
| Bezalel Gavish Former Highest Compensat | 37 50 | | | | | | х | 296,821 | 0 | 37,835 |
| S Leon Bennett Former VP for Legal Affa | 37 50 | | | | | | х | 183,825 | 0 | 24,566 |
| Thomas Tunks Former Interim Provost | 37 50 | | | | | | х | 178,887 | 0 | 24,431 |
| Ross Murfin Former Provost | 37 50 | | | | | | х | 265,013 | 0 | 36,907 |
| John O'Connor Former Interım VP for Bu | 37 50 | | | | | | х | 176,314 | 0 | 25,205 |

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

| | 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 |
|----------------------|---------------|----------------------|--|---|--|
| Tuition and Fees | 611,310 | 324,170,657 | 324,170,657 | | |
| Auxiliary Activities | 611,310 | 41,949,874 | 30,749,950 | | 11,199,924 |
| Sponsored Research | 611,310 | 24,919,472 | 24,919,472 | | |
| Other Student fees | 611,310 | 9,253,685 | 9,253,685 | | |
| Organized Activities | 611,310 | 9,183,854 | 9,183,854 | | |

DLN: 93493104007251

OMB No 1545-0047

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 ► Complete if the organization is described below.

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

Open to Public Inspection

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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ 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

| Part I 1 P 2 P 3 V Part I 1 E | Provide a description of the org | ganization is exempt und | er section 501(| 75-0800689 | |
|-------------------------------------|---|--|---|--|---|
| 1 P 2 p 3 v 2 art 1 1 E 2 E | Provide a description of the org | | er section 501(| | |
| 2 P 3 V 2 art 1 1 E 2 E | olitical expenditures | anization's direct and indirect po | | c) or is a section 527 | organization. |
| 2 P 3 V 2 art 1 L E 2 E | olitical expenditures | | olitical campaign act | tivities in Part IV | |
| 3 v Part 1 1 E 2 E | • | · | a a a a | ▶ | \$ |
| 1 E 2 E | olunteer hours | | | | |
| 1 E 2 E | | | | | |
| 2 E | | janization is exempt und | _ | | |
| | · | tax incurred by the organization | | | \$ |
| | | tax incurred by organization ma | | n 4955 ► | \$ |
| | | ection 4955 tax, did it file Form | 4720 for this year? | | ☐ Yes ☐ No |
| | Vas a correction made? | | | | │ Yes │ No |
| | f "Yes," describe in Part IV | janization is exempt und | or soction EO1/ | s) except section E01 | 1(c)(3) |
| | | nded by the filing organization fo | • | • | <u>.t(c)(3).</u> |
| | | ganization's funds contributed t | | | * |
| | xempt funtion activities | gamzation's funds contributed t | o other organizations | s 101 section 527 | \$ |
| 3 T | otal exempt function expendit | ures Add lines 1 and 2 Enter ho | ere and on Form 112 | 20-POL, line 17b | 4 |
| 4 D | old the filing organization file F o | orm 1120-POI for this year? | | · | Yes No |
| w c | vere made For each organization ontributions received that wer | d employer identification numbe on listed, enter the amount paid e promptly and directly delivered ttee (PAC) If additional space i | from the filing organ d to a separate politi | ızatıon's funds Also enter t ıcal organızatıon, such as a | he amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's 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- |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | I |

section 4911 tax for this year?

┌ Yes ┌ No

| P | art II-A Complete if the organization under section 501(h)). | is exempt under section 501(c)(3) | and filed Form 5768 (| (election |
|----------|--|---|--|---|
| Α. | Check If the filing organization belongs to a | an affiliated group | | |
| <u>B</u> | Check if the filing organization checked bo | x A and "limited control" provisions apply | | |
| | Limits on Lobbying E (The term "expenditures" means a | | (a) Filing Organization's Totals | (b) A ffiliated Group Totals |
| 1a | Total lobbying expenditures to influence public o | opinion (grass roots lobbying) | | |
| b | Total lobbying expenditures to influence a legisl | 247,612 | | |
| c | Total lobbying expenditures (add lines 1a and 1 | 247,612 | | |
| d | Other exempt purpose expenditures | 506,699,556 | | |
| е | Total exempt purpose expenditures (add lines 1 | 506,947,168 | | |
| f | Lobbying nontaxable amount Enter the amount columns | from the following table in both | 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 (enter 25% of lir | ne 1f) | 250,000 | |
| h | Subtract line 1g from line 1a If zero or less, ent | er -0- | 0 | |
| i | Subtract line 1 f from line 1 c If zero or less ente | 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 2a through 2f on page 4.)

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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total | | |
| 2a | Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 | | |
| ь | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 | | |
| _c | Total lobbying expenditures | 243,251 | 242,967 | 226,055 | 247,612 | 959,885 | | |
| _d | Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 | | |
| f_ | Grassroots lobbying expenditures | | | | | | | |

| che | dule C (Form 990 or 990-EZ) 200 | | | | | | Page 3 |
|------|--|--|--|--------|--|------|--------|
| Pa | rt II-B Complete if the or (election under se | rganization is exempt under ection 501(h)). | section 501(c)(3) and has I | | | | |
| | | | - | (a) | | (b |) |
| | | | | Yes | No | A mo | unt |
| 1 | | anization attempt to influence foreign t to influence public opinion on a legis | | | | | |
| а | Volunteers? | | | | | | |
| b | Paid staff or management (includ | e compensation in expenses reported | l on lines 1c through 1i)? | | | | |
| c | Media advertisements? | | | | | | |
| d | Mailings to members, legislators | , or the public? | | | | | |
| е | Publications, or published or broa | adcast statements? | | | | | |
| f | Grants to other organizations for | lobbying purposes? | | | | | |
| g | Direct contact with legislators, th | neır staffs, government officials, or a l | egislative body? | | | | |
| h | Rallies, demonstrations, seminar | s, conventions, speeches, lectures, c | rany sımılar means? | | | | |
| i | Other activities? If "Yes," descri | ibe in Part IV | | | | | |
| j | Total lines 1c through 1i | | | | | | |
| 2a | Did the activities in line 1 cause | the organization to be not described | n section 501(c)(3)? | | | | |
| Ь | If "Yes," enter the amount of any | tax incurred under section 4912 | | | | | |
| c | If "Yes," enter the amount of any | tax incurred by organization manage | rs under section 4912 | | | | |
| d | If the filing organization incurred | a section 4912 tax, did it file Form 4 | 720 for this year? | | | | |
| Par | t III-A Complete if the or 501(c)(6). | ganization is exempt under | section 501(c)(4), section ! | 501(c |)(5), o | | |
| | W | | | | | Yes | s No |
| 1 | | nore) dues received nondeductible by | | | - | 2 | |
| 2 | = | n-house lobbying expenditures of \$2,0 | | | - | 3 | |
| 3 | | ryover lobbying and political expendit | | -01/- | \(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| 2611 | 501(c)(6) if BOTH | rganization is exempt under Part III-A, lines 1 and 2 are | | | | | ion |
| | answered "Yes". | | | | | | |
| 1 | Dues, assessments and similar a | | | 1 | | | |
| 2 | expenses for which the section 5 | bbbying and political expenditures (do 27(f) tax was paid). | o not include amounts of political | | | | |
| a | Current year | (. , para). | | 2a | | | |
| ь | Carryover from last year | | | 2b | | | |
| c | Total | | | 2c | | | |
| 3 | Aggregate amount reported in se | ction 6033(e)(1)(A) notices of nonde | ductible section 162(e) dues | 3 | | | |
| 4 | If notices were sent and the amo | unt on line 2c exceeds the amount or | line 3, what portion of the excess | | | | |
| | does the organization agree to ca political expenditure next year? | arryover to the reasonable estimate o | f nondeductible lobbying and | 4 | | | |
| 5 | Taxable amount of lobbying and p | political expenditures (see instruction | ıs) | 5 | | | |
| Pä | rt IV Supplemental Info | ormation | | | | | |
| | mplete this part to provide the des o, complete this part for any addit | criptions required for Part I-A, line 1, ional information | Part I-B, line 4, Part I-C, line 5, an | d Part | II-B, lıne | 11 | |
| | Ident if ier | Return Reference | Explana | t ion | | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104007251

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Market Attach to Form 990. See separate instructions.

Open to Public

| | of the organization n Methodist University | | | oyer identifica | ntion numbe | er |
|----------------|---|---|-------------|-----------------|--------------|-----------|
| Part | Organizations Maintaining Donor A organization answered "Yes" to Form 9 | | | | . Comple | te if the |
| | _ | (a) Donor advised funds | (b |) Funds and o | ther accour | nts |
| L To | otal number at end of year | | | | | 2 |
| 2 A | ggregate contributions to (during year) | | | | | 250 |
| 3 A | ggregate grants from (durıng year) | | | | 1, | 769,789 |
| 1 A | ggregate value at end of year | | | | 29, | 370,558 |
| | ld the organization inform all donors and donor adv nds are the organization's property, subject to the | | onor advis | sed | √ Yes | ☐ No |
| u: | nd the organization inform all grantees, donors, and sed only for charitable purposes and not for the bei onferring impermissible private benefit | | | | ∀ Yes | ☐ No |
| Part : | Conservation Easements. Complete | ıf the organization answered "Yes" | to Form | 990, Part I\ | /, line 7. | |
| | Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space omplete lines 2a-2d if the organization held a qua assement on the last day of the tax year | Preservation of | a certified | historic struc | • | a |
| | as and the last any or the tax year | | | Held at the | End of the | Year |
| a T | otal number of conservation easements | | 2a | | | |
| b T | otal acreage restricted by conservation easements | 5 | 2b | | | |
| c N | umber of conservation easements on a certified his | storic structure included in (a) | 2c | | | |
| d N | umber of conservation easements included in (c) a | cquired after 8/17/06 | 2d | | | |
| th • N | umber of conservation easements modified, transfiret taxable year France. umber of states where property subject to conserv | ation easement is located ► | | | - | |
| | oes the organization have a written policy regardin nforcement of the conservation easements it holds | | indling of | violations, and | │ │ | ┌ No |
| | taff and volunteer hours devoted to monitoring, ins | | | | | |
| | mount of expenses incurred in monitoring, inspect | -, | _ | the year 🟲 \$. | | |
| 1 | oes each conservation easement reported on line 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | | | | ☐ Yes | ┌ No |
| b | n Part XIV, describe how the organization reports of alance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | the footnote to the organization's financ | | | | |
| art I | Organizations Maintaining Collection Complete if the organization answered | | , or Oth | er Similar | Assets. | |
| a ı | the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fi | for public exhibition, education or resea | arch in fur | | | е, |
| h | the organization elected, as permitted under SFAS storical treasures, or other similar assets held for ovide the following amounts relating to these item | public exhibition, education, or research | | | • | |
| (i |) Revenues included in Form 990, Part VIII, line 1 | ı | | ► \$ | 4 | 66,935 |
| (i | i) Assets included in Form 990, Part X | | | ► \$ | 34,3 | 21,155 |
| 2 If | the organization received or held works of art, hist llowing amounts required to be reported under SFA | · | for financ | | | |
| a _R | evenues included in Form 990, Part VIII, line 1 | | | ► \$ | | |

b Assets included in Form 990, Part X

| ar | Till Organizations Maintaining Co | ollections of Art | , Hist | corical 1 | Treas | sures, or C | <u> </u> | r Similar | Asse | ts (co | ntınued) |
|----------|--|-----------------------|----------|-----------------------------|----------|------------------------|------------|-----------------------------|-----------------|------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any | ofthe | e following | g that a | are a sıgnıfıc | ant u | ise of its co | llection | 1 | |
| а | Public exhibition | | d | ▼ Loai | n or ex | change prog | rams | | | | |
| b | Scholarly research e | | | | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| ı | Provide a description of the organization's c Part XIV | ollections and explai | n how | they furtl | her the | e organization | n's ex | cempt purpo | se in | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | • | | | | nılar | Г | Yes | √ No |
| aı | t IV Escrow and Custodial Arrang | | | | | on answere | d "Y | es" to For | m 990 | ١, | |
| | Part IV, line 9, or reported an ar | | • | • | | | | | | | |
| .a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | lian or other interme | diary f | for contrib | butions | s or other ass | sets | not | \vdash | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the f | ollowi | ng table | | | | | | | |
| | | | | | | [| | | A mou | ınt | |
| c | Beginning balance | | | | | | 1 c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| а | Did the organization include an amount on F | orm 990, Part X, line | 21? | | | _ | | | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | / | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| | | (a)Current Year | | Prior Year | | c) Two Years Ba | ck (c | I) Three Years | Back (€ |)Four Y | ears Back |
| a | Beginning of year balance | 1,032,262,197 | | 1,401,274, | | | + | | | | |
| b | Contributions | 26,874,362 | | 25,069, | | | _ | | | | |
| c | Investment earnings or losses | 74,857,407 | | -332,783, | | | | | | | |
| d | Grants or scholarships | 13,375,323 | | 12,844, | | | + | | | | |
| e | Other expenditures for facilities and programs | 44,100,799 | | 44,628, | ,154 | | | | | | |
| f | Administrative expenses | 7,119,148 | | 3,825, | 185 | | | | | | |
| g | End of year balance | 1,069,398,696 | | 1,032,262, | 197 | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held a | s | | • | | | | | | |
| а | Board designated or quasi-endowment | 5790% % | | | | | | | | | |
| ь | Permanent endowment 94 140 % % |) | | | | | | | | | |
| c | Term endowment ► 0070 % % | | | | | | | | | | |
| а | Are there endowment funds not in the posse | ssion of the organiza | ition th | hat are he | eld and | ladmınıstere | d for | the | | | |
| | organization by | | | | | | | ſ | | Yes | No |
| | (i) unrelated organizations | | | | | | • | | 3a(i) 3a(ii) | Yes | N o |
| h | (ii) related organizations | | | The dule P | | | • | | 3a(11) | | NO |
| | Describe in Part XIV the intended uses of the | • | | | | | • | | <u> </u> | | |
| | t VI Investments—Land, Building | | | | 990, | Part X, line | 10. | | | | |
| | Description of investment | , , | | (a) Cost or basis (inves | r other | (b)Cost or ot | her | (c) Accumul depreciation | | (d) Boo | k value |
| a | Land | | | | | 86,874 | ,394 | | | 86 | 5,874,394 |
| ь | Buildings | | . | | | 631,492 | | 205,40 | 5,169 | | 5,087,380 |
| | Leasehold improvements | | . | | | | | · | | | - |
| d | Equipment | | . | | | 114,112 | ,287 | 49,97 | 1,535 | 64 | 1,140,752 |
| e | Other | | | | | 42,842 | ,402 | 19,37 | 7,915 | 23 | 3,464,487 |

600,567,013

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12 | |
|--|---|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| | | Cost of end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | - | |
| Other See Additional Data Table | | |
| occitational Bata Fabio | | |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 6 65,995,512 | |
| Part VIII Investments—Program Related. Se | <u> </u> | 3. |
| | | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | F | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, | | |
| | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ıne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line | ine 15. | (b) Book value |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part | ine 15. | |
| Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line | ine 15. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Deposits | 15.) X, line 25. (b) A mount 1,259,152 2,708,125 | |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
|---|--|
| Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Frior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Describe in Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements | |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| 1 Total revenue, gains, and other support per audited financial statements | |
| 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| | |
| a Net unrealized gains on investments | |
| b Donated services and use of facilities | |
| c Recoveries of prior year grants | |
| d Other (Describe in Part XIV) | |
| e Add lines 2a through 2d | |
| 3 Subtract line 2e from line 1 | |
| 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b . 4a | |
| b Other (Describe in Part XIV) | |
| c Add lines 4a and 4b | |
| Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | |
| 1 Total expenses and losses per audited financial statements | |
| 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a Donated services and use of facilities | |
| b Prior year adjustments | |
| c Other losses | |
| d Other (Describe in Part XIV) | |
| e Add lines 2a through 2d | |
| 3 Subtract line 2e from line 1 | |
| 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b Other (Describe in Part XIV) | |
| c Add lines 4a and 4b | |
| 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 | |
| Part XIV Supplemental Information | |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|------------------|--|---|
| 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 include 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 does not have any material unrelated business income tax liability for the years ended May 31, 2010 and May 31,2009. |
| | | Part VII The University reports investments in which it owns 5 % or greater ownership under the equity method of accounting These investments include Venture Capital, Private Equity Funds, Absolute Return Funds and Partnership Investments in Timber The equity method of accounting reports investments at fair value |

Additional Data

Software ID: Software Version:

EIN: 75-0800689

Name: Southern Methodist University

Form 990, Schedule D, Part VII - Investments— Other Securities

| (a) Description of security or cateory (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---------------|--|
| V enture Capital | 36,945,234 | С |
| Funds Held in Trust by Others | 16,421,850 | F |
| Private Equity Funds | 209,815,978 | С |
| Absolute Return Funds | 141,131,321 | С |
| Equity Funds Without Daily Liquidity | 85,764,855 | С |
| Fixed Income Funds without Daily Liquidity | 479,979 | С |
| Other Investments | 8 | С |
| Partnership Investments - Oil & Gas | 7,908,118 | С |
| Partnership Investments - Timber | 15,109,155 | С |
| Partnership Investments - Real Estate | 91,746,790 | С |
| Equity Method Investments | 60,672,048 | F |
| Mineral Rights | 176 | C |

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Southern Methodist University

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

| | 75-0800689 | | | |
|----|--|---------|-----|-----|
| | • | | YES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | | |
| | other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its | | | |
| | brochures, catalogues, and other written communications with the public dealing with student admissions, | | | |
| _ | programs, and scholarships? | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way | | | |
| | that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," | | | |
| | please explain | 3 | Yes | |
| | All admission brochures, newspapers, advertisements etc include non-discrimination statements | | | |
| 4 | Does the organization maintain the following? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | | | |
| | basis? | 4b | Yes | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | 1. | . | |
| _ | with student admissions, programs, and scholarships? | 4c | Yes | |
| a | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Yes | |
| | If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) | | | |
| | | - | | |
| 5 | Does the organization discriminate by race in any way with respect to | | | |
| | Students' rights or privileges? | 5a | | Νo |
| | | | | |
| b | Admissions policies? | 5b | | Νo |
| c | Employment of faculty or administrative staff? | 5c | | Νo |
| | | 50 | | 110 |
| d | Scholarships or other financial assistance? | 5d | | Νo |
| e | Educational policies? | 5e | | Νo |
| | | 30 | | 110 |
| f | Use of facilities? | 5f | | Νo |
| а | Athletic programs? | 5g | | Νo |
| 9 | | 39 | | NO |
| h | Other extracurricular activities? | 5h | | Νo |
| | If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) | | | |
| | | _ | | |
| | | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | - 6a | Yes | |
| | Has the organization's right to such aid ever been revoked or suspended? | 6b | | Νo |
| | If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) | | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 | | | |
| | of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990) | 7 | Yes | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104007251

Employer identification number

OMB No 1545-0047

2009

Open to Public Inspect ion

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals . .

Name of the organization

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

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Southern Methodist University 75-0800689 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (a) Region (f) Total expenditures (b) Number of (c) Number of region (by type) (i.e., is a program service, for region offices in the employees or fundraising, program services, describe specific type of grants to recipients located in region agents in region service(s) in region the region) See Add'l Data

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

Cat No 50082W

Schedule F (Form 990) 2009

4,885,701

| (a) Name of organization and EIII (if applicable) Section (a) Section (b) Section (c) Sec | F | Part IV, line 1 | 15, for any | sistance to Orgar y recipient who recent m 990) if additional | eived more than \$5 | es Outside the Un ,000. Check this box | i ited States. Comp of no one recipient | plete if the organiza received more tha | tion answered "Yes n \$5,000 | 'to Form 990, ► 厂 |
|--|----------------|------------------------------|----------------------------|---|---|--|---|--|---------------------------------|--|
| | (a) Nan | ne of s ation an | section id EIN (if | (c) Region | | | cash | of non-cash | of non-cash | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | | |
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| 2. Enter total number of recognitions lated above that are recognized as showing by the foreign country, recognized as | | | | | | | | | | |
| 2. Enter total number of recognizations listed above that are recognized as showing by the foreign country, recognized as | | | | | | | | | | |
| 2. They total number of recognish are an inches a bour that are recognised as should be found a secretary recognised as | | | | | | | | | | |
| Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | 2 Enter tax-ex | total number cempt by the | r of recipie IRS, or fo | ent organizations listor which the grante | ted above that are e or counsel has pr | recognized as charit ovided a section 50: | ties by the foreign o 1(c)(3) equivalency | country, recognized letter | as . ▶ | |
| 3 Enter total number of other organizations or entities | 3 Enter | total number | r of other | organizations or en | tities | | | | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of cash grant dısbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

| Part IV Supplemental Info | rmation | |
|---|----------------------------------|--|
| Complete this part to | provide the information required | ın Part I, line 2, and any addıtıonal information. |
| Identifier | ReturnReference | Explanation |
| Method Used to Acccount for Expenditures | | 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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Software ID: Software Version:

EIN: 75-0800689

Name: Southern Methodist University

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|---|--|--|---|--------------------------------------|
| (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 for region |
| Europe | | | Program Services | Art Acquisition | 15,195 |
| Europe | | | Program Services | Faculty Development | 96,116 |
| Europe | | | Program Services | Student Recruiting | 10,956 |
| Europe | | | Program Services | Research | 25,473 |
| Europe | 1 | 2 | Program Services | Study Abroad | 3,385,738 |
| North America | | | Program Services | Art Acquisition | 2,067 |
| North America | | | Program Services | Faculty Development | 31,402 |
| North America | | | Program Services | Student Recruiting | 1,811 |
| North America | | | Program Services | Research | 4,131 |
| North America | | | Program Services | Study Abroad | 95,018 |
| East Asia and the Pacific | | | Fundraising | Alumnı Relations | 12,317 |
| East Asia and the Pacific | | | Program Services | Faculty Development | 35,576 |
| East Asia and the Pacific | | | Program Services | Program Development | 1,523 |
| East Asia and the Pacific | | | Program Services | Student Recruiting | 43,117 |
| East Asia and the Pacific | | | Program Services | Research | 6,009 |
| East Asia and the Pacific | | | Program Services | Study Abroad | 849,349 |
| Central America and the Caribbean | | | Program Services | Faculty Development | 5,365 |
| Central America and the Caribbean | | | Program Services | Research | 1,564 |
| Central America and the Caribbean | | | Program Services | Study Abroad | 2,073 |
| Central America and the Caribbean | | | Program Services | Student Recruiting | 1,282 |
| Russia and the Newly Independant States | | | Program Services | Study Abroad | 4,303 |
| Russia and the Newly Independant States | | | Program Services | Study Abroad | 30,251 |
| South America | | | Program Services | Faculty Development | 3,272 |
| South America | | | Program Services | Student Recruiting | 3,769 |
| South America | | | Program Services | Research | 3,543 |
| South America | | | Program Services | Study Abroad | 97,708 |
| Sub-Saharan Africa | | | Program Services | Faculty Development | 16,631 |
| Sub-Saharan Africa | | | Program Services | Student Recruiting | 1,500 |
| Mıddle East and North Africa | | | Program Services | Faculty Development | 2,417 |
| Middle East and North Africa | | | Program Services | Study Abroad | 29,492 |
| Middle East and North Africa | | | Program Services | Recruiting | 3,199 |
| South Asia | | | Program Services | Faculty Development | 2,230 |
| South Asia | | | Program Services | Student Recruiting | 4,617 |
| South Asia | | | Program Services | Study Abroad | 56,687 |
| Central America and the Caribbean | | | Investments | | |
| Europe | | | Investments | | |
| | <u> </u> | <u> </u> | | 1 | |

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DLN: 93493104007251

OMB No. 1545-0047

(Form 990 or 990-EZ)

Name of the organization

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Southern Methodist University Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

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

| Pai | t II | Fundraising Events. Components 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, line ipts greater than \$5,0 | e 18, or 000. | repor | ted | | |
|-----------------|---|--|--|--|---|---------------------------|---------------|----------------|--|--|
| | more than \$15,000 on Form | | (a) Event #1 | (b) Event #2 | (c) O ther Events | (d) Tot (Add col | (a) th | | | |
| | | | Lecture Series (event type) | Tower Center Medal of Freedom (event type) | (total number) | со | (c)) | | | |
| ınue | 1 | Gross receipts | 1,627,150 | 705,250 | 1,303,348 | 48 | | 5,748 | | |
| Reveilue | 2 | Less Charitable contributions | 875,459 | 335,251 | 494,731 | | 1,70 | 5,441 | | |
| _ | 3 | Gross income (line 1 minus line 2) | 751,691 | 369,999 | 808,617 | | 1,93 | 0,307 | | |
| | 4 | Cash prizes | | | | | | | | |
| Seg | 5 | Non-cash prizes | | | 15,274 | | | 5,274 | | |
| Expenses | 6 | Rent/facility costs | 74,758 | | 63,148 | | | 7,906 | | |
| <u>a</u> | 7 | Food and beverages | 80,247 | 148,267 | | 52 | 3,097 | | | |
| Direct | 8 | Entertainment | 518,906 | | 504,114 | | | 3,020 | | |
| | 9 | Other direct expenses . | 953,239 | 6,718 | 243,434 | | | 3,391 2,688 | | |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | | | | | | |
| Dar | 11 Net income summary Combine lines 3, column d, and line 10 | | | | | | | | | |
| 1 G1 | | \$15,000 on Form 990-EZ, lin | | 163 16 161111 330, 14 | 701V, IIIIC 19, 01 10p0 | 1 | | • | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) Tot (Add col co | | | | |
| | 1 | Gross revenue | | | | | | | | |
| နှမ့် | 2 | Cash prizes | | | | | | | | |
| pens | 3 | Non-cash prizes | | | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | | | |
| <u>ā</u> | 5 | Other direct expenses | | | | | | | | |
| | 6 | Volunteer labor | ∀es% No | ┌ Yes | ∀es | | | | | |
| | 7 | Direct expense summary Add lines | 2 through 5 in column (| d) | | | | | | |
| | 8 | Net gaming income summary Comb | bine lines 1, column d, ar | nd line 7 | <u> ▶</u> | | l w | | | |
| 9 a | | er the state(s) in which the organiza he organization licensed to operate | | | | | Yes | No | | |
| b | | No," Explain | gaining activities in each | Torthese states. | | · 9a | | | | |
| | | | | | | _ | | | | |
| 10a b | 200 | | | | | | | | | |
| | | | | | | | | | | |
| 11 12 | | es the organization operate gaming a | | | | 11 | | <u> </u> | | |
| | | ned to administer charitable gaming | | | | 12 990 or 990- | EZ) 20 | 009 | | |

| | | Yes | No |
|-----------|--|----------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address - | | |
| | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | , | |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the | + | |
| | amount of gaming revenue retained by the third party 🟲 \$ | | |
| c | If "Yes," enter name and address | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address • | | |
| 16 | | | |
| 16 | Gaming manager information | | |
| | | | |
| | Name 🟲 | | |
| | Name F | | |
| | Gaming manager compensation 🕨 \$ | | |
| | | | |
| | Description of services provided - | | |
| | Director/officer Employee Independent contractor | | |
| | I Independent contractor | | |
| .7 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | <u> </u> | |
| 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 ▶ \$ | 1 | |

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Schedule I

(Form 990)

DLN: 93493104007251

OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Open to Public **Inspection**

| Name of the organization | | | | | | Employer identifica | ition number |
|---|--|--|--------------------------------------|---|---|--|---------------------------------------|
| Southern Methodist University | | | | | | 75-0800689 | |
| Part I General Inform | mation on Gra | nts and Assistance | | | | ı | |
| the selection criteria use Describe in Part IV the o | d to award the gra rganization's proc | substantiate the amount of the standard of the | e of grant funds in the | United States | | | ✓ Yes T |
| Form 990, Part 1 | IV, line 21 for ai | ny recipient that receive 990) if additional space | d more than \$5,000 | . Check this box if n | o one recipient receiv | ed more than \$5,00 | 0. Use |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
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| | | d government organizations | | | | | |

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

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|----------------------------------|--------------------------------------|--------------------------------------|--|---|
| Student Tuition Grants and Scholarships | 6779 | 4,285,679 | 110,066,162 | Book | Tuition, Fees, Room and Board Allowances |
| See Additional Data Table | | | | | |
| | | | | | |
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| | | | • | • | • |

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

| Ident if ier | Return Reference | Explanation |
|---|------------------|--|
| 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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DLN: 93493104007251

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Sou | ithern Methodist University | | • • | | | |
|-----|--|---------------------------------------|------------------------|----|-----|----|
| | , | | 75-0800689 | | | |
| Pa | rt I Questions Regarding Compensation | | | | | |
| | - | | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization provided any | of the following to or for a person I | sted in Form | | | |
| | 990, Part VII, Section A, line 1a Complete Part III to provide | e any relevant information regardir | ig these items | | | l |
| | | ousing allowance or residence for | • | | | |
| | • | ayments for business use of perso | | | | |
| | | ealth or social club dues or initiati | | | | |
| | Discretionary spending account P | ersonal services (e g , maid, chauf | feur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization | ı follow a written nolicy regarding n | avment or | | | |
| _ | reimbursement orprovision of all the expenses described abov | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing | | | | | |
| | officers, directors, trustees, and the CEO/Executive Director, | regarding the items checked in lin | e la/ | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization uses to | actablish the componentian of the | | | | |
| 3 | organization's CEO/Executive Director Check all that apply | establish the compensation of the | | | | |
| | ▼ Compensation committee ▼ W | /rıtten employment contract | | | | |
| | | ompensation survey or study | | | | |
| | Form 990 of other organizations | pproval by the board or compensa | tion committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, S or a related organization | Section A , line 1a with respect to t | he filing organization | | | |
| а | Receive a severance payment or change-of-control payment? | | | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqui | alified retirement plan? | | 4b | | No |
| | Participate in, or receive payment from, an equity-based comp | · | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the a | applicable amounts for each item i | n Part III | | | |
| | | | | | | |
| _ | Only 501(c)(3) and 501(c)(4) organizations only must complete | | | | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, discompensation contingent on the revenues of | d the organization pay or accrue a | ny | | | |
| а | The organization? | | | 5a | Yes | |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, discompensation contingent on the net earnings of | d the organization pay or accrue a | ny | | | |
| а | The organization? | | | 6a | | Νo |
| ь | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, dipayments not described in lines 5 and 6? If "Yes," describe in | | n-fixed | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or acc | | as | | | |
| | subject to the initial contract exception described in Regs sec | | | | | |
| | ın Part III | | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttabl | e presumption procedure describe | d in Regulations | | | |

section 53 4958-6(c)?

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)(1)-(111) 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-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------------|--|--------------------------|---|---|--------------------------------|------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| See Additional Data Table | | | | | | | | |
| | | | | | | | | |
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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 |
|--------------|---------------------|--|
| | | The University's travel policy 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. |

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 75-0800689

Name: Southern Methodist University

| Form 990, Schedule J, Pa | rt] | II - Officers, Dire | ctors, Trustees, K | ey Employees, and | d Highest Compen | sated Employees | 3 | | |
|--------------------------|-------------|--------------------------|-----------------------|-------------------|------------------|-----------------|----------------------|--|--|
| (A) Name | | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form | |
| | | (i) Base Compensation | i incentive i | | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ | |
| | (ı) (ıı) | 554,193 0 | 0 0 | 41,593 0 | 233,181 0 | 120,031 0 | 948,998 0 | 0 | |
| Paul Ludden | (ı) (ıı) | 370,342 0 | 0 | 13,996 0 | 24,500 0 | 9,173 0 | 418,011 0 | 0 | |
| Thomas Barry | (ı) (ıı) | 239,533 0 | 0 | 16,209 0 | 23,884 0 | 12,068 0 | 291,694 0 | 0 | |
| Michael Condon | (ı) (ıı) | 333,566 0 | 78,311 0 | 35,601 0 | 24,500 0 | 14,954 0 | 486,932 0 | 0 | |
| Paul Ward | (ı) (ıı) | 298,435 0 | 142,678 0 | _ | 24,500 0 | 11,416 0 | 499,105 0 | 0 | |
| Lorı White | (ı) (ıı) | 209,608 0 | 0 | 9,951 0 | 21,366 0 | 7,250 0 | 248,175 0 | 0 | |
| Brad Cheves | (ı) (ıı) | 295,865 0 | 0 | 16,311 0 | 24,500 0 | 10,954 0 | 347,630 0 | 0 | |
| Christine Casey | (ı) (ıı) | 287,101 0 | 0 | 14,420 0 | 19,600 0 | 7,662 0 | 328,783 0 | 0 | |
| Albert Niemi Jr | (ı) (ıı) | 425,760 0 | 0 | 9,089 | 24,500 0 | 14,866 0 | 474,215 0 | 0 | |
| Cordelia Candelaria | (ı) (ıı) | 360,814 0 | 0 | 3,732 0 | 10,417 0 | 1,006 0 | 375,969 0 | 0 | |
| Peter Moore | (ı) (ıı) | 166,364 0 | 0 | 400 | 13,125 0 | 13,649 0 | 193,538 0 | 0 | |
| June Jones | (ı) (ıı) | 1,645,274 0 | 32,500 0 | 13,792 0 | 24,500 0 | 11,016 0 | 1,727,082 0 | 0 | |
| Matthew Doherty | (ı) (ıı) | 549,626 0 | 20,000 0 | 5,540 0 | 24,500 0 | 17,020 0 | 616,686 0 | 0 | |
| Steven Orsini | (ı) (ıı) | 370,688 0 | 0 0 | 14,848 0 | 24,500 0 | 21,908 0 | 431,944 0 | 0 | |
| William Dillon | (ı) (ıı) | 440,797 0 | 0 0 | 2,634 0 | 9,861 0 | 17,166 0 | 470,458 0 | 0 | |
| Miguel Quinones | (ı) (ıı) | 327,998 0 | 1,485 0 | 280 0 | 18,867 0 | 16,983 0 | 365,613 0 | 0 | |
| A mıt Basu | (ı) (ıı) | 328,702 0 | 0 0 | 879 0 | 21,300 0 | 14,986 0 | 365,867 0 | 0 | |
| Bezalel Gavish | (ı) (ıı) | 294,514 0 | 0 0 | 2,307 0 | 22,750 0 | 15,085 0 | 334,656 0 | 0 | |
| S Leon Bennett | (ı) (ıı) | 167,166 0 | 0 | 16,659 0 | 16,800 0 | 7,766 0 | 208,391 0 | 0 | |
| Thomas Tunks | (ı) (ıı) | 177,139 0 | 0 | 1,748 0 | 18,034 0 | 6,397 0 | 203,318 0 | 0 | |
| Ross Murfin | (ı) (ıı) | 262,247 0 | 0 | 2,766 0 | 24,500 0 | 12,407 0 | 301,920 0 | 0 | |
| | (ı) (ıı) | 175,186 0 | 0 | _, | 17,908 0 | 7,297 0 | | 0 | |

DLN: 93493104007251

OMB No 1545-0047

Open to Public Inspect ion

Schedule K (Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service

Name of the organization Southern Methodist University Employer identification number

75-0800689

| | art I Bond Issues | | | | | | | | | | | | | |
|--|--|------------------------|------------------|---------------------------------|------------|----------------------------|---|------------|--------------|-----|---------------------------------------|-----|-----|----|
| (a) Issuer Name (b) Issuer EIN (c) CUSIP # | | | | (d) Date Issued (e) Issue Price | | (f) Description of Purpose | | | (g) Defeased | | (h) O n Behalf of Issuer | | | |
| | | | | | | | | | | | Yes | No | Yes | No |
| A | Southwest Higher Education A uthority | 52-1442059 | 845040FB5 | 12-18 | 8-2003 | 30, | Renovation & construction and related programmers facilities | | | | | × | | Х |
| В | Southwest Higher Education Authority | 52-1442059 | 845040GD0 | 02-14 | 4-2007 | 100 | A dvance refund portion of prin 100,890,740 1999A (1/20/99) and 2002 (7/3/02) bonds | | | | | x | | Х |
| С | Southwest Higher Education Authority | 52-1442059 | 845040HG2 | 10-0 | 1-2009 | 162, | New money and current refu 162,035,907 1999D (1/20/99) and the 2 (3/1/06) bonds | | | | | × | | Х |
| P | art III Proceeds | | | | | | | | | | | | | |
| | | | | | 4 | В | | | С | C |) | | E | |
| 1 | | | | | 32,053,295 | | 110,426,510 | | · · · | | - | | | |
| _2 | Gross proceeds in reserve funds | | | | 3,069,346 | | 3,069,346 | 5 | | | | | | |
| 3 | Proceeds in refunding or defeasance escrows | | | | 9,044,372 | 10 | 9,044,372 | 2 9 | 94,638,875 | | | | | |
| 4 | Other unspent proceeds | | | | 74,349 | | 74,349 | 9 | 3,263,744 | | | | | |
| 5 | Issuance costs from proceeds | | | 731,927 | | | 1,307,789 | 9 | 1,221,407 | | | | | |
| 6 | Working capital expenditures fron | n proceeds | | | | | | | | | | | | |
| 7 | Capital expenditures from procee | ds | | 31,321,368 | | | | 62,912,172 | | | | | | |
| 8 | Year of substantial completion | | | 20 | 10 | | | • | | • | | | | |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | s | No |
| 9 | Were the bonds issued as part of | a current refunding is | ssue? | | х | | Х | х | | | | | | |
| 10 | Were the bonds issued as part of | an advance refunding | j issue? | | Х | Х | | | Х | | | | | |
| 11 | Has the final allocation of proceed | ds been made? | | Х | | | Х | | х | | | | | |
| 12 | Does the organization maintain ac the final allocation of proceeds? | dequate books and re | cords to support | Х | | х | | Х | | | | | | |
| Pa | rt IIII Private Business Use | | | _ | | | | | | | | | | |
| | | | | | A | _ | B C D | | | | E | | | |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | s | No |
| 1 — | Was the organization a partner in which owned property financed by | tax-exempt bonds? | | | Х | | Х | | Х | | | | | |
| | A II I | | | 1 | 1 | 1 | 1 | | 1 1 | | | 1 | - 1 | |

Х

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Χ

Χ

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

| | | | A | В | | | С | |) | | E |
|-----|--|-----|---------|-----|---------|-----|---------|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | Х | | Х | | Х | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | Х | Х | | Х | | | | | |
| 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? | х | | Х | | Х | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 2 600 % | | 1 000 % | | 8 000 % | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | | 0 % | | 0 % | | | | |
| 6 | Total of lines 4 and 5 | | 2 600 % | | 1 000 % | | 8 000 % | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | х | | Х | | Х | | | | | |
| Do. | TV Aubituaca | | | | | | | | | | |

Part IV Arbitrage

| | | | A | | В | | С | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|-----------|---------------|---------|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | × | | x | | х | | | | |
| 2 | Is the bond issue a variable rate issue? | | х | | х | | Х | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | × | | x | | х | | | | |
| ь | Name of provider | NA | | NA | | NA | | | • | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | Х | | | | |
| ь | Name of provider | NA | | NA | | NA | | | | | |
| С | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | х | | х | | х | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | x | | | х | | х | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | х | | × | х | | | | | |
| i | | | | | | | | | Calcadiil | a V /Farm 000 | 33.2000 |

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DLN: 93493104007251

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization

Employer identification number Southern Methodist University 75-0800689 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to Approved (g)Written (e) In or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Τо From Yes No Yes Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Trustee Daughter Scholarship Amount \$ 15000 Trustee Grant and Scholarship Amount \$ 35160 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization No

DLN: 93493104007251

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization Southern Methodist University

Employer identification number

| | | | | | 75-0800689 | | | |
|---------|--|----------------------------------|---------------------------------------|--|-----------------------------------|----------|------|----|
| Pa | TYPES of Property | 1 | | Т | Т | | | |
| | | (a) Check If applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d Method of d reven | etermı | nıng | |
| 1 | Art—Works of art | Х | 7 | 466,935 | Market or Appraisa | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | Х | | 808,417 | Market or Appraisa | | | |
| 5 | Clothing and household goods | Х | | 5,750 | Market or Appraisa | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | X | 68 | 9,879,117 | Market or Appraisa | | | |
| 10 | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | х | 2 | 1,000,039 | Market or Appraisa | <u> </u> | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | X | 2 | · · · · · · · · · · · · · · · · · · · | Market or Appraisa | | | |
| | Scientific specimens | X | 1 | 9,000 | Market or Appraisa | | | |
| | Archeological artifacts | | | | | | | |
| | Other ► (<u>Software Lic</u>) | X | 3 | , | Market or Appraisa | | | |
| 26 | Other ► (Dinner Event) | X | 6 | 12,447 | Market or Appraisa | | | |
| 27 | Event Other ► (<u>Tickets</u>) | × | 1,451 | 632.208 | Market or Appraisa | I | | |
| 28 | Other ► (Pavers) | X | 1,431 | | Market or Appraisa | | | |
| 29 | Number of Forms 8283 received | | anization during the tax ve | | Harket of Applaisa | ı | | |
| 23 | for which the organization compl | | = - | | 29 | | 1 1 | 17 |
| | | | | | | | Yes | No |
| 30a | During the year, did the organiza | | | | | | | |
| | must hold for at least three year | | | on, and which is not require | d to be used | | | |
| | for exempt purposes for the enti | <u> </u> | | | | 30a | | No |
| b | If "Yes," describe the arrangeme | | | | | | | |
| 31 | Does the organization have a gif | · | | • | | 31 | Yes | |
| 32a | Does the organization hire or us contributions? | e third part • • • | ies or related organizations | to solicit, process, or sell | non-cash | 32a | Yes | |
| ь 33 | If "Yes," describe in Part II If the organization did not report describe in Part II | revenues i | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |

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.

| Ident if ier | Return Reference | Explanation |
|-----------------|------------------|---|
| Third Party Use | | 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. |

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 75-0800689

Name: Southern Methodist University

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DLN: 93493104007251 OMB No 1545-0047

(Form 990) Department of the Treasury

Identifier

Identifier

Schedule K, Part

V, Line 2 (1)

Return

Return

Reference

Identifier

Reference

Reference

Supplemental Information to Form 990

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

Employer identification number

75-0800689

Internal Revenue Service

► Attach to Form 990. Name of the organization Southern Methodist University

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section A, line 2 | | R Gerald Turner has business relationships with John Tolleson, Alan Feld and Ray Hunt Jeanne Phillips has a business relationship with Ray Hunt Laura Bush 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 B, line 11 | | 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, line 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, line 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 |

| Identifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section C, line 18 | | All requests for copies of Form 990 and 990-T are reviewed and processed by the Controller's 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 |
| C, line 19 | | financial statements available to the public |

| ldentifier | Return Reference | Explanation |
|----------------------------------|---------------------|--|
| Form 990, Part XI, Line 2c | | The Audit Committee for Southern Methodist University, the supported organization, is responsible for reviewing the consolidated audited Financial Statements and accompanying footnotes. During the Audit Committee meeting, the committee members are given an opportunity to ask questions of management and the audit firm. Significant transactions are highlighted in the Executive Summary. |

| 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 |

| | Reference | |
|--|-----------|--|
| 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 |
| <u>, </u> | • | |

Explanation

Explanation

Explanation

| | Keleren | GE CONTRACTOR CONTRACT |
|------------|---------|--|
| | | The Audited Financial Statement beginning balances were restated due to FSP SOP 94-3 Beginning balances on the Form 990 were not restated to reflect these financial accounting changes |
| | | |
| Identifier | Return | 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 and losses in prior years nor the gains in fiscal year 2010 are reported for financial statement purposes, except if those with losses are determined to be permanently impaired. As of May 31, 2010, the University had \$152.3 million of unrealized gains that are reflected here but had not been recognized in its financial statements. |
|-----------------------|---|
| | |

| | Schedule K, Part II, Line | e 2, Column B | A defeasance escrow from a donation is included here |
|---|---------------------------|---------------|--|
| • | | | |
| | ldentifier | Return | Explanation |

Return Reference

| Schedule K, Part II, Line 3, Columns B and C | and 2002 bonds | A portion of the refunding escrow from Bond Series 2007 in Column B was used to redeem the 1999A and 2002 bonds prior to 5/31/2010. The refunding proceeds of the Bond Series 2009 in Column C were used to current refund the 1999D and 2006 bonds prior to 5/31/2010. | | |
|--|------------------|---|--|--|
| | | | | |
| Identifier | Poturn Poforonco | Evaluation | | |

| Schedule K, Part II, Line 5 | | A portion of the amounts on line 5 include credit enhancement costs |
|-----------------------------|--------|---|
| | | |
| ldentifier | Return | Explanation |

| ldentifier | Return | Explanation |
|------------|--------|---|
| Column B | | of substantial completion would need to be reported |

| 12, Column B and C | | SMU always maintains adequate books and records when the final allocations are made |
|--------------------|---------------------|---|
| ldentifier | Return Reference | Explanation |

The University entered into short-term arrangements that created private business use. As planned, the

was determined in order to allow a significant portion of the revenues from the Club to be reinvested in it

| III, Line 4, Column A and C | University has com | en action to either eliminate or reduce these arrangements in the tax year 2010. The inputed the reasonably expected private business use over the life of each bond issue it will fit within the private business use limitation. |
|--------------------------------|--------------------|--|
| ldentifier | Return | Explanation |
| | Reference | |

| Schedule K, Part IV, Line 4d, Column A, B and C | | The University did not invest in a GIC, however, answers are provided as they are required by the IRS for filing purposes |
|--|-----------|---|
| ldentifier | Return | Explanation |
| | Reference | |

| Schedule K, Part IV, Line 6, Column C | | The University reasonably expects to meet the spending requirements within the required timeframe | |
|--|---------------------|---|--|
| ldentifier | Return Reference | Explanation | |
| Schedule R, Part | | For the fiscal year ending May 31, 2010, rent from The Stadium Club, Inc. to SMU was \$1,000. This amount | |

rather than increasing annual lease payments to SMU

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DLN: 93493104007251

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Southern Methodist University 75-0800689 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) 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

| | | | | s a Partnership (O d as a partnership o | | | wered " | Yes" o | on For | m 990, F | Part IV, line | : 34 | |
|--|--|--|--|--|-------------------------------------|--|----------|--|--------|---|---------------|---|----|
| (a) lame, address, and EIN of related organization (b) Primary activity | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) | | (h) Disproprtionate allocations? | | (i) e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | | (j) General or managing partner? | |
| | | | | | | | | Yes | No | | | Yes | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | s a Corporation o s treated as a corpo | | | | nswer | ed "Y | es" on Fo | orm 990, Pa | art IV, | |
| (a) Name, address, and EIN of related organization | | (b) Primary activity | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | Share of | income end | | (g) (h) Share of Percenta d-of-year ownersh assets | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

(6)

| Part \ | Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, | line 34, 35, or 36.) | | | | | |
|---|---|---------------------------|--------|-----|----|--|--|
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | | | | | |
| 1 Durin | the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-1 | :V? | | | | | |
| a Re | ceipt 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) | | | | | | | |
| c Gift, grant, or capital contribution from other organization(s) | | | | | | | |
| d Loans or loan guarantees to or for other organization(s) | | | | | | | |
| e Lo | ans or loan guarantees by other organization(s) | | 1e | | No | | |
| f Sa | e of assets to other organization(s) | | 1f | | No | | |
| g Purchase of assets from other organization(s) | | | | | | | |
| h Exchange of assets | | | | | | | |
| i Lease of facilities, equipment, or other assets to other organization(s) | | | | | | | |
| j Lea | se of facilities, equipment, or other assets from other organization(s) | | 1j | | No | | |
| k Pe | | | | | | | |
| Performance of services or membership or fundraising solicitations by other organization(s) | | | | | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | | | | | | |
| n Sharing of paid employees | | | | | | | |
| o Re | imbursement paid to other organization for expenses | | 10 | | No | | |
| p Re | mbursement paid by other organization for expenses | | 1р | | No | | |
| q Ot | her transfer of cash or property to other organization(s) | | 1q | Yes | | | |
| | ner transfer of cash or property from other organization(s) | | 1r | Yes | | | |
| | ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh | ips and transaction thres | holds | | | | |
| | (a) | (b) | | (c) | | | |
| | Name of other organization | Transaction type(a-r) | Amount | | ed | | |
| | 1) The Stadium Club Inc | | | | | | |
| | er transactions marked yes above are with 501(c)(3) organizations | | | | 0 | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | | r) ortionate tions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | man part | h) eral or naging tner? | |
|---|--------------------------------|--|---|----|---|-----|---------------------------|---|-------------|----------------------------------|--|
| | | | Yes | No | | Yes | No | | Yes | No | |
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Software ID: Software Version:

EIN: 75-0800689

Name: Southern Methodist University

| 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)) | (f) Direct Controlling Entity | | | | |
| Peruna Holdings Corporation | Supporting Organization | тх | 509(a)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 _20-4039621 | | | | | | | | | |
| Mustang Mockingbird Corporation | Supporting Organization | ТХ | 509(a)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 _20-4216744 | | | | | | | | | |
| Mustang Airline Corporation | Supporting Organization | ТХ | 509(a)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 _20-4217087 | | | | | | | | | |
| Mustang Mockingbird Properties | Supporting Organization | ТХ | 509(a)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 20-4216534 | | | | | | | | | |
| Peruna Properties Inc | Supporting Organization | TX | 509(a)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 _75-2806008 | | | | | | | | | |
| Pony Properties Inc | Supporting Organization | ТХ | 509(a)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 _20-0884887 | | | | | | | | | |
| Southern Methodist University Foundation for Research | Supporting Organization | ТХ | 509(a)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 20-0588905 | | | | | | | | | |
| The Stadium Club | Social Club | TX | 501(c)(7) | | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 _75-2883207 | | | | | | | | | |
| SMU Corp | Supporting Organization | ТХ | 501(c)(3) | Line 11, Type I | N/A | | | | |
| PO Box 750261 Dallas, TX752750261 _26-4739435 | | | | | | | | | |
| Conference USA | Supporting Organization | ТХ | 501(c)(3) | Line 11, Type III | N/A | | | | |
| 5201 North O Connor Blvd Suite 300 Irving, TX752750261 36-4021594 | | | | | | | | | |