

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 372,641,143 including grants of \$ 118,777,787) (Revenue \$ 375,568,304)

INSTRUCTIONAL INSTRUCTIONAL PROGRAMS INCLUDE ACADEMIC INSTRUCTION AND SERVICES FOR UNDERGRADUATE AND GRADUATE STUDENTS INCLUDING FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND FELLOWSHIPS STUDENT ENROLLMENT FOR FALL SEMESTER 2011 WAS 10,982 AND SPRING SEMESTER 2012 WAS 10,537

4b

(Code) (Expenses \$ 88,945,694 including grants of \$ 14,330,105) (Revenue \$ 46,732,191)

AUXILIARY ACTIVITIES THIS CATEGORY INCLUDES ATHLETIC EXPENDITURES AND SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES SERVICES INCLUDE BOOKSTORE, STUDENT HOUSING, VENDING AND FOOD ADMINISTRATION AND INDEPENDENT OPERATIONS

4c

(Code) (Expenses \$ 36,453,985 including grants of \$) (Revenue \$ 28,411,403)

SPONSORED RESEARCH SPONSORED RESEARCH INCLUDES EXPENDITURES FOR ALL ACTIVITIES THAT ARE PART OF THE UNIVERSITY'S RESEARCH PROGRAM, INCLUDING ACTIVITIES SPECIFICALLY ORGANIZED TO PRODUCE RESEARCH OUTCOMES, WHETHER COMMISSIONED BY AN AGENCY EXTERNAL TO THE INSTITUTION OR SEPARATELY BUDGETED BY AN ORGANIZATIONAL UNIT WITHIN THE INSTITUTION

(Code) (Expenses \$ 15,576,127 including grants of \$) (Revenue \$ 10,664,336)

ORGANIZED ACTIVITIES ORGANIZED ACTIVITIES MAKE AVAILABLE TO THE PUBLIC VARIOUS RESOURCES THAT EXIST WITHIN THE UNIVERSITY SUCH AS SEMINARS, CONFERENCES AND CAMPS

4d


























Other program services (Describe in Schedule O)

(Expenses \$ 15,576,127 including grants of \$) (Revenue \$ 10,664,336)

4e

Total program service expenses \$ 513,616,949

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV 	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>		
		<div>YesNo</div>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	<div>1a1,576</div>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<div>1b0</div>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<div>1c</div>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return .	<div>2a6,445</div>
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 (see instructions)	<div>2bYes</div>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<div>3aYes</div>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<div>3bYes</div>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<div>4aYes</div>
b	If "Yes," enter the name of the foreign country <div>UK</div> <div>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</div>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<div>5aNo</div>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div>5bNo</div>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<div>5c</div>
6a	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?	<div>6aNo</div>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div>6b</div>
7	Organizations that may receive deductible contributions under section 170(c).	
a	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?	<div>7aYes</div>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div>7bYes</div>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div>7cNo</div>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<div>7d</div>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div>7eNo</div>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<div>7fNo</div>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div>7g</div>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div>7h</div>
8	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?	<div>8</div>
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	<div>9a</div>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<div>9b</div>
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12	<div>10a</div>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<div>10b</div>
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders	<div>11a</div>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<div>11b</div>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<div>12a</div>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<div>12b</div>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	<div>13a</div>
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<div>13b</div>
c	Enter the aggregate amount of reserves on hand	<div>13c</div>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<div>14aNo</div>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<div>14b</div>

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	42		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	40
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	No
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CONTROLLER'S OFFICE 6116 N CENTRAL EXPRESSWAY STE 202 DALLAS, TX 752750261 (214) 768-2800

Check if Schedule O contains a response to any question in this Part VII

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	8,211,458		1,166,723

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 439

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

(A) Name and business address	(B) Description of services	(C) Compensation
HC BECK 1807 ROSS AVENUE STE 500 DALLAS, TX 75201	CONSTRUCTION	6,703,587
KSQ ARCHITECTS PC 1425 W PIONEER PKWY STE 270 IRVING, TX 75061	ARCHITECT	4,542,957
ROGERS O'BRIEN CONSTRUCTION COMPANY 1901 REGAL ROW DALLAS, TX 75235	CONSTRUCTION	4,530,497
THE RICHARDS GROUP 8750 N CENTRAL EXPRESSWAY STE 1200 DALLAS, TX 75231	ADVERTISING	2,700,543
PACIFIC BUILDERS INC 14285 MIDWAY ROAD STE 180 ADDISON, TX 75001	CONSTRUCTION	2,284,523
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 105		

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,446,659				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	57,202				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	96,146,457				
	g	Noncash contributions included in lines 1a-1f \$ 5,882,313						
	h	Total. Add lines 1a-1f		97,650,318				
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	611310	362,408,763	362,408,763			
	b	AUXILIARY ACTIVITIES	611310	45,255,338	33,269,039		11,986,299	
	c	SPONSORED RESEARCH	611310	28,242,370	28,242,370			
	d	OTHER STUDENT FEES	611310	12,002,137	12,002,137			
	e	ORGANIZED ACTIVITIES	611310	8,458,417	8,458,417			
	f	All other program service revenue		5,009,209	4,986,545	22,664		
	g	Total. Add lines 2a-2f		461,376,234				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		21,219,172		460,763	20,758,409	
	4	Income from investment of tax-exempt bond proceeds . . .		3,414,356			3,414,356	
	5	Royalties		5,605,956			5,605,956	
	6a	(i) Real		(ii) Personal				
		Gross rents	118,338					
		b Less rental expenses	100,306					
		c Rental income or (loss)	18,032					
	d	Net rental income or (loss)		18,032			18,032	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	363,330,279	15,041,583				
		b Less cost or other basis and sales expenses	323,689,811	11,137,257				
		c Gain or (loss)	39,640,468	3,904,326				
	d	Net gain or (loss)		43,544,794		3,877,957	39,666,837	
	8a	Gross income from fundraising events (not including \$ 1,446,659 of contributions reported on line 1c) See Part IV, line 18	a	1,769,994				
	b	Less direct expenses	b	2,584,967				
	c	Net income or (loss) from fundraising events . . .		-814,973				
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		632,013,889	449,367,271	4,361,384	81,449,889		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	133,107,892	133,107,892		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,643,288	1,097,767	3,109,426	436,095
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	211,064	211,064		
7	Other salaries and wages	200,709,332	177,266,840	14,162,097	9,280,395
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,220,258	12,631,512	995,453	593,293
9	Other employee benefits	35,704,766	31,715,682	2,499,421	1,489,663
10	Payroll taxes	12,586,203	11,180,020	881,065	525,118
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,320,389	375,355	945,034	
c	Accounting	310,179	11,704	298,475	
d	Lobbying	246,570		246,570	
e	Professional fundraising See Part IV, line 17	12,600			12,600
f	Investment management fees	9,064,725		9,064,725	
g	Other	26,650,785	22,900,893	762,753	2,987,139
12	Advertising and promotion	4,163,917	3,248,272	677,505	238,140
13	Office expenses	16,985,731	14,304,342	903,918	1,777,471
14	Information technology	7,322,503	6,864,050	385,797	72,656
15	Royalties	9,866	9,866		
16	Occupancy	24,645,483	23,612,426	884,388	148,669
17	Travel	11,678,619	10,898,950	192,190	587,479
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	5,885	5,885		
19	Conferences, conventions, and meetings	918,132	834,006	64,780	19,346
20	Interest	13,306,852	13,306,852		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,171,356	25,828,316	2,943,035	400,005
23	Insurance	2,463,982	2,434,874	19,754	9,354
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ALL OTHER EXPENSES	13,476,900	11,653,454	477,011	1,346,435
b	BOOKS AND PERIODICALS	6,818,373	6,816,673	1,700	
c	PROPERTY COSTS	2,333,523	2,203,818	71,099	58,606
d	PUBLIC RELATIONS	1,675,942	1,096,436	395,761	183,745
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	573,765,115	513,616,949	39,981,957	20,166,209
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			6,098,858	1	7,355,334
	2	Savings and temporary cash investments			204,028,363	2	201,759,830
	3	Pledges and grants receivable, net			72,659,648	3	90,785,563
	4	Accounts receivable, net			121,296,472	4	133,725,676
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			9,854,073	7	8,825,590
	8	Inventories for sale or use			333,633	8	419,083
	9	Prepaid expenses and deferred charges			5,985,365	9	5,398,714
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	951,395,986			
	b	Less: accumulated depreciation	10b	316,778,146	611,682,449	10c	634,617,840
	11	Investments—publicly traded securities			459,622,613	11	450,119,958
	12	Investments—other securities. See Part IV, line 11			685,333,640	12	681,675,444
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,601,183	15	4,083,431
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,181,496,297	16	2,218,766,463	
Liabilities	17	Accounts payable and accrued expenses			107,385,164	17	123,043,360
	18	Grants payable				18	
	19	Deferred revenue			23,969,487	19	23,806,611
	20	Tax-exempt bond liabilities			476,268,000	20	466,960,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			781,000	23	777,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			4,031,301	25	4,333,479
	26	Total liabilities. Add lines 17 through 25			612,434,952	26	618,920,450
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			525,640,345	27	542,952,013
	28	Temporarily restricted net assets			534,475,000	28	520,780,000
	29	Permanently restricted net assets			508,946,000	29	536,114,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,569,061,345	33	1,599,846,013
34	Total liabilities and net assets/fund balances			2,181,496,297	34	2,218,766,463	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	632,013,889
2	Total expenses (must equal Part IX, column (A), line 25)	2	573,765,115
3	Revenue less expenses Subtract line 2 from line 1	3	58,248,774
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,569,061,345
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,464,106
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,599,846,013

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
-----------------------------------------------------------	--------------------------------------------------

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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)
- f

☐

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
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i)
Name of supported organization | (ii)
EIN | (iii)
Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)
Is the organization in col (i) listed in your governing document? | | (v)
Did you notify the organization in col (i) of your support? | | (vi)
Is the organization in col (i) organized in the U S ? | | (vii)
Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
-----------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2011

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		246,570													
c Total lobbying expenditures (add lines 1a and 1b)		246,570													
d Other exempt purpose expenditures		573,518,545													
e Total exempt purpose expenditures (add lines 1c and 1d)		573,765,115													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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 line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	226,055	247,612	243,796	246,570	964,033
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					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a 2b 2c	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
-----------------------------------------------------------	----------------------------------------------

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	1,612,005
4	Aggregate value at end of year	29,624,778
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>Yes No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div>Yes No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ 1,115,153

(ii) Assets included in Form 990, Part X

► \$ 38,031,664

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☒ Other EDUCATIONAL PROGRAMMING

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,190,709,490	1,069,398,696	1,032,262,197	1,401,274,238	
b Contributions	15,898,059	16,869,666	26,874,362	25,069,217	
c Investment earnings or losses	29,097,056	180,581,957	74,857,407	-332,783,497	
d Grants or scholarships	12,806,476	13,378,718	13,375,323	12,844,512	
e Other expenditures for facilities and programs	42,410,350	42,903,543	44,100,799	44,628,154	
f Administrative expenses	18,072,459	19,858,567	7,119,148	3,825,185	
g End of year balance	1,162,415,320	1,190,709,491	1,069,398,696	1,032,262,197	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 7 440 %

b

Permanent endowment ▶ 43 180 %

c

Term endowment ▶ 49 380 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		93,349,720		93,349,720
b Buildings		686,078,141	236,590,277	449,487,864
c Leasehold improvements				
d Equipment		121,235,964	57,441,406	63,794,558
e Other		50,732,161	22,746,463	27,985,698
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				634,617,840

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIVSupplemental 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.

Identifier	Return Reference	Explanation
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, 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.
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS INCLUDE EDUCATION PROGRAM SUPPORT, CHAIRS AND FACULTY SUPPORT, SCHOLARSHIPS AND OTHER STUDENT AID, LIBRARY AND BOOKS, AND MAINTENANCE.
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE UNIVERSITY COMPLIES WITH THE REQUIREMENTS OF ASC 740, INCOME TAXES, 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, ASC 740 PROVIDES GUIDANCE ON RECOGNITION, CLASSIFICATION, AND ACCOUNTING IN INTERIM PERIODS AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. THE UNIVERSITY AND ITS CONTROLLED CORPORATIONS DO NOT HAVE ANY UNCERTAIN TAX POSITIONS AND THEREFORE HAVE RECORDED NO LIABILITY OR BENEFIT FOR SUCH POSITIONS FOR THE YEARS ENDED MAY 31, 2012 AND 2011.
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART V. THE ENDOWMENT 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 ENDOWMENT FUND MARKET VALUE FOR PURPOSES OTHER THAN THE FINANCIAL STATEMENTS AND ARE NOT INCLUDED HERE. THE UNIVERSITY HAS ELECTED TO REPORT MARKETABLE SECURITIES AND EQUITY METHOD INVESTMENTS AT FAIR VALUE FOR FINANCIAL STATEMENT PURPOSES. THE UNIVERSITY HAS NOT ELECTED TO REPORT OTHER 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 2012 ARE REPORTED FOR FINANCIAL STATEMENT PURPOSES, EXCEPT IF THOSE WITH LOSSES ARE DETERMINED TO BE PERMANENT IMPAIRMENTS. AS OF MAY 31, 2012, THE UNIVERSITY HAS APPROXIMATELY 188.95 MILLION OF UNREALIZED GAINS THAT ARE REFLECTED HERE BUT HAD NOT BEEN RECOGNIZED IN ITS FINANCIAL STATEMENTS. PART I, LINE 4 THE AMOUNT SHOWN REPRESENTS THE FAIR VALUE AT THE END OF THE YEAR. THIS VALUE IS DIFFERENT FROM THE AMOUNT REPORTED FOR FINANCIAL STATEMENT PURPOSES AND BALANCE SHEET REPORTING ON FORM 990 BECAUSE THE UNIVERSITY DOES NOT RECORD ALL POOL 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
PRIVATE EQUITY FUNDS	219,734,298	C
ABSOLUTE RETURN FUNDS	132,682,629	C
PARTNERSHIP INVESTMENTS - REAL EST	108,692,456	C
EQUITY FUNDS WITHOUT DAILY LIQUIDITY	95,547,644	C
EQUITY METHOD INVESTMENTS	53,830,717	F
VENTURE CAPITAL	39,681,626	C
FUNDS HELD IN TRUST BY OTHERS	18,056,761	F
PARTNERSHIP INVESTMENTS - TIMBER	12,930,362	C
FIXED INCOME FUNDS WITHOUT DAILY LIQ	518,760	C
MINERAL RIGHTS	183	C
OTHER INVESTMENTS	8	C

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I		YES	NO
<div>1</div> 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	Yes	
	3	Yes	
<div>4</div> Does the organization maintain the following? <div>a</div> Records indicating the racial composition of the student body, faculty, and administrative staff? <div>b</div> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <div>c</div> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <div>d</div> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
<div>5</div> Does the organization discriminate by race in any way with respect to <div>a</div> Students' rights or privileges? <div>b</div> Admissions policies? <div>c</div> Employment of faculty or administrative staff? <div>d</div> Scholarships or other financial assistance? <div>e</div> Educational policies? <div>f</div> Use of facilities? <div>g</div> Athletic programs? <div>h</div> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
<div>6a</div> Does the organization receive any financial aid or assistance from a governmental agency? <div>b</div> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6a	Yes	
	6b		No
<div>7</div> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	SCHEDULE E LINE 6	THE UNIVERSITY PARTICIPATES IN THE FEDERAL PERKINS LOAN PROGRAM FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT FEDERAL WORKSTUDY PROGRAM FEDERAL PELL GRANT FEDERAL FAMILY EDUCATIONAL LOAN PROGRAMS TEXAS TUITION EQUALIZATION GRANT AND TEXAS GRANT THROUGH THE STATE OF TEXAS AND RECEIVES FEDERAL AND STATE FUNDING FOR RESEARCH GRANTS AND CONTRACTS

OMB No 1545-0047

Open to Public Inspection

75-0800689

3 Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2011

1

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

3 Enter total number of other organizations or entities ▶ _____

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☐ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☐ No

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
		CENTRAL AMERICA AND THE CARRIBEAN 1,981 0 CENTRAL AMERICA AND THE CARRIBEAN 4,171 0 CENTRAL AMERICA AND THE CARRIBEAN 98,362 0 CENTRAL AMERICA AND THE CARRIBEAN 0 84,682,629 CENTRAL AMERICA AND THE CARRIBEAN 4,981 0 CENTRAL AMERICA AND THE CARRIBEAN 8,573 0 EAST ASIA AND THE PACIFIC 61,373 0 EAST ASIA AND THE PACIFIC 22,156 0 EAST ASIA AND THE PACIFIC 69,394 0 EAST ASIA AND THE PACIFIC 841,954 0 EAST ASIA AND THE PACIFIC 1,562 0 EAST ASIA AND THE PACIFIC 3,416 0 EAST ASIA AND THE PACIFIC 349 0 EUROPE 431,784 0 EUROPE 4,432,908 0 EUROPE 10,801 0 EUROPE 13,754 0 EUROPE 101,736 0 EUROPE 0 83,103,831 EUROPE 3,604 0 EUROPE 52,414 0 EUROPE 2,594 0 EUROPE 782 0 EUROPE 4,000 0 MIDDLE EAST AND NORTH AFRICA 3,411 0 MIDDLE EAST AND NORTH AFRICA 4,703 0 MIDDLE EAST AND NORTH AFRICA 122,180 0 MIDDLE EAST AND NORTH AFRICA 531 0 NORTH AMERICA 18,511 0 NORTH AMERICA 3,083 0 NORTH AMERICA 47,847 0 NORTH AMERICA 1,288 0 RUSSIA AND THE NEWLY INDEPENDENT STATES 14,554 0 RUSSIA AND THE NEWLY INDEPENDENT STATES 30,983 0 SOUTH AMERICA 9,438 0 SOUTH AMERICA 24,930 0 SOUTH AMERICA 86,714 0 SOUTH AMERICA 9,522 0 SOUTH ASIA 4,746 0 SOUTH ASIA 6,202 0 SOUTH ASIA 9,132 0 SOUTH ASIA 6,927 0 SUB-SAHARAN AFRICA 4,440 0 SUB-SAHARAN AFRICA 46,530 0 SUB-SAHARAN AFRICA 78,007 0 SUB-SAHARAN AFRICA 44,351 0

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE F, PAGE 5, PART V	PART I, LINE 3 THE UNIVERSITY ACCOUNTS FOR ALL EXPENDITURES ON AN ACCRUAL BASIS AND MAKES ALL REIMBURSEMENTS UNDER AN ACCOUNTABLE PLAN

Additional Data

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
CENTRAL AMERICA AND THE CARRIBEAN			PROGRAM SERVICE	RESEARCH	1,981
CENTRAL AMERICA AND THE CARRIBEAN			PROGRAM SERVICE	CONFERENCE	4,171
CENTRAL AMERICA AND THE CARRIBEAN			PROGRAM SERVICE	STUDY ABROAD	98,362
CENTRAL AMERICA AND THE CARRIBEAN			INVESTMENTS		
CENTRAL AMERICA AND THE CARRIBEAN			PROGRAM SERVICE	RECRUITING	4,981
CENTRAL AMERICA AND THE CARRIBEAN			PROGRAM SERVICE	RESEARCH/CONFERENCE	8,573
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	RESEARCH/CONFERENCE	61,373
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	RECRUITING	22,156
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	CONFERENCE	69,394
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	STUDY ABROAD	841,954
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	RESEARCH	1,562
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	ALUMNI RELATIONS	3,416
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	FACULTY DEVELOPMENT	349
EUROPE		2	PROGRAM SERVICE	RESEARCH/CONFERENCE	431,784
EUROPE	1	7	PROGRAM SERVICE	STUDY ABROAD	4,432,908
EUROPE			PROGRAM SERVICE	RECRUITING	10,801
EUROPE			PROGRAM SERVICE	EXHIBITION	13,754
EUROPE			PROGRAM SERVICE	CONFERENCE	101,736
EUROPE			INVESTMENTS		
EUROPE			PROGRAM SERVICE	MEMBER TOUR	3,604
EUROPE			PROGRAM SERVICE	RESEARCH	52,414
EUROPE			PROGRAM SERVICE	ALUMNI RELATIONS	2,594
EUROPE			PROGRAM SERVICE	FACULTY DEVELOPMENT	782
EUROPE			PROGRAM SERVICE	STUDENT ACTIVITIES	4,000
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICE	CONFERENCE	3,411
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICE	RECRUITING	4,703
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICE	STUDY ABROAD	122,180
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICE	FACULTY DEVELOPMENT	531
NORTH AMERICA			PROGRAM SERVICE	CONFERENCE	18,511
NORTH AMERICA			PROGRAM SERVICE	RECRUITING	3,083
NORTH AMERICA			PROGRAM SERVICE	RESEARCH/CONFERENCE	47,847
NORTH AMERICA			PROGRAM SERVICE	RESEARCH	1,288
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICE	RESEARCH/CONFERENCE	14,554
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICE	STUDY ABROAD	30,983
SOUTH AMERICA			PROGRAM SERVICE	CONFERENCE	9,438
SOUTH AMERICA			PROGRAM SERVICE	RESEARCH/CONFERENCE	24,930
SOUTH AMERICA			PROGRAM SERVICE	STUDY ABROAD	86,714
SOUTH AMERICA			PROGRAM SERVICE	RESEARCH	9,522
SOUTH ASIA			PROGRAM SERVICE	RESEARCH/CONFERENCE	4,746
SOUTH ASIA			PROGRAM SERVICE	RECRUITING	6,202
SOUTH ASIA			PROGRAM SERVICE	CONFERENCE	9,132
SOUTH ASIA			PROGRAM SERVICE	RESEARCH	6,927
SUB-SAHARAN AFRICA			PROGRAM SERVICE	CONFERENCE	4,440
SUB-SAHARAN AFRICA			PROGRAM SERVICE	RESEARCH/CONFERENCE	46,530
SUB-SAHARAN AFRICA			PROGRAM SERVICE	STUDY ABROAD	78,007
SUB-SAHARAN AFRICA			PROGRAM SERVICE	RESEARCH	44,351

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

75-0800689

b 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.

AL, AR, CA, FL, GA, HI, IL, KS, LA, MD, MN, MS, MO, NJ, NM, NC, ND, OH, OK, OR, PA, RI, TN, UT, WV, WI, CT, ME

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>TATE LECTURE SE</u>	<u>ATHLETIC FORUM</u>	<u>12</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	1,739,499	594,092	883,062	3,216,653	
	2	Less Charitable contributions	828,721	55,350	562,588	1,446,659	
3	Gross income (line 1 minus line 2)	910,778	538,742	320,474	1,769,994		
Direct Expenses	4	Cash prizes			9,637	9,637	
	5	Non-cash prizes			30,896	30,896	
	6	Rent/facility costs	116,574		77,785	194,359	
	7	Food and beverages	91,404	246,031	169,082	506,517	
	8	Entertainment	704,725	213,000	151,148	1,068,873	
	9	Other direct expenses	488,810	156,843	129,032	774,685	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(2,584,967)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-814,973

Part III

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN METHODIST UNIVERSITY

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.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
75-0800689

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

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

▶

3

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

▶

Part IIIGrants 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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT TUITION GRANTS	6709	4,536,721	128,571,171	BOOK	TUITION, FEES,
(2) AND SCHOLARSHIPS					ROOM AND BOARD
(3)					ALLOWANCES

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
-----------------------------------------------------------	----------------------------------------------

Part I

Questions Regarding Compensation

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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.

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	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 AS THE RESIDENCE IS A UNIVERSITY OWNED ASSET.
COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 5A	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.
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART 1, LINE 4A: THERE WERE NO SEVERANCE PAYMENTS OR CHANGE OF CONTROL PAYMENTS IN THE CALENDAR YEAR REPORTED ON SCHEDULE J.

Software ID:
Software Version:
EIN: 75-0800689
Name: SOUTHERN METHODIST UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
R GERALD TURNER	(i) (ii)	577,370		63,879	217,737	123,108	982,094	
JOSE LAGE	(i) (ii)	137,681		232	13,237	22,131	173,281	
MICHAEL A CONDON	(i) (ii)	343,640	54,983	18,344	24,500	57,570	499,037	
PAUL W LUDDEN	(i) (ii)	381,403		18,719	24,500	12,968	437,590	
BRAD E CHEVES	(i) (ii)	315,761	40,000	27,160	24,500	13,960	421,381	
PAUL WARD	(i) (ii)	307,761		17,737	49,500	12,157	387,155	
CHRISTINE REGIS	(i) (ii)	303,134		17,701	24,500	10,216	355,551	
THOMAS E BARRY	(i) (ii)	250,757		18,010	24,500	15,157	308,424	
LORI S WHITE	(i) (ii)	221,385		12,077	22,479	10,564	266,505	
ALBERT NIEMI JR	(i) (ii)	500,932		9,001	24,500	19,362	553,795	
WILLIAM TSUTSUI	(i) (ii)	242,161		7,770	24,420	9,197	283,548	
JUNE JONES	(i) (ii)	1,823,804	25,000	22,968	24,500	15,239	1,911,511	
MATTHEW DOHERTY	(i) (ii)	570,687		15,808	24,500	23,797	634,792	
STEVEN ORSINI	(i) (ii)	468,336	16,621	20,577	24,500	22,377	552,411	
MIGUEL QUINONES	(i) (ii)	458,744	8,158	300	20,054	20,579	507,835	
WILLIAM DILLON	(i) (ii)	432,705		2,829	24,500	23,952	483,986	
THOMAS TUNKS	(i) (ii)	191,958		2,096	19,400	8,056	221,510	
PETER MOORE	(i) (ii)	176,545		549	16,562	90,642	284,298	

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As Filed Data -

DLN: 93493101004803

Schedule K
(Form 990)

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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A 2003 SOUTHWEST HIGHER EDUCATION	52-1442059	845040FB5	12-18-2003	30,470,393	RENOVATION & CONSTRUCTION OF EDUCATIONAL FACILITY AND RELATED PARKING		X		X		X
B 2007 SOUTHWEST HIGHER EDUCATION	52-1442059	845040GD0	02-14-2007	100,890,740	ADVANCE REFUND & DEFEASE A PORTION		X		X		X
C 2009 SOUTHWEST HIGHER EDUCATION	52-1442059	845040HG2	10-01-2009	162,035,907	FINANCE NEW MONEY PROJECTS AND CURRENTLY REFUND		X		X		X
D 2010 SOUTHWEST HIGHER EDUCATION	52-1442059	845040JB1	10-28-2010	124,998,461	FINANCE NEW MONEY PROJECTS		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired	5,085,000		3,365,000		4,035,000			
2 Amount of bonds defeased								
3 Total proceeds of issue	32,053,295		114,293,442		162,036,533		127,778,753	
4 Gross proceeds in reserve funds			2,981,577					
5 Capitalized interest from proceeds	367,331							
6 Proceeds in refunding escrow			44,680,669					
7 Issuance costs from proceeds	428,612		922,858		1,232,407		1,091,820	
8 Credit enhancement from proceeds	303,315		384,931					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	30,954,037				65,991,267		20,801,114	
11 Other spent proceeds								
12 Other unspent proceeds					169,988		103,290,711	
13 Year of substantial completion	2010							
14 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X	X			X
15 Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16 Has the final allocation of proceeds been made?	X			X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II 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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1)		117,442
(2)		91,837
(3)		1,600

Part IVBusiness Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	SCHEDULE L PART III THE AMOUNT REPORTED ON PART III LINE 1 C REPORTS TUITION WAIVERS GRANTED ON THE SAME BASIS AS TO ANY OTHER BENEFITELIGIBLE EMPLOYEE THE AMOUNT REPORTED ON PART III LINE 2 C REPORTS THE MERIT SCHOLARSHIPS AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS BASED ON PREESTABLISHED CRITERIA AND REVIEWED BY A SELECTION COMMITTEE THE AMOUNT REPORTED ON PART III LINE 3 C REPORTS A FELLOWSHIP AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS BASED ON PREESTABLISHED CRITERIA AND REVIEWED BY A SELECTION COMMITTEE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	11	998,272	MARKET OR APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		116,881	MARKET OR APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	89	2,435,997	MARKET OR APPRAISAL
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	1	475	MARKET OR APPRAISAL
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	1,800,000	MARKET OR APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other	X	3	3	MARKET OR APPRAISAL
18 Collectibles				
19 Food inventory	X	5	5,498	MARKET OR APPRAISAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
TRAVEL				
25 Other ► (<u>VOUCHERS</u>)	X	11	109,700	MARKET OR APPRAISAL
26 Other ► (<u>LIVESTOCK</u>)	X	3	177,500	MARKET OR APPRAISAL
EVENT				
27 Other ► (<u>TICKETS</u>)	X	711	87,344	MARKET OR APPRAISAL
CONST				
28 Other ► (<u>MATERIALS</u>)	X	2	72,166	MARKET OR APPRAISAL

29

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

29

21

30a

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

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

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

Part III

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.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	SOUTHERN METHODIST UNIVERSITY HIRES EXTERNAL BROKERS AND APPRAISERS AS DEEMED APPROPRIATE
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	PART 1, LINE 29, OTHER EQUIPMENT 10 33,123 PART 1, LINE 30, OTHER MUSICAL INSTRUMENTS 2 20,000 PART 1, LINE 31, OTHER DINNER EVENTS 13 19,704 PART 1, LINE 31, OTHER FURNISHINGS 1 5,650

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
SOUTHERN METHODIST UNIVERSITY**Employer identification number**

75-0800689

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	PART IV, LINE 12 THE UNIVERSITY DID NOT RECEIVE A SEPARATE AUDITED FINANCIAL STATEMENT HOWEVER, THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDING THE BALANCE SHEET AND RELATED STATEMENTS OF ACTIVITIES AND CASH FLOWS WERE AUDITED IN ACCORDANCE WITH GAAP AND WERE REPORTED ON A CONSOLIDATED BASIS PART IV, LINE 24B 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 PART IV, LINE 24C THE UNIVERSITY RECEIVED A DONATION RESTRICTED FOR PROJECTS FUNDED BY BONDS WHICH WAS PUT INTO ESCROW UNTIL THE EARLIEST OPTIONAL REDEMPTION DATE

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	ORGANIZED ACTIVITIES ORGANIZED ACTIVITIES MAKE AVAILABLE TO THE PUBLIC VARIOUS RESOURCES THAT EXIST WITHIN THE UNIVERSITY SUCH AS SEMINARS, CONFERENCES AND CAMPS

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	UNITED KINGDOM, FRANCE

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	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

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	R GERALD TURNER ALAN FELD PRESIDENT TRUSTEE BUSINESS RELATIONSHIP R GERALD TURNER RAY HUNT PRESIDENT TRUSTEE BUSINESS RELATIONSHIP JEANNE PHILLIPS RAY HUNT TRUSTEE TRUSTEE BUSINESS RELATIONSHIP WILLIAM VANDERSTRAATEN RAY HUNT TRUSTEE TRUSTEE BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, 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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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 WEBSITE FOR ALL MEMBERS OF THE GOVERNING BODY WHO ARE NOTIFIED WHEN IT IS READY FOR REVIEW.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, 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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	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
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE ANSWER IN PART VI, LINE 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC FORM 990, PART VI, 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 IS PROVIDED WITHIN FIVE DAYS AFTER THE DATE OF THE REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART XI	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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENTS NOT REPORTED IN PART VIII 27,763,346 PRIOR PERIOD ADJUSTMENT 299,240 TOTAL CHANGE IN NET ASSETS 27,464,106

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, 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) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER	TRUST	TX	SMU	TRUST			

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

Yes

1r

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE STADIUM CLUB INC	M	1,000	COST
(2) ALL OTHER TRANSACTIONS MARKED YES			
(3) ABOVE ARE WITH 501(C)(3)			
(4) ORGANIZATIONS			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	PART V LINE 2 FOR THE FISCAL YEAR ENDING MAY 31 2012 RENT FROM THE STADIUM CLUB INC TO SMU WAS 1000 THIS AMOUNT WAS DETERMINED IN ORDER TO ALLOW A SIGNIFICANT PORTION OF THE REVENUE FROM THE CLUB TO BE REINVESTED IN IT RATHER THAN INCREASING ANNUAL LEASE PAYMENTS TO SMU

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	(g) Section 512 (b)(13) controlled organization	
PERUNA HOLDINGS CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4039621	SUPPORTING	TX	509A3	11A	SMU		No
MUSTANG MOCKINGBIRD CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4216744	SUPPORTING	TX	509A3	11A	SMU		No
MUSTANG AIRLINE CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4217087	SUPPORTING	TX	509A3	11A	SMU		No
MUSTANG MOCKINGBIRD PROPERTIES PO BOX 750261 DALLAS, TX 752750261 20-4216534	SUPPORTING	TX	509A3	11A	SMU		No
PERUNA PROPERTIES INC PO BOX 750261 DALLAS, TX 752750261 75-2806008	SUPPORTING	TX	509A3	11A	SMU		No
PONY PROPERTIES INC PO BOX 750261 DALLAS, TX 752750261 20-0884887	SUPPORTING	TX	509A3	11A	SMU		No
SOUTHERN METHODIST UNIVERSITY FOUND PO BOX 750261 DALLAS, TX 752750261 20-0588905	SUPPORTING	TX	509A3	11A	SMU		No
THE STADIUM CLUB INC PO BOX 750261 DALLAS, TX 752750261 75-2883207	SOCIAL CLB	TX	501C7		NA		No
SMU CORP PO BOX 750261 DALLAS, TX 752750261 26-4739435	SUPPORTING	TX	501C3	11A	SMU		No
CONFERENCE USA 5201 NORTH OCONNOR BLVD SUITE 300 IRVING, TX 752750261 36-4021594	SUPPORTING	TX	501C3	11C	NA		No
PERUNA EAST CORPORATION PO BOX 750261 DALLAS, TX 752750261 45-4611768	SUPPORTING	TX	PENDIN		SMU		No

Additional Data

Software ID:
Software Version:
EIN: 75-0800689
Name: SOUTHERN METHODIST UNIVERSITY

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

4d. Other program services					
(Code) (Expenses \$	15,576,127	including grants of \$) (Revenue \$	10,664,336)
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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R GERALD TURNER PRESIDENT/TR	37 50	X		X				641,249	0	340,845
JOSE LAGE PROFESSOR/TR	37 50	X						137,913	0	35,368
RUTH S ALTSHULER TRUSTEE	1 00	X						0	0	0
EARL BLEDSOE TRUSTEE	1 00	X						0	0	0
MICHAEL M BOONE TRUSTEE	1 00	X						0	0	0
BRADLEY BROOKSHIRE TRUSTEE	1 00	X						0	0	0
LAURA WELCH BUSH TRUSTEE	1 00	X						0	0	0
KIRBYJON H CALDWELL TRUSTEE	1 00	X						0	0	0
DONALD J CARTY TRUSTEE	1 00	X						0	0	0
KELLY H COMPTON TRUSTEE	1 00	X						0	0	0
MARK CRAIG TRUSTEE	1 00	X						0	0	0
GARY T CRUM TRUSTEE	1 00	X						0	0	0
LINDA CUSTARD TRUSTEE	1 00	X						0	0	0
ROBERT H DEDMAN JR TRUSTEE	1 00	X						0	0	0
JAMES E DORFF TRUSTEE	1 00	X						0	0	0
FRANK M DUNLEVY TRUSTEE	1 00	X						0	0	0
JUAN ELEK TRUSTEE	1 00	X						0	0	0
ALAN FELD TRUSTEE	1 00	X						0	0	0
GERALD J FORD TRUSTEE	1 00	X						0	0	0
ANTONIO O GARZA JR TRUSTEE	1 00	X						0	0	0
JAMES R GIBBS TRUSTEE	1 00	X						0	0	0
FREDERICK B HEGI JR TRUSTEE	1 00	X						0	0	0
CLARK K HUNT TRUSTEE	1 00	X						0	0	0
RAY L HUNT TRUSTEE	1 00	X						0	0	0
MRS GENE C JONES TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT JONES TRUSTEE	1 00	X						0	0	0
FREDRICK LEACH TRUSTEE	1 00	X						0	0	0
PAUL B LOYD JR TRUSTEE	1 00	X						0	0	0
BOBBY B LYLE TRUSTEE	1 00	X						0	0	0
ADRIANA MARTINEZ TRUSTEE	1 00	X						0	0	0
DAVID B MILLER TRUSTEE	1 00	X						0	0	0
SHERON PATTERSON TRUSTEE	1 00	X						0	0	0
SARAH PEROT TRUSTEE	1 00	X						0	0	0
JEANNE L PHILLIPS TRUSTEE	1 00	X						0	0	0
CAREN H PROTHRO TRUSTEE	1 00	X						0	0	0
CARL SEWELL TRUSTEE	1 00	X						0	0	0
HELMUT SOHMEN TRUSTEE	1 00	X						0	0	0
RICHARD K TEMPLETON TRUSTEE	1 00	X						0	0	0
JOHN C TOLLESON TRUSTEE	1 00	X						0	0	0
WILLIAM VANDERSTRAATEN TRUSTEE	1 00	X						0	0	0
ROYCE E WILSON SR TRUSTEE	1 00	X						0	0	0
RICHARD J WOOD TRUSTEE	1 00	X						0	0	0
MICHAEL A CONDON UNIVERSITY T	37 50			X				416,967	0	82,070
PAUL W LUDDEN PROVOST/VP A	37 50			X				400,122	0	37,468
BRAD E CHEVES VP DEVELOPME	37 50			X				382,921	0	38,460
PAUL WARD VP LEGAL AFF	37 50			X				325,498	0	61,657
CHRISTINE REGIS VP BUSINESS	37 50			X				320,835	0	34,716
THOMAS E BARRY VP EXECUTIVE	37 50			X				268,767	0	39,657
LORI S WHITE VP STUDENT A	37 50			X				233,462	0	33,043
MARY ANNE ROGERS SECRETARY	37 50			X				86,175	0	27,302

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT NIEMI JR DEAN	37 50				X			509,933	0	43,862
WILLIAM TSUTSUI DEAN	37 50				X			249,931	0	33,617
JUNE JONES FOOTBALL COA	37 50					X		1,871,772	0	39,739
MATTHEW DOHERTY BASKETBALL C	37 50					X		586,495	0	48,297
STEVEN ORSINI DIRECTOR OF	37 50					X		505,534	0	46,877
MIGUEL QUINONES PROFESSOR	37 50					X		467,202	0	40,633
WILLIAM DILLON ASSOC DEAN O	37 50					X		435,534	0	48,452
THOMAS TUNKS FORMER INTER	37 50						X	194,054	0	27,456
PETER MOORE INTERIM DEAN	37 50						X	177,094	0	107,204