


Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 06-01-2014 , and ending 05-31-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHERN METHODIST UNIVERSITY		D Employer identification number 75-0800689	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address) PO BOX 750261	Room/suite	E Telephone number (214) 768-1601	
	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 752750261		G Gross receipts \$ 1,013,356,812	
	F Name and address of principal officer R GERALD TURNER PO BOX 750261 DALLAS, TX 752750261		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW SMU EDU				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1911	M State of legal domicile TX	

Part I	Summary																																																					
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																																																					
Revenue	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>42</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>39</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>6,671</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>2,102</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>7,976,170</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td></td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	42	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6,671	6 Total number of volunteers (estimate if necessary)	6	2,102	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,976,170	b Net unrelated business taxable income from Form 990-T, line 34	7b																																				
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Part II Signature Block

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

Sign Here	***** Signature of officer		2016-04-04 Date		
	CHRISTINE REGIS VP FOR BUSINESS AND FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2016-04-15	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

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 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 \$ 424,103,677 including grants of \$ 141,260,892) (Revenue \$ 446,350,482)

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 2014 WAS 11,307 AND SPRING SEMESTER 2015 WAS 10,936

4b

(Code) (Expenses \$ 107,642,070 including grants of \$ 17,466,082) (Revenue \$ 60,462,643)

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 \$ 45,203,926 including grants of \$) (Revenue \$ 30,703,958)

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

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 17,126,715 including grants of \$) (Revenue \$ 10,317,199)

4e










Total program service expenses

594,076,388

Form 990 (2014)

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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 and XII 	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 and XII 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	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 (see instructions) 	17 Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b 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 or note to any line in this Part V

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	16,957	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
1c			
2a		6,671	
2b		Yes	
3a		Yes	
3b		Yes	
4a		Yes	
5a			No
5b			No
5c			
6a			No
6b			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

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

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?		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	Yes	
b	Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AR, CA, CT, DC, GA, IL, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	TAX DEPARTMENT 6116 N CENTRAL EXPRESSWAY STE 203 DALLAS, TX 752750261 (214) 768-1601

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

Part VII

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

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

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	13,658,674		1,459,831

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶534

		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	No
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
ARAMARK CORPORATION 24818 NETWORK PLACE CHICAGO, IL 60673	FACILITY&DINING	45,528,039
HC BECK 1807 ROSS AVENUE STE 500 DALLAS, TX 75201	CONSTRUCTION	32,619,225
ROGERS O'BRIEN CONSTRUCTION COMPANY 1901 REGAL ROW DALLAS, TX 75235	CONSTRUCTION	27,753,806
HUNT CONSTRUCTION GROUP INC 4099 MCEWEN RD STE 400 DALLAS, TX 75244	CONSTRUCTION	14,500,962
SIEMENS BUILDING TECHNOLOGIES INC 8600 NORTH ROYAL LANE STE 100 IRVING, TX 75063	CONSTRUCTION	7,944,219
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 ▶143		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	1,704,541			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	19,251			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	116,558,980			
	g	Noncash contributions included in lines 1a-1f \$	14,673,881			
	h	Total. Add lines 1a-1f	118,282,772			
Program Service Revenue	2a	TUITION AND FEES	Business Code 611710	429,679,215	429,679,215	
	b	AUXILIARY ACTIVITIES	611710	58,385,020	45,607,236	12,777,784
	c	SPONSORED RESEARCH	611710	30,277,584	30,277,584	
	d	OTHER STUDENT FEES	611710	12,241,169	12,241,169	
	e	ORGANIZED ACTIVITIES	611710	8,434,105	8,434,105	
	f	All other program service revenue		8,817,190	8,812,116	5,074
	g	Total. Add lines 2a-2f	547,834,283			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	23,792,214		1,179,249	22,612,965
	4	Income from investment of tax-exempt bond proceeds	338,823			338,823
	5	Royalties	6,399,924			6,399,924
	6a	Gross rents	(i) Real 77,300	(ii) Personal		
	b	Less rental expenses	67,251			
	c	Rental income or (loss)	10,049			
	d	Net rental income or (loss)	10,049			10,049
	7a	Gross amount from sales of assets other than inventory	(i) Securities 257,490,317	(ii) Other 57,434,076		
	b	Less cost or other basis and sales expenses	208,279,717	54,656,921		
	c	Gain or (loss)	49,210,600	2,777,155		
	d	Net gain or (loss)	51,987,755		6,791,847	45,195,908
	8a	Gross income from fundraising events (not including \$ 1,704,541 of contributions reported on line 1c) See Part IV, line 18	a 1,707,103			
	b	Less direct expenses b	2,608,901			
	c	Net income or (loss) from fundraising events	-901,798			
	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	747,744,022	535,051,425	7,976,170	87,335,453

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,150,026	2,150,026		
2	Grants and other assistance to domestic individuals See Part IV, line 22	158,726,974	158,726,974		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,275,155	1,658,905	4,098,146	518,104
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	230,327,785	206,015,256	15,051,966	9,260,563
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,546,385	14,637,407	1,229,503	679,475
9	Other employee benefits	32,689,745	28,918,287	2,429,059	1,342,399
10	Payroll taxes	14,451,869	12,784,538	1,073,867	593,464
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,697,506	342,663	1,354,843	
c	Accounting	389,400		389,400	
d	Lobbying	99,761		99,761	
e	Professional fundraising services See Part IV, line 17	424,813			424,813
f	Investment management fees	11,659,494		11,659,494	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,755,429	27,365,345	10,678,531	1,711,553
12	Advertising and promotion	3,241,993	3,146,071	54,340	41,582
13	Office expenses	15,965,654	13,893,335	637,638	1,434,681
14	Information technology	11,871,392	11,577,260	209,523	84,609
15	Royalties	36,025	36,025		
16	Occupancy	25,523,237	24,086,965	1,302,732	133,540
17	Travel	13,095,399	12,599,078	205,210	291,111
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,984	10,984		
19	Conferences, conventions, and meetings	1,126,619	1,044,768	59,677	22,174
20	Interest	17,536,225	17,536,225		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,963,222	29,620,265	3,272,958	69,999
23	Insurance	2,304,315	2,301,822	2,406	87
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	ALL OTHER EXPENSES	16,216,431	14,214,547	784,159	1,217,725
b	BOOKS AND PERIODICALS	7,354,926	7,216,880	69,948	68,098
c	PUBLIC RELATIONS	2,797,478	1,797,280	730,028	270,170
d	PROPERTY COSTS	2,539,979	2,395,482	110,162	34,335
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	667,778,221	594,076,388	55,503,351	18,198,482
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		57,268,599	1	74,239,132
	2	Savings and temporary cash investments		239,373,008	2	248,427,446
	3	Pledges and grants receivable, net		129,421,983	3	134,102,131
	4	Accounts receivable, net		130,344,690	4	119,316,835
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		7,563,490	7	7,317,585
	8	Inventories for sale or use		442,838	8	336,213
	9	Prepaid expenses and deferred charges		14,953,113	9	14,809,714
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a1,302,634,556			
	b	Less: accumulated depreciation	10b393,318,556	857,173,641	10c	909,316,000
	11	Investments—publicly traded securities		324,896,291	11	321,953,165
	12	Investments—other securities. See Part IV, line 11.		809,689,117	12	797,671,024
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		4,632,244	15	4,616,973
	16	Total assets. Add lines 1 through 15 (must equal line 34).		2,575,759,014	16	2,632,106,218
Liabilities	17	Accounts payable and accrued expenses		149,349,223	17	142,473,984
	18	Grants payable			18	
	19	Deferred revenue		34,113,884	19	37,827,745
	20	Tax-exempt bond liabilities		484,394,000	20	471,157,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties		305,000	23	429,000
	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.		94,024,689	25	89,502,170
	26	Total liabilities. Add lines 17 through 25.		762,186,796	26	741,389,899
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		596,391,218	27	619,108,319
	28	Temporarily restricted net assets		610,374,000	28	615,993,000
	29	Permanently restricted net assets		606,807,000	29	655,615,000
	Organizations that do not follow SFAS 117 (ASC 958), 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		1,813,572,218	33	1,890,716,319
	34	Total liabilities and net assets/fund balances		2,575,759,014	34	2,632,106,218

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	747,744,022
2	Total expenses (must equal Part IX, column (A), line 25)	2	667,778,221
3	Revenue less expenses Subtract line 2 from line 1	3	79,965,801
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,813,572,218
5	Net unrealized gains (losses) on investments	5	913,382
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,735,082
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,890,716,319

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

Additional Data

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

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

(Code	) (Expenses \$	17,126,715	including grants of \$	) (Revenue \$	10,317,199)
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R GERALD TURNER PRESIDENT/TR	36 50 1 00	X		X				3,215,816	0	164,312
(1) JOSEPH MAGLIOLO PROFESSOR/TR	37 50	X						356,817	0	45,362
(2) RAHFIN FARUK TRUSTEE	X						1,000	0	0
(3) RUTH S ALTSHULER TRUSTEE	X						0	0	0
(4) WILLIAM ARMSTRONG TRUSTEE	X						0	0	0
(5) MICHAEL M BOONE TRUSTEE	X						0	0	0
(6) BRADLEY BROOKSHIRE TRUSTEE	X						0	0	0
(7) LAURA WELCH BUSH TRUSTEE	X						0	0	0
(8) RICHIE L BUTLER TRUSTEE	X						0	0	0
(9) JEANNE TOWER COX TRUSTEE	X						0	0	0
(10) KELLY H COMPTON TRUSTEE	X						0	0	0
(11) MARK CRAIG TRUSTEE	X						0	0	0
(12) GARY T CRUM TRUSTEE	X						0	0	0
(13) KATHERINE CROW TRUSTEE	X						0	0	0
(14) ROBERT H DEDMAN JR TRUSTEE	X						0	0	0
(15) JAMES E DORFF TRUSTEE	X						0	0	0
(16) ANTOINE LV DIJKSTRA TRUSTEE	X						0	0	0
(17) LESLIE L MELSON TRUSTEE	X						0	0	0
(18) LARRY FAULKNER TRUSTEE	X						0	0	0
(19) GERALD J FORD TRUSTEE	X						0	0	0
(20) ANTONIO O GARZA JR TRUSTEE	X						0	0	0
(21) JAMES R GIBBS TRUSTEE	X						0	0	0
(22) FREDERICK B HEGI JR TRUSTEE	X						0	0	0
(23) CLARK K HUNT TRUSTEE	X						0	0	0
(24) RAY L HUNT TRUSTEE	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MRS GENE C JONES TRUSTEE	.....	X						0	0	0
(1) SCOTT JONES TRUSTEE	.....	X						0	0	0
(2) FREDRICK LEACH TRUSTEE	.....	X						0	0	0
(3) PAUL B LOYD JR TRUSTEE	.....	X						0	0	0
(4) BOBBY B LYLE TRUSTEE	.....	X						0	0	0
(5) MICHAEL MCKEE TRUSTEE	.....	X						0	0	0
(6) DAVID B MILLER TRUSTEE	.....	X						0	0	0
(7) SHERON PATTERSON TRUSTEE	.....	X						0	0	0
(8) SARAH PEROT TRUSTEE	.....	X						0	0	0
(9) JEANNE L PHILLIPS TRUSTEE	.....	X						0	0	0
(10) CAREN H PROTHRO TRUSTEE	.....	X						0	0	0
(11) CARL SEWELL TRUSTEE	.....	X						0	0	0
(12) SCOTT MCLEAN TRUSTEE	.....	X						0	0	0
(13) RICHARD K TEMPLETON TRUSTEE	.....	X						0	0	0
(14) ROYCE E WILSON SR TRUSTEE	.....	X						0	0	0
(15) CONNIE O'NEILL TRUSTEE	.....	X						0	0	0
(16) RICHARD WARE TRUSTEE	.....	X						0	0	0
(17) MICHAEL A CONDON UNIVERSITY T	36 50 1 00			X				767,200	0	52,208
(18) PAUL W LUDDEN PROVOST/VP A	36 50 1 00			X				530,049	0	41,119
(19) CHRISTINE REGIS VP BUSINESS	29 50 8 00			X				529,024	0	46,692
(20) PAUL WARD VP LEGAL AFF	29 50 8 00			X				493,319	0	78,409
(21) BRAD E CHEVES VP DEVELOPME	31 50 6 00			X				478,547	0	69,460
(22) LORI S WHITE VP STUDENT A	36 50 1 00			X				324,456	0	43,619
(23) THOMAS E BARRY VP EXECUTIVE	34 50 3 00			X				299,314	0	43,409
(24) MARY ANNE ROGERS ASSOC UNIV S	31 50 6 00			X				97,376	0	22,022

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) ALBERT NIEMI JR DEAN	37 50				X			616,096	0	47,199
(1) PETER MOORE INTERIM DEAN	37 50				X			239,890	0	45,454
(2) LARRY BROWN BASKETBALL C	37 50					X		2,215,486	0	535,784
(3) JUNE JONES FOOTBALL COA	37 50					X		1,769,196	0	44,108
(4) THOMAS MASON FOOTBALL COA	37 50					X		654,368	0	77,204
(5) TIMOTHY JANKOVICH BASKETBALL C	37 50					X		559,644	0	51,770
(6) WILLIAM DILLON SR ASSOC DEA	37 50					X		511,076	0	51,700

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
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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 described in **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 See **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 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 (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	63,635,513	97,650,318	109,488,300	111,212,720	118,282,772	500,269,623
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	63,635,513	97,650,318	109,488,300	111,212,720	118,282,772	500,269,623
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)						8,649,098
6 Public support. Subtract line 5 from line 4						491,620,525

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	63,635,513	97,650,318	109,488,300	111,212,720	118,282,772	500,269,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,339,620	29,796,753	34,707,951	41,799,854	29,361,761	166,005,939
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,319,245			7,864,219	12,183,464
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						678,459,026
12 Gross receipts from related activities, etc (see instructions)					12	549,536,312
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	72 460 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	69 260 %
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
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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 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 type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input 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 function 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 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-

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)		99,761													
c Total lobbying expenditures (add lines 1a and 1b)		99,761													
d Other exempt purpose expenditures		667,678,460													
e Total exempt purpose expenditures (add lines 1c and 1d)		667,778,221													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable 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	246,570	212,587	205,595	99,761	764,513
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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).

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Part IV

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	1,552,365
4	Aggregate value at end of year	34,737,401
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><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

► \$ 2,076,875

(ii) Assets included in Form 990, Part X

► \$ 55,545,941

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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☒ Public exhibition

d

☒ Loan or exchange programs

b

☒ Scholarly research

e

☒ Other EDUCATIONAL PROGRAMMING

c

☒ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 1,425,146,075 | 1,268,078,648 | 1,162,415,320 | 1,190,709,490 | 1,069,398,696 |
| b Contributions | 40,917,231 | 37,395,171 | 39,537,725 | 15,898,059 | 16,869,666 |
| c Net investment earnings, gains, and losses | 122,860,599 | 195,910,548 | 139,862,273 | 29,097,056 | 180,581,957 |
| d Grants or scholarships | 14,574,120 | 14,091,245 | 13,434,524 | 12,806,476 | 13,378,718 |
| e Other expenditures for facilities and programs | 47,271,838 | 42,461,880 | 41,913,259 | 42,410,350 | 42,903,543 |
| f Administrative expenses | 21,781,786 | 19,685,167 | 18,388,887 | 18,072,459 | 19,858,567 |
| g End of year balance | 1,505,296,161 | 1,425,146,075 | 1,268,078,648 | 1,162,415,320 | 1,190,709,491 |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment ▶ 6 270 %
- b

Permanent endowment ▶ 51 720 %
- c

Temporarily restricted endowment ▶ 42 010 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (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
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		113,996,163		113,996,163
b Buildings		953,423,266	292,469,059	660,954,207
c Leasehold improvements				
d Equipment		152,555,739	68,542,036	84,013,703
e Other		82,659,388	32,307,461	50,351,927
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				909,316,000

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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 XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
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.
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.
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 PROVISIONS. 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, 2015 AND 2014.
SCHEDULE D, PAGE 4, PART XIII	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, EQUITY METHOD INVESTMENTS, AND FUNDS HELD IN TRUST 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 2015 ARE REPORTED FOR FINANCIAL STATEMENT PURPOSES, EXCEPT IF THOSE WITH LOSSES ARE DETERMINED TO BE PERMANENT IMPAIRMENTS. AS OF MAY 31, 2015, THE UNIVERSITY HAS APPROXIMATELY 360.97 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.

[illegible]

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
(3) Other		
(A) EQUITY FUNDS WITHOUT DAILY LIQUIDITY	351,077,045	C
(B) DIVERSIFYING STRATEGIES FUNDS	195,441,951	C
(C) PRIVATE EQUITY FUNDS	151,838,276	C
(D) VENTURE CAPITAL	40,282,648	C
(E) FUNDS HELD IN TRUST BY OTHERS	20,991,975	F
(F) PARTNERSHIP INVESTMENTS - TIMBER	17,934,778	C
(G) EQUITY METHOD INVESTMENTS	10,451,893	F
(H) PARTNERSHIP INVESTMENTS - REAL EST	6,685,043	C
(I) FIXED INCOME FUNDS WITHOUT DAILY LIQ	2,967,220	C
(J) MINERAL RIGHTS	187	C
(K) 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.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number

75-0800689

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

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

Return Reference	Explanation
SCHEDULE E, LINE 3	THE SOUTHERN METHODIST UNIVERSITY NONDISCRIMINATION STATEMENT APPEARS ON THE UNIVERSITY'S WEBSITE AND IN ELECTRONIC AND PRINTED MATERIALS, SUCH AS THE STUDENT HANDBOOK, ADMISSION BROCHURES, ADVERTISEMENTS, ETC
SCHEDULE E, LINE 6	THE UNIVERSITY PARTICIPATES IN THE FEDERAL PERKINS LOAN PROGRAM, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, FEDERAL WORK-STUDY PROGRAM, FEDERAL PELL GRANT, WILLIAM D FORD FEDERAL DIRECT LOAN PROGRAM, TEXAS TUITION EQUALIZATION GRANT, TEXAS B-ON-TIME PROGRAM, AND TEXAS COLLEGE ACCESS LOAN PROGRAM AND RECEIVED FEDERAL AND STATE FUNDING FOR RESEARCH GRANTS AND CONTRACTS

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		4			289,795,104
b Total from continuation sheets to Part I		5			71,583,393
c Totals (add lines 3a and 3b)		9			361,378,497

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☒ Yes ☐ No
- 5

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

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☒ Yes ☐ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 2,004 0 CENTRAL AMERICA AND THE CARIBBEAN 0 288,633,735 CENTRAL AMERICA AND THE CARIBBEAN 52,822 0 CENTRAL AMERICA AND THE CARIBBEAN 11,853 0 CENT RAL AMERICA AND THE CARIBBEAN 4,313 0 EAST ASIA AND THE PACIFIC 16,778 0 EAST ASIA AND THE PACIFIC 108,307 0 EAST ASIA AND THE PACIFIC 34,125 0 EAST ASIA AND THE PACIFIC 43,652 0 E AST ASIA AND THE PACIFIC 322,720 0 EAST ASIA AND THE PACIFIC 4,064 0 EAST ASIA AND THE PAC IFIC 12,991 0 EUROPE 7,084 0 EUROPE 359,688 0 EUROPE 160,817 0 EUROPE 9,051 0 EUROPE 11,10 0 0 EUROPE 2,735,800 0 EUROPE 17,970 0 EUROPE 274,184 0 EUROPE 86,367 0 EUROPE 0 60,841,74 4 EUROPE 100,511 0 EUROPE 51,818 0 EUROPE 1,000 0 EUROPE 45,840 0 EUROPE 7,483 0 MIDDLE EA ST AND NORTH AFRICA 7,320 0 MIDDLE EAST AND NORTH AFRICA 6,094 0 MIDDLE EAST AND NORTH AFR ICA 51,771 0 MIDDLE EAST AND NORTH AFRICA 2,661 0 MIDDLE EAST AND NORTH AFRICA 1,391 0 NOR TH AMERICA 42,385 0 NORTH AMERICA 2,871 0 NORTH AMERICA 39,345 0 NORTH AMERICA 3,711 0 NOR TH AMERICA 2,189 0 NORTH AMERICA 7,057 0 NORTH AMERICA 0 6,809,529 NORTH AMERICA 3,621 0 N ORTH AMERICA 2,561 0 NORTH AMERICA 2,558 0 RUSSIA AND THE NEWLY INDEPENDENT STATES 25,412 0 RUSSIA AND THE NEWLY INDEPENDENT STATES 2,123 0 RUSSIA AND THE NEWLY INDEPENDENT STATES 211 0 SOUTH AMERICA 18,328 0 SOUTH AMERICA 7,484 0 SOUTH AMERICA 312,557 0 SOUTH AMERICA 1 1,043 0 SOUTH AMERICA 4,554 0 SOUTH ASIA 2,890 0 SOUTH ASIA 6,459 0 SUB-SAHARAN AFRICA 3,4 63 0 SUB-SAHARAN AFRICA 5,100 0 SUB-SAHARAN AFRICA 34,072 0 SUB-SAHARAN AFRICA 1,916 0

990 Schedule F, Supplemental Information

Return Reference	Explanation
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 CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	2,004
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		288,633,735
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RESEARCH/CONFERENCE	52,822

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 CARIBBEAN			PROGRAM SERVICES	RECRUITING	11,853
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RESEARCH	4,313
EAST ASIA AND THE PACIFIC			FUNDRAISING	ALUMNI REL/FUNDRAIS	16,778

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
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH/CONFERENCE	108,307
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RECRUITING	34,125
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CONFERENCE	43,652

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
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	322,720
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH	4,064
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	LECTURES	12,991

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			FUNDRAISING	ALUMNI REL/FUNDRAIS	7,084
EUROPE		4	PROGRAM SERVICES	RESEARCH/CONFERENCE	359,688
EUROPE			PROGRAM SERVICES	ART AQUISITION	160,817

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	ART SCOUTING	9,051
EUROPE			PROGRAM SERVICES	CURATORIAL FEE	11,100
EUROPE		5	PROGRAM SERVICES	STUDY ABROAD	2,735,800

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	RECRUITING	17,970
EUROPE			PROGRAM SERVICES	EXHIBIT PREPARATION	274,184
EUROPE			PROGRAM SERVICES	CONFERENCE	86,367

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE			INVESTMENTS		60,841,744
EUROPE			PROGRAM SERVICES	MEMBER TOUR	100,511
EUROPE			PROGRAM SERVICES	RESEARCH	51,818

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	PROGRAM DEVELOPMENT	1,000
EUROPE			PROGRAM SERVICES	LECTURES/MEETINGS	45,840
EUROPE			PROGRAM SERVICES	FACULTY DEVELOPMENT	7,483

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
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	CONFERENCE	7,320
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	ALUMNI TOUR	6,094
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	51,771

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
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH	2,661
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH/CONFERENCE	1,391
NORTH AMERICA			PROGRAM SERVICES	CONFERENCE	42,385

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
NORTH AMERICA			PROGRAM SERVICES	ALUMNI REL/RECRUIT	2,871
NORTH AMERICA			PROGRAM SERVICES	RESEARCH/CONFERENCE	39,345
NORTH AMERICA			PROGRAM SERVICES	RESEARCH	3,711

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
NORTH AMERICA			PROGRAM SERVICES	LECTURES	2,189
NORTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	7,057
NORTH AMERICA			INVESTMENTS		6,809,529

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
NORTH AMERICA			PROGRAM SERVICES	CONFERENCE/RECRUIT	3,621
NORTH AMERICA			PROGRAM SERVICES	RECRUITING	2,561
NORTH AMERICA			PROGRAM SERVICES	ART SCOUTING	2,558

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
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	RESEARCH/CONFERENCE	25,412
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	STUDY ABROAD	2,123
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	RECRUITING	211

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
SOUTH AMERICA			PROGRAM SERVICES	CONFERENCE	18,328
SOUTH AMERICA			PROGRAM SERVICES	RESEARCH/CONFERENCE	7,484
SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	312,557

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
SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	11,043
SOUTH AMERICA			PROGRAM SERVICES	RECRUITING	4,554
SOUTH ASIA			PROGRAM SERVICES	RESEARCH/CONFERENCE	2,890

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
SOUTH ASIA			PROGRAM SERVICES	CONFERENCE	6,459
SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCE	3,463
SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH/CONFERENCE	5,100

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
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	34,072
SUB-SAHARAN AFRICA			PROGRAM SERVICES	LECTURE	1,916

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUFFALOCODY LLC 65 KIRKWOOD NORTH RD SW CEDAR RAPIDS, IA 524063018	TELEMARKET		No	278,703	385,943	-107,240
2 MARTS LUNDY INC 1200 WALL STREET WEST LYNDHURST, NJ 07071	CONSULTING		No		38,870	-38,870
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				278,703	424,813	-146,110

3

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

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TATE LECTURE SE (event type)	ATHLETIC FORUM (event type)	10 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,677,992	836,776	896,876
	2	Less Contributions . . .	683,927	373,433	647,181
	3	Gross income (line 1 minus line 2)	994,065	463,343	249,695
Direct Expenses	4	Cash prizes		3,000	3,000
	5	Noncash prizes		10,941	10,941
	6	Rent/facility costs . . .	108,784	3,985	67,686
	7	Food and beverages . .	126,232	319,256	214,120
	8	Entertainment	624,118	410,659	68,470
	9	Other direct expenses .	489,965	19,666	142,019
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(2,608,901)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			-901,798

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			
Direct Expenses	2	Cash prizes			
	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 Subtract line 7 from line 1, column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

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

Yes

No

13

Indicate the percentage of gaming activities conducted in

<div>a</div> The organization's facility	<div>13a</div> %
<div>b</div> An outside facility	<div>13b</div> %

14

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

Name

Address

15a

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

Yes

No

b

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

c

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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

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

Yes

No

b

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

Part IV

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

Return Reference	Explanation
SCHEDULE G, PART IV	DURING FISCAL YEAR 2015, MARTS & LUNDY INC PROVIDED CONSULTING SERVICES AND ASSISTANCE WITH CAMPAIGN ORGANIZATIONAL STRUCTURE AND STRATEGY, IN RELATION TO THE SMU UNBRIDLED THE SECOND CENTURY CAMPAIGN DURING FISCAL YEAR 2015, RUFFALOCODY LLC PROVIDED TELEMARKETING SERVICES

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.

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

OMB No 1545-0047

2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DALLAS MOMENTUM INC DBA BLUEPRINT FOR PROSPERITY 500 N AKARD ST STE 2600 DALLAS, TX 75201	75-2940683	501C6	10,000				PROJECT SPONSORSHIP
(2) BETA SIGMA FACILITY CORPORATION OF KAPPA ALPHA THETA 8740 FOUNDERS RD INDIANAPOLIS, IN 46268	75-0626602	501C7	2,000,000				PROGRAM SUPPORT
(3) ST PHILIP'S SCHOOL & COMMUNITY CTR 1600 PENNSYLVANIA AVE DALLAS, TX 75215	75-1097360	501C3	7,500				EVENT SPONSORSHIP
(4) TEXAS CULTURAL TRUST 823 CONGRESS STE 707 AUSTIN, TX 78701	74-2778878	501C3	10,000				EVENT SPONSORSHIP
(5) THE NATIONAL FOOTBALL FOUNDATION 433 EAST LAS COLLINAS BLVD STE 1130 IRVING, TX 75039	22-1508812	501C3	15,500				SPONSORHIP, MEMBER

2

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

3

3

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

2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT TUITION GRANTS	7195	5,153,515	153,573,459	BOOK	TUITION, FEES,
(2) AND SCHOLARSHIPS					ROOM AND BOARD
(3)					ALLOWANCES

Part IV

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

Return Reference	Explanation
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 MAINTAINED IN THE UNIVERSITY'S FINANCIAL AID OFFICE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain.</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>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.</div></div>		No
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	CHARTER FLIGHT AND FIRST-CLASS TRAVEL COSTS WERE INCURRED BY COACH LARRY BROWN FOR RECRUITING PURPOSES. THE UNIVERSITY'S TRAVEL POLICY PROVIDES THAT 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. SPOUSAL TRAVEL EXPENSES WERE PAID AND WERE REPORTED AS TAXABLE COMPENSATION FOR R. GERALD TURNER AND BRAD CHEVES. ALL GROSS-UP PAYMENTS HAVE BEEN APPROPRIATELY APPROVED IN ACCORDANCE WITH UNIVERSITY POLICY PRIOR TO PAYMENT. EMPLOYEES WHO RECEIVED GROSS-UP PAYMENTS FOR PAYROLL TAXES WHICH WERE REPORTED AS TAXABLE COMPENSATION WERE JOSEPH MAGLIOLO AND ALBERT NIEMI. 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 EMPLOYEES WHO HAD PERSONAL AMOUNTS REPORTED AS TAXABLE COMPENSATION RELATED TO SOCIAL CLUB DUES ARE R. GERALD TURNER, BRAD CHEVES, CHRIS REGIS, ALBERT NIEMI, AND LARRY BROWN. 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. THE PERCENTAGE OF THE MAID'S COMPENSATION AND BENEFITS RELATED TO PERSONAL SERVICES WAS REPORTED AS TAXABLE COMPENSATION TO R. GERALD TURNER.
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.

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
R GERALD TURNER, PRESIDENT/TRUSTEE	(i) (ii)	664,342	125,000	2,426,474	26,000	138,312	3,380,128	2,232,135
JOSEPH MAGLIOLO, PROFESSOR/TRUSTEE	(i) (ii)	353,475		3,342	22,516	22,846	402,179	
MICHAEL A CONDON, UNIVERSITY TREASURER	(i) (ii)	403,929	345,240	18,031	26,000	26,208	819,408	
PAUL W LUDDEN, PROVOST/VP ACADEMIC	(i) (ii)	434,302	75,000	20,747	26,000	15,119	571,168	
CHRISTINE REGIS, VP BUSINESS AND FINA	(i) (ii)	385,386	125,000	18,638	26,000	20,692	575,716	
PAUL WARD, VP LEGAL AFFAIRS AND	(i) (ii)	336,762		156,557	61,000	17,409	571,728	100,000
BRAD E CHEVES, VP DEVELOPMENT AND E	(i) (ii)	389,096	50,000	39,451	26,000	43,460	548,007	
LORI S WHITE, VP STUDENT AFFAIRS	(i) (ii)	305,469		18,987	26,000	17,619	368,075	
THOMAS E BARRY, VP EXECUTIVE AFFAIRS	(i) (ii)	277,387		21,927	26,000	17,409	342,723	
ALBERT NIEMI JR, DEAN	(i) (ii)	595,639	10,197	10,260	26,000	21,199	663,295	
PETER MOORE, INTERIM DEAN	(i) (ii)	238,775		1,115	17,690	27,764	285,344	
LARRY BROWN, BASKETBALL COACH	(i) (ii)	2,196,817	7,500	11,169	507,530	28,254	2,751,270	
JUNE JONES, FOOTBALL COACH	(i) (ii)	1,747,362	7,500	14,334	26,000	18,108	1,813,304	
THOMAS MASON, FOOTBALL COACH	(i) (ii)	649,732		4,636	25,531	51,673	731,572	
TIMOTHY JANKOVICH, BASKETBALL COACH	(i) (ii)	544,301		15,343	26,000	25,770	611,414	
WILLIAM DILLON, SR ASSOC DEAN BUSINE	(i) (ii)	507,403		3,673	26,000	25,700	562,776	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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 2007 SOUTHWEST HIGHER EDUCATION	52-1442059	845040GD0	02-14-2007	100,890,740	ADVANCE REFUND & DEFEASE A PORTION		X		X		X
B 2009 SOUTHWEST HIGHER EDUCATION	52-1442059	845040HG2	10-01-2009	162,035,907	FINANCE NEW MONEY PROJECTS AND CURRENTLY REFUND		X		X		X
C 2010 SOUTHWEST HIGHER EDUCATION	52-1442059	845040JB1	10-28-2010	124,998,461	FINANCE NEW MONEY PROJECTS		X		X		X
D 2013 SOUTHWEST HIGHER EDUCATION	52-1442059	845040JZ8	04-16-2013	107,014,349	FINANCE NEW MONEY PROJECTS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	14,710,000		13,690,000		2,115,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	114,937,923		162,036,208		125,317,215		107,374,805	
4	Gross proceeds in reserve funds	2,214,301							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	922,858		1,236,365		1,091,820		820,533	
8	Credit enhancement from proceeds	384,931							
9	Working capital expenditures from proceeds					18			
10	Capital expenditures from proceeds			66,161,260		124,225,377		39,823,887	
11	Other spent proceeds	113,630,134		94,638,583					
12	Other unspent proceeds							66,730,385	
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 670 %		0 690 %		0 210 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	1 670 %		0 690 %		0 210 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X	X	
b	Name of provider							DEUTSCHE BANK	
c	Term of GIC							2 8000000000000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							X	
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	2007 SOUTHWEST HIGHER EDUCATION ADVANCE REFUND & DEFEASE A PORTION OF PRINCIPAL ON THE 1999A (1/20/99) AND 2002 (7/3/2002) BONDS 2009 SOUTHWEST HIGHER EDUCATION FINANCE NEW MONEY PROJECTS AND CURRENTLY REFUND THE 1999D (1/20/1999) AND THE 2006 (3/1/2006) BONDS 2010 SOUTHWEST HIGHER EDUCATION FINANCE NEW MONEY PROJECTS 2013 SOUTHWEST HIGHER EDUCATION FINANCE NEW MONEY PROJECTS

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	2007 SOUTHWEST HIGHER EDUCATION 02/14/12

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	2007 SOUTHWEST HIGHER EDUCATION PART II, LINE 3, COLUMN A TOTAL PROCEEDS INCLUDES INTEREST ON ADVANCE REFUNDING ESCROW BEFORE ALL BONDS WERE CALLED 10/01/2012 PART II, LINE 3, COLUMNS B, C, D TOTAL PROCEEDS INCLUDE INVESTMENT PROCEEDS PART II, LINE 6, COLUMN A REDEEMED THE 2002 BOND WITH ESCROW PROCEEDS 45,175,000 AND SMU CASH 2,200,000 ON 10/1/2012 REDEEMED THE 1999A BOND WITH PROCEEDS 43,645,000 ON 10/1/2009 PART II, LINE 11, COLUMNS A & B INCLUDED THE REFUNDING AS OTHER UNSPENT PROCEEDS IN THIS YEAR GOING FORWARD PART II, LINE 13, COLUMN A THE SERIES 2007 BONDS WERE REFUNDING BONDS THERE WERE NO NEW PROJECTS FOR WHICH A YEAR OF SUBSTANTIAL COMPLETION WOULD NEED TO BE REPORTED PART II, LINE 17, COLUMNS A, B, C, & D THE UNIVERSITY HAS MAINTAINED ADEQUATE BOOKS AND RECORDS FOR THE ALLOCATIONS MADE TO DATE SMU ALWAYS MAINTAINS ADEQUATE BOOKS AND RECORDS WHEN THE FINAL ALLOCATIONS ARE MADE PART IV, LINE 2C, COLUMNS A & B DATE REBATE COMPUTATION PERFORMED 2007 SOUTHWEST HIGHER EDUCATION 2/14/2012 PART IV, LINE 5, COLUMNS A, B, & C THE UNIVERSITY DID NOT INVEST IN A GIC, HOWEVER, ANSWERS ARE PROVIDED AS THEY ARE REQUIRED BY THE IRS FOR FILING PURPOSES PART IV, LINE 6, COLUMNS C & D THE UNIVERSITY REASONABLY EXPECTS TO MEET THE SPENDING REQUIREMENTS WITHIN THE REQUIRED TIMEFRAME

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, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization SOUTHERN METHODIST UNIVERSITY	Employer identification number 75-0800689
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	► \$		
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Part III

Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		49,247	TUITION WAIVER	EDUCATION
(2)		79,806	MERIT SCHOLAR	EDUCATION

Part IV Business 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 V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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 BENEFIT-ELIGIBLE EMPLOYEE THE AMOUNT REPORTED ON PART III, LINE 2(C) REPORTS THE MERIT SCHOLARSHIPS AWARDED ON AN OBJECTIVE AND NON-DISCRIMINATORY BASIS BASED ON PRE-ESTABLISHED CRITERIA AND REVIEWED BY A SELECTION COMMITTEE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	9	909,500	MARKET OR APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,167,375	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	220	11,201,150	MARKET OR APPRAISAL
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	2	2	SEE PART II
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	11	19,987	MARKET OR APPRAISAL
26 Other ▶ (EVENT TICKETS)	X	704	81,647	MARKET OR APPRAISAL
27 Other ▶ (EVENT EXPENSE)	X	23	164,433	MARKET OR APPRAISAL
28 Other ▶ (OTHER)	X	19	1,129,787	SEE PART II

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

35

30a

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

30a

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 noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

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

Part II

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

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	SOUTHERN METHODIST UNIVERSITY HIRES EXTERNAL BROKERS AND APPRAISERS AS DEEMED APPROPRIATE
SCHEDULE M, PAGE 2, PART II	PART 1, LINE 17, COL (D), REAL ESTATE - OTHER CONSISTENT WITH UNIVERSITY'S PRACTICE FOR VALUATION OF MINERAL INTERESTS FOR FINANCIAL STATEMENT PRESENTATION PART 1, LINE 28, OTHER - DETAIL COL (B) COL (C) PART 1, LINE 28, OTHER LIVESTOCK 6 795,000 PART 1, LINE 28, OTHER FURNISHINGS 4 5,238 PART 1, LINE 28, OTHER INSURANCE 2 19,040 PART 1, LINE 28, OTHER TRAVEL EXPENSE 1 11,109 PART 1, LINE 28, OTHER MUSICAL INSTRUMENTS 6 299,400 ===== TOTAL PART 1 LINE 28 19 1,129,787 PART 1, LINE 28, COL (D), OTHER MARKET OR APPRAISAL PART 1, COLUMN B THE NUMBERS SHOWN IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS

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 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

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

2014

**Open to Public
Inspection**

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number

75-0800689

Return Reference	Explanation
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 IN A PRIOR YEAR A DONATION RESTRICTED FOR PROJECTS FUNDED BY BONDS WHICH IT PUT INTO ESCROW UNTIL THE EARLIEST OPTIONAL REDEMPTION DATE

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART V, LINE 4B	UNITED KINGDOM, FRANCE

Return Reference	Explanation
FORM 990, PART VI	SECTION B, LINE 14 SOUTHERN METHODIST UNIVERSITY DOES NOT HAVE A UNIVERSITY-WIDE RETENTION POLICY , BUT DEPARTMENTS WITHIN THE UNIVERSITY HAVE RETENTION AND DOCUMENT DESTRUCTION POLICIES THAT REFLECT LEGISLATIVE OR OTHER LEGAL REQUIREMENTS AND GOOD BUSINESS PRACTICES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	R GERALD TURNER RAY HUNT PRESIDENT TRUSTEE BUSINESS RELATIONSHIP JEANNE PHILLIPS RAY HUNT TRUSTEE TRUSTEE BUSINESS RELATIONSHIP

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE COMPLETED FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AT A REGULARLY SCHEDULED MEETING SUFFICIENTLY IN ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY THE COMMITTEE. ALL QUESTIONS AND CONCERNS OF THE AUDIT COMMITTEE ARE ADDRESSED BY THE UNIVERSITY AND INCORPORATED INTO THE FORM 990 AS REQUIRED. THE CHAIR OF THE AUDIT COMMITTEE REPORTS ON THIS REVIEW TO THE FULL BOARD OF TRUSTEES AT THE NEXT REGULAR MEETING OF THE BOARD OF TRUSTEES. THE CHAIR OF THE AUDIT COMMITTEE INSTRUCTS THE MEMBERS OF THE BOARD ON HOW TO ACCESS THE FORM 990 ON A SECURE WEBSITE AND ENCOURAGES ANY TRUSTEE WITH QUESTIONS TO CONTACT THE VICE PRESIDENT FOR BUSINESS AND FINANCE. ALL BOARD MEMBERS ALSO RECEIVE AN EMAIL CONTAINING INSTRUCTIONS ON HOW TO ACCESS THE FORM 990 PRIOR TO THE IRS FILING DEADLINE.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>PURSUANT TO THE SMU CONFLICT OF INTEREST POLICY RELATING TO TRUSTEES, MEMBERS OF BOARD COMMITTEES, EXECUTIVE OFFICERS, AND DEANS, EACH COVERED PERSON COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THESE DISCLOSURES ARE REVIEWED BY A BOARD OF TRUSTEES CONFLICTS COMMITTEE. THE COMMITTEE REVIEWS THE MATERIAL FACTS AND DECIDES WHETHER SUCH FACTS GIVE RISE TO CONFLICTS OF INTEREST AND, IF SO, WHETHER SUCH CONFLICTS OF INTEREST SHOULD BE APPROVED OR DISAPPROVED. WITH RESPECT TO ANY OTHER SMU EMPLOYEES WITH AUTHORITY TO SIGN CONTRACTS OR WHO OTHERWISE PLAY A SUBSTANTIVE ROLE IN THE CONTRACT APPROVAL PROCESS FOR FINANCIAL AND OTHER COMMERCIAL COMMITMENTS OF THE UNIVERSITY, EACH SUCH PERSON MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THESE DISCLOSURES ARE REVIEWED BY THE GENERAL COUNSEL. UPON REVIEW OF ALL MATERIAL FACTS, THE GENERAL COUNSEL MUST DECIDE WHETHER SUCH FACTS GIVE RISE TO CONFLICTS OF INTEREST AND, IF SO, WHETHER SUCH CONFLICTS OF INTEREST SHOULD BE APPROVED OR DISAPPROVED. THE GENERAL COUNSEL PROVIDES A WRITTEN REPORT OF ALL SUCH DETERMINATIONS TO THE BOARD CONFLICTS COMMITTEE.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION COMMITTEE OF THE SMU BOARD OF TRUSTEES CONSISTS ENTIRELY OF OUTSIDE AND INDEPENDENT MEMBERS OF THE BOARD. THE COMMITTEE MAKES 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, THE COMPENSATION COMMITTEE MUST REPORT ANY ACTION TAKEN BY THE COMMITTEE TO THE BOARD OF TRUSTEES AT THE BOARD'S NEXT MEETING.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE ANSWER IN PART VI, LINE 15A

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 17	MISSISSIPPI, MISSOURI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

Return Reference	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 TAX DEPARTMENT OF SOUTHERN METHODIST UNIVERSITY UPON RECEIVING A WRITTEN REQUEST, THE UNIVERSITY PROVIDES A COPY OF THE REQUESTED DOCUMENTATION WITHIN 30 DAYS FROM THE DATE OF RECEIPT IF THE REQUEST IS MADE IN PERSON, THE UNIVERSITY PROVIDES THE COPIES ON THE DAY OF THE REQUEST, UNLESS UNUSUAL CIRCUMSTANCES PREVENT THIS IN WHICH CASE THE REQUESTED DOCUMENTATION IS PROVIDED WITHIN FIVE DAYS AFTER THE DATE OF THE REQUEST

Return Reference	Explanation
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 PROVIDED TO THE COMMITTEE.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER OF NET ASSETS FROM SUPPORT ORGS IN LIQUID 3,735,082

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) 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 entity?	
						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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST 11 DALLAS, TX 75275	TRUST	TX	SMU	TRUST					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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, or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE STADIUM CLUB INC	S	109,564	LIQUID-NET ASSETS TRANSF
(2) ALL OTHER TRANSACTIONS MARKED YES			
(3) ABOVE ARE WITH 501(C)(3)			
(4) ORGANIZATIONS			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	PART V, LINE 2 FOR THE FISCAL YEAR ENDING MAY 31, 2015, RENT FROM THE STADIUM CLUB, INC TO SMU WAS 0 THE STADIUM CLUB WAS DISSOLVED AND ALL REMAINING ASSETS WERE TRANSFERRED, IN LIQUIDATION, TO SOUTHERN METHODIST UNIVERSITY

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PERUNA HOLDINGS CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4039621	SUPPORTING	TX	509A3	11A	SMU		No
(1) MUSTANG MOCKINGBIRD CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4216744	SUPPORTING	TX	509A3	11A	SMU		No
(2) MUSTANG AIRLINE CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4217087	SUPPORTING	TX	509A3	11A	SMU		No
(3) MUSTANG MOCKINGBIRD PROPERTIES PO BOX 750261 DALLAS, TX 752750261 20-4216534	SUPPORTING	TX	509A3	11A	SMU		No
(4) PERUNA PROPERTIES INC PO BOX 750261 DALLAS, TX 752750261 75-2806008	SUPPORTING	TX	509A3	11A	SMU		No
(5) PONY PROPERTIES INC PO BOX 750261 DALLAS, TX 752750261 20-0884887	SUPPORTING	TX	509A3	11A	SMU		No
(6) SOUTHERN METHODIST UNIVERSITY FOUND PO BOX 750261 DALLAS, TX 752750261 20-0588905	SUPPORTING	TX	509A3	11A	SMU		No
(7) THE STADIUM CLUB INC PO BOX 750261 DALLAS, TX 752750261 75-2883207	SOCIAL CLB	TX	501C7		NA		No
(8) SMU CORP PO BOX 750261 DALLAS, TX 752750261 26-4739435	SUPPORTING	TX	501C3	11A	SMU		No
(9) PERUNA EAST CORPORATION PO BOX 750261 DALLAS, TX 752750261 45-4611768	SUPPORTING	TX	501C3	11A	SMU		No
(10) SMU GOLF FOUNDATION PO BOX 750261 DALLAS, TX 752750261 46-5131991	SUPPORTING	TX	PENDIN		SMU		No