

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/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 06-01-2015, and ending 05-31-2016

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

C Name of organization
SOUTHERN METHODIST UNIVERSITY
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 750261
City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 752750261

D Employer identification number
75-0800689

E Telephone number
(214) 768-1601
G Gross receipts \$ 1,036,323,909

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?
No
H(b) Are all subordinates included?
If "No," attach a list (see instructions)

I Tax-exempt status
501(c)(3)
J Website: WWW.SMU.EDU

H(c) Group exemption number
L Year of formation 1911
M State of legal domicile TX

K Form of organization
Corporation
Form of organization

Part I Summary

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 if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 2 columns: Description, Amount. Rows include: 3 Number of voting members of the governing body (42), 4 Number of independent voting members of the governing body (39), 5 Total number of individuals employed in calendar year 2015 (6,790), 6 Total number of volunteers (2,060), 7a Total unrelated business revenue from Part VIII, column (C), line 12 (-1,867,459), 7b Net unrelated business taxable income from Form 990-T, line 34 (-1,923,432)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (118,282,772 / 111,010,601), 9 Program service revenue (547,834,283 / 576,870,585), 10 Investment income (76,118,792 / 109,599,749), 11 Other revenue (5,508,175 / 3,230,240), 12 Total revenue—add lines 8 through 11 (747,744,022 / 800,711,175)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (160,877,000 / 165,703,607), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (300,290,939 / 297,786,708), 16a Professional fundraising fees (424,813 / 728,752), 16b Total fundraising expenses (19,041,157 / 19,041,157), 17 Other expenses (206,185,469 / 214,772,650), 18 Total expenses Add lines 13-17 (667,778,221 / 678,991,717), 19 Revenue less expenses Subtract line 18 from line 12 (79,965,801 / 121,719,458)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (2,632,106,218 / 2,867,362,450), 21 Total liabilities (741,389,899 / 869,197,875), 22 Net assets or fund balances Subtract line 21 from line 20 (1,890,716,319 / 1,998,164,575)

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2017-04-06
CHRISTINE REGIS VP BUSINESS AND FINA
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date 2017-04-12
Check 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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE 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 \$ 436,169,727 including grants of \$ 146,729,334) (Revenue \$ 470,006,069)
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 2015 WAS 11,643 AND SPRING SEMESTER 2016 WAS 11,260

4b (Code) (Expenses \$ 107,234,904 including grants of \$ 18,737,812) (Revenue \$ 63,843,769)
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 \$ 47,188,714 including grants of \$) (Revenue \$ 33,357,705)
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 \$ 17,176,246 including grants of \$) (Revenue \$ 9,663,042)

4e Total program service expenses ▶ 607,769,591

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

<p>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></p>	<p>21</p>	<p>Yes</p>	
<p>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></p>	<p>22</p>	<p>Yes</p>	
<p>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></p>	<p>23</p>	<p>Yes</p>	
<p>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></p>	<p>24a</p>	<p>Yes</p>	
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		<p>No</p>
<p>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?</p>	<p>24c</p>	<p>Yes</p>	
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		<p>No</p>
<p>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></p>	<p>25a</p>		<p>No</p>
<p>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></p>	<p>25b</p>		<p>No</p>
<p>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></p>	<p>26</p>		<p>No</p>
<p>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></p>	<p>27</p>	<p>Yes</p>	
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>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></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>Yes</p>	
<p>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></p>	<p>30</p>	<p>Yes</p>	
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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></p>	<p>33</p>		<p>No</p>
<p>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></p>	<p>34</p>	<p>Yes</p>	
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>Yes</p>	
<p>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></p>	<p>35b</p>	<p>Yes</p>	
<p>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></p>	<p>36</p>		<p>No</p>
<p>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></p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

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 [X]

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (42); 1b Enter the number of voting members included in line 1a, above, who are independent (39); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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); 7b 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: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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); 16b 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

Table with 2 columns: Question, Answer. Rows include: 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: [] Own website, [] Another's website, [x] Upon request, [] 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 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	2,378,429					
	d Related organizations 1d						
	e Government grants (contributions) 1e	24,527					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	108,607,645					
	g Noncash contributions included in lines 1a-1f \$	10,231,996					
	h Total. Add lines 1a-1f ▶		111,010,601				
Program Service Revenue	2a TUITION AND FEES	Business Code 611710	453,064,017	453,064,017			
	b AUXILIARY ACTIVITIES	611710	62,088,161	48,644,944		13,443,217	
	c SPONSORED RESEARCH	611710	33,037,662	33,037,662			
	d OTHER STUDENT FEES	611710	12,161,175	12,161,175			
	e ORGANIZED ACTIVITIES	611710	7,432,915	7,432,915			
	f All other program service revenue		9,086,655	9,081,040	5,615		
	g Total. Add lines 2a-2f ▶		576,870,585				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		20,997,605		-2,951,363	23,948,968	
	4 Income from investment of tax-exempt bond proceeds ▶		342,645			342,645	
	5 Royalties ▶		3,981,169			3,981,169	
	6a Gross rents	(i) Real	72,692				
		b Less rental expenses	43,065				
		c Rental income or (loss)	29,627				
		d Net rental income or (loss) ▶		29,627			29,627
	7a Gross amount from sales of assets other than inventory	(i) Securities	315,192,324				
		(ii) Other	6,024,774				
		b Less cost or other basis and sales expenses	226,475,454				
		c Gain or (loss)	88,716,870				
	d Net gain or (loss) ▶		88,259,499		1,078,289	87,181,210	
	8a Gross income from fundraising events (not including \$ 2,378,429 of contributions reported on line 1c) See Part IV, line 18	a	1,831,514				
		b Less direct expenses b	2,612,070				
		c Net income or (loss) from fundraising events ▶		-780,556			
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 ▶			800,711,175	563,421,753	-1,867,459	128,926,836	

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	236,566	236,566		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	165,467,041	165,467,041		
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	6,409,476	1,310,816	4,519,435	579,225
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	795,067	280,249	514,818	
7	Other salaries and wages	229,654,357	206,725,591	14,475,498	8,453,268
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,743,420	14,820,241	1,269,823	653,356
9	Other employee benefits	29,502,670	26,113,941	2,237,486	1,151,243
10	Payroll taxes	14,681,718	12,995,350	1,113,463	572,905
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,916,624	338,033	1,578,591	
c	Accounting	383,380	15,815	367,565	
d	Lobbying	91,703		91,703	
e	Professional fundraising services. See Part IV, line 17	728,752			728,752
f	Investment management fees	11,915,114		11,915,114	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,164,180	30,644,582	3,384,995	3,134,603
12	Advertising and promotion	3,694,924	3,059,441	434,227	201,256
13	Office expenses	15,604,521	13,605,737	763,352	1,235,432
14	Information technology	11,935,740	11,452,031	436,299	47,410
15	Royalties	27,373	27,373		
16	Occupancy	24,903,729	22,940,008	1,877,148	86,573
17	Travel	13,203,770	12,756,686	147,298	299,786
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4,680	4,680		
19	Conferences, conventions, and meetings	1,521,563	1,397,862	78,322	45,379
20	Interest	18,112,744	18,112,744		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,302,322	30,208,334	5,019,988	74,000
23	Insurance	3,588,687	3,582,956	5,220	511
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	23,035,916	20,336,834	1,465,379	1,233,703
b	BOOKS AND PERIODICALS	7,272,672	7,147,616	29,243	95,813
c	PUBLIC RELATIONS	2,612,587	1,861,113	342,281	409,193
d	PROPERTY COSTS	2,480,421	2,327,951	113,721	38,749
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	678,991,717	607,769,591	52,180,969	19,041,157
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	74,239,132	1	100,877,881
	2 Savings and temporary cash investments	248,427,446	2	192,610,528
	3 Pledges and grants receivable, net	134,102,131	3	151,160,534
	4 Accounts receivable, net	119,316,835	4	116,042,087
	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	7,317,585	7	6,313,928
	8 Inventories for sale or use	336,213	8	530,577
	9 Prepaid expenses and deferred charges	14,809,714	9	18,689,415
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,376,668,731		
	b Less accumulated depreciation	10b 427,336,384	909,316,000	10c 949,332,347
	11 Investments—publicly traded securities	321,953,165	11	399,496,481
	12 Investments—other securities See Part IV, line 11	797,671,024	12	929,645,764
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,616,973	15	2,662,908
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,632,106,218	16	2,867,362,450	
Liabilities	17 Accounts payable and accrued expenses	142,473,984	17	143,076,028
	18 Grants payable		18	
	19 Deferred revenue	37,827,745	19	36,443,282
	20 Tax-exempt bond liabilities	471,157,000	20	577,006,407
	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	429,000	23	1,606,000
	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	89,502,170	25	111,066,158
	26 Total liabilities. Add lines 17 through 25	741,389,899	26	869,197,875
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	619,108,319	27	669,756,575
	28 Temporarily restricted net assets	615,993,000	28	645,759,000
	29 Permanently restricted net assets	655,615,000	29	682,649,000
	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	1,890,716,319	33	1,998,164,575	
34 Total liabilities and net assets/fund balances	2,632,106,218	34	2,867,362,450	

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	800,711,175
2	Total expenses (must equal Part IX, column (A), line 25)	2	678,991,717
3	Revenue less expenses Subtract line 2 from line 1	3	121,719,458
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,890,716,319
5	Net unrealized gains (losses) on investments	5	-14,271,202
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,998,164,575

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 - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	17,176,246	including grants of \$	) (Revenue \$	9,663,042)
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			
R GERALD TURNER PRESIDENT/TR	37.50	X		X				949,993	0	164,753
DOUGLAS REINELT PROFESSOR/TR	37.50	X						172,086	0	37,633
RUTH S ALTSHULER TRUSTEE	X						0	0	0
WILLIAM ARMSTRONG TRUSTEE	X						0	0	0
MICHAEL M BOONE TRUSTEE	X						0	0	0
BRADLEY BROOKSHIRE TRUSTEE	X						0	0	0
LAURA WELCH BUSH TRUSTEE	X						0	0	0
RICHIE L BUTLER TRUSTEE	X						0	0	0
JEANNE TOWER COX TRUSTEE	X						0	0	0
KELLY H COMPTON 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			
MARK CRAIG TRUSTEE	X						0	0	0
GARY T CRUM TRUSTEE	X						0	0	0
KATHERINE CROW TRUSTEE	X						0	0	0
ROBERT H DEDMAN JR TRUSTEE	X						0	0	0
ANTOINE LV DIJKSTRA TRUSTEE	X						0	0	0
JAMES E DORFF TRUSTEE	X						0	0	0
LARRY FAULKNER TRUSTEE	X						0	0	0
GERALD J FORD TRUSTEE	X						0	0	0
ANTONIO O GARZA JR TRUSTEE	X						0	0	0
JAMES R GIBBS 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			
FREDERICK B HEGI JR TRUSTEE	X						0	0	0
CLARK K HUNT TRUSTEE	X						0	0	0
RAY L HUNT TRUSTEE	X						0	0	0
MRS GENE C JONES TRUSTEE	X						0	0	0
SCOTT JONES TRUSTEE	X						0	0	0
FREDRICK LEACH TRUSTEE	X						0	0	0
PETER A LODWICK TRUSTEE	X						0	0	0
PAUL B LOYD JR TRUSTEE	X						0	0	0
BOBBY B LYLE TRUSTEE	X						0	0	0
MICHAEL MCKEE 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			
SCOTT MCLEAN TRUSTEE	X						0	0	0
DAVID B MILLER TRUSTEE	X						0	0	0
CONNIE O'NEILL TRUSTEE	X						0	0	0
SHERON PATTERSON TRUSTEE	X						0	0	0
SARAH PEROT TRUSTEE	X						0	0	0
JEANNE L PHILLIPS TRUSTEE	X						0	0	0
CAREN H PROTHRO TRUSTEE	X						0	0	0
CARL SEWELL TRUSTEE	X						0	0	0
RICHARD K TEMPLETON TRUSTEE	X						0	0	0
RICHARD WARE 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			
ROYCE E WILSON SR TRUSTEE	.....	X						0	0	0
JACOB CONWAY TRUSTEE	.....	X						0	0	0
MICHAEL A CONDON UNIVERSITY T	37 50			X				834,522	0	48,795
BRAD E CHEVES VP DEVELOPME	37 50			X				509,042	0	92,375
CHRISTINE REGIS VP BUSINESS	37 50			X				470,051	0	46,913
PAUL WARD VP LEGAL AFF	37 50			X				391,935	0	78,727
HAROLD STANLEY VP / INTERIM	37 50			X				325,361	0	47,331
THOMAS E BARRY VP EXECUTIVE	37 50			X				305,423	0	43,777
JOANNE VOGEL INTERIM VP S	37 50			X				218,633	0	35,343
LORI S WHITE VP STUDENT A	37 50			X				171,200	0	24,189

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			
MARY ANNE ROGERS ASSOC UNIV S	37 50			X				98,769	0	23,876
ALBERT NIEMI JR DEAN	37 50				X			623,884	0	47,749
THOMAS DIPIERO DEAN	37 50				X			323,621	0	36,697
LARRY BROWN BASKETBALL C	37 50					X		3,749,123	0	154,912
CHAD MORRIS FOOTBALL COA	37 50					X		2,040,894	0	54,899
JOHN ATTANASIO PROFESSOR	37 50					X		682,142	0	31,287
TIMOTHY JANKOVICH BASKETBALL C	37 50					X		610,763	0	52,309
WILLIAM DILLON SR ASSOC DEA	37 50					X		586,253	0	52,032
PAUL W LUDDEN FORMER PROVO	37 50						X	461,554	0	43,937
PETER MOORE FORMER INTER	37 50						X	222,720	0	41,804

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN METHODIST UNIVERSITY

Employer identification number

75-0800689

Part I 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	97,650,318	109,488,300	111,212,720	118,282,772	111,010,601	547,644,711
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	97,650,318	109,488,300	111,212,720	118,282,772	111,010,601	547,644,711
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)						7,742,341
6 Public support. Subtract line 5 from line 4						539,902,370

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	97,650,318	109,488,300	111,212,720	118,282,772	111,010,601	547,644,711
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,796,753	34,707,951	41,799,854	29,361,761	28,302,409	163,968,728
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						723,796,903

12 Gross receipts from related activities, etc. (see instructions) **12** 578,696,484

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 2015 (line 6, column (f) divided by line 11, column (f))	14	74.590%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	72.460%

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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 III Support 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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.

	Yes	No
1		
2		
3		

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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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.

	Yes	No
2a		
2b		
3a		
3b		

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

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes" on 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" on 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" on 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

Table with 2 columns: Name of the organization (SOUTHERN METHODIST UNIVERSITY) and Employer identification number (75-0800689)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities 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? Yes No
4a Was a correction made? Yes 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? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

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)	91,703													
c Total lobbying expenditures (add lines 1a and 1b)	91,703													
d Other exempt purpose expenditures	678,900,014													
e Total exempt purpose expenditures (add lines 1c and 1d)	678,991,717													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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?														

Y e s **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)2012	(b)2013	(c)2014	(d)2015	(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	212,587	205,595	99,761	91,703	609,646
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)).

Table with 3 columns: Question, (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 2 columns: Question, Amount. Rows include questions about dues, lobbying and political expenditures, and carryover.

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

Table with 2 columns: Return Reference, Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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)		1,575,660
4 Aggregate value at end of year		31,033,455
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on Form 990, Part VIII, line 1 ▶ \$ 719,717

(ii) Assets included in Form 990, Part X ▶ \$ 57,254,725

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 on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

(continued)

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other EDUCATIONAL PROGRAMMING

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,505,296,161	1,425,146,075	1,268,078,648	1,162,415,320	1,190,709,490
b Contributions	44,077,815	40,917,231	37,395,171	39,537,725	15,898,059
c Net investment earnings, gains, and losses	-82,621,385	122,860,599	195,910,548	139,862,273	29,097,056
d Grants or scholarships	15,102,284	14,574,120	14,091,245	13,434,524	12,806,476
e Other expenditures for facilities and programs	44,572,939	47,271,838	42,461,880	41,913,259	42,410,350
f Administrative expenses	23,096,653	21,781,786	19,685,167	18,388,887	18,072,459
g End of year balance	1,383,980,715	1,505,296,161	1,425,146,075	1,268,078,648	1,162,415,320

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

- a** Board designated or quasi-endowment **▶** 6 290 %
 - b** Permanent endowment **▶** 52 380 %
 - c** Temporarily restricted endowment **▶** 41 330 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations		No
b If "Yes" on 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		112,444,635		112,444,635
b Buildings		1,000,074,103	317,316,321	682,757,782
c Leasehold improvements				
d Equipment		159,067,687	74,272,252	84,795,435
e Other		105,082,306	35,747,811	69,334,495
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				949,332,347

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other See Additional Data Table		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	929,645,764	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
TAXABLE BONDS PAYABLE	104,780,593
DEPOSITS	3,244,565
US GOVERNMENT STUDENT LOAN ADVANCES	3,041,000
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	111,066,158

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
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' on 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

Part XIII Supplemental Information (continued)

Return Reference	Explanation
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, 2016 AND 2015.
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 2016 ARE REPORTED FOR FINANCIAL STATEMENT PURPOSES, EXCEPT IF THOSE WITH LOSSES ARE DETERMINED TO BE PERMANENT IMPAIRMENTS. AS OF MAY 31, 2016, THE UNIVERSITY HAS APPROXIMATELY 182.58 MILLION OF UNREALIZED GAINS THAT ARE REFLECTED HERE BUT HAD NOT BEEN RECOGNIZED IN ITS FINANCIAL STATEMENTS. PART I, LINE 4 THE AMOUNT SHOWN REPRESENTS THE FAIR VALUE AT THE END OF THE YEAR. THIS VALUE IS DIFFERENT FROM THE AMOUNT REPORTED FOR FINANCIAL STATEMENT PURPOSES AND BALANCE SHEET REPORTING ON FORM 990 BECAUSE THE UNIVERSITY DOES NOT RECORD ALL POOL INVESTMENTS AT FAIR VALUE.

Additional Data

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

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

(a) Description of security or category (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	381,920,394	C
(B) DIVERSIFYING STRATEGIES FUNDS	282,316,410	C
(C) PRIVATE EQUITY FUNDS	164,132,197	C
(D) VENTURE CAPITAL	35,947,848	C
(E) EQUITY METHOD INVESTMENTS	19,690,907	F
(F) FUNDS HELD IN TRUST BY OTHERS	18,516,065	F
(G) FIXED INCOME FUNDS WITHOUT DAILY LIQ	12,982,957	C
(H) PARTNERSHIP INVESTMENTS - TIMBER	9,053,348	C
(I) PARTNERSHIP INVESTMENTS - REAL EST	5,085,443	C
(J) MINERAL RIGHTS	187	C
(K) OTHER INVESTMENTS	8	C

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

Schools

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the
Treasury
Internal Revenue
Service

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?

	YES	NO
1	Yes	

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	Yes	
----------	-----	--

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.

3	Yes	
----------	-----	--

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?

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

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?

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

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?

6a	Yes	
-----------	-----	--

b Has the organization's right to such aid ever been revoked or suspended?

6b		No
-----------	--	----

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.

7	Yes	
----------	-----	--

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE 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)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

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** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		4			400,303,842
b Total from continuation sheets to Part I		5			97,580,664
c Totals (add lines 3a and 3b)		9			497,884,506

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 106,336 0 CENTRAL AMERICA AND THE CARIBBEAN 0 398,533,68 5 CENTRAL AMERICA AND THE CARIBBEAN 2,212 0 CENTRAL AMERICA AND THE CARIBBEAN 626 0 CENTRA L AMERICA AND THE CARIBBEAN 1,104 0 CENTRAL AMERICA AND THE CARIBBEAN 5,053 0 EAST ASIA AN D THE PACIFIC 1,183 0 EAST ASIA AND THE PACIFIC 32,149 0 EAST ASIA AND THE PACIFIC 22,135 0 EAST ASIA AND THE PACIFIC 19,333 0 EAST ASIA AND THE PACIFIC 829,396 0 EAST ASIA AND THE PACIFIC 9,153 0 EAST ASIA AND THE PACIFIC 11,748 0 EUROPE 6,629 0 EUROPE 489,231 0 EUROPE 228,718 0 EUROPE 5,151 0 EUROPE 20,654 0 EUROPE 2,966,131 0 EUROPE 25,389 0 EUROPE 510,43 9 0 EUROPE 68,839 0 EUROPE 0 62,509,541 EUROPE 3,357 0 EUROPE 34,550 0 EUROPE 5,572 0 EURO PE 5,528 0 EUROPE 425 0 EUROPE 7,979 0 EUROPE 4,398 0 MIDDLE EAST AND NORTH AFRICA 440 0 M IDDL E EAST AND NORTH AFRICA 28,775 0 MIDDLE EAST AND NORTH AFRICA 141,206 0 MIDDLE EAST AN D NORTH AFRICA 3,222 0 MIDDLE EAST AND NORTH AFRICA 1,293 0 MIDDLE EAST AND NORTH AFRICA 8 ,064 0 NORTH AMERICA 47,694 0 NORTH AMERICA 2,399 0 NORTH AMERICA 15,143 0 NORTH AMERICA 1 ,469 0 NORTH AMERICA 3,127 0 NORTH AMERICA 0 30,665,304 NORTH AMERICA 10,810 0 RUSSIA AND THE NEWLY INDEPENDENT STATES 6,448 0 SOUTH AMERICA 18,296 0 SOUTH AMERICA 3,692 0 SOUTH AM ERICA 361,946 0 SOUTH AMERICA 13,049 0 SOUTH AMERICA 10,345 0 SOUTH ASIA 28,564 0 SOUTH AS IA 8,646 0 SOUTH ASIA 4,366 0 SOUTH ASIA 1,223 0 SUB-SAHARAN AFRICA 7,525 0 SUB-SAHARAN AF RICA 2,536 0 SUB-SAHARAN AFRICA 20,113 0 SUB-SAHARAN AFRICA 2,167 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	106,336
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		398,533,685
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RESEARCH/CONFERENCE	2,212

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	626
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RESEARCH	1,104
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	CONFERENCE	5,053

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	PROGRAM DEVELOPMENT	1,183
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH/CONFERENCE	32,149
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RECRUITING	22,135

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	CONFERENCE	19,333
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	829,396
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH	9,153

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	LECTURES	11,748
EUROPE			FUNDRAISING	ALUMNI REL/FUNDRAIS	6,629
EUROPE		4	PROGRAM SERVICES	RESEARCH/CONFERENCE	489,231

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 AQUISITION	228,718
EUROPE			PROGRAM SERVICES	ART SCOUTING	5,151
EUROPE			PROGRAM SERVICES	CURATORIAL FEE	20,654

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		5	PROGRAM SERVICES	STUDY ABROAD	2,966,131
EUROPE			PROGRAM SERVICES	RECRUITING	25,389
EUROPE			PROGRAM SERVICES	EXHIBIT PREPARATION	510,439

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	CONFERENCE	68,839
EUROPE			INVESTMENTS		62,509,541
EUROPE			PROGRAM SERVICES	MEMBER TOUR	3,357

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	RESEARCH	34,550
EUROPE			PROGRAM SERVICES	PROGRAM DEVELOPMENT	5,572
EUROPE			PROGRAM SERVICES	LECTURES/MEETINGS	5,528

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	FACULTY DEVELOPMENT	425
EUROPE			PROGRAM SERVICES	TEACHING	7,979
EUROPE			PROGRAM SERVICES	TEACHING/RECRUITING	4,398

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	440
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RECRUITING	28,775
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	141,206

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	3,222
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	LECTURE	1,293
MIDDLE EAST AND NORTH AFRICA			FUNDRAISING	ALUMNI REL/FUNDRAIS	8,064

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	47,694
NORTH AMERICA			FUNDRAISING	ALUMNI REL/FUNDRAIS	2,399
NORTH AMERICA			PROGRAM SERVICES	RESEARCH/CONFERENCE	15,143

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	RESEARCH	1,469
NORTH AMERICA			PROGRAM SERVICES	LECTURES	3,127
NORTH AMERICA			INVESTMENTS		30,665,304

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	RECRUITING	10,810
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	RESEARCH/CONFERENCE	6,448
SOUTH AMERICA			PROGRAM SERVICES	CONFERENCE	18,296

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/CONFERENCE	3,692
SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	361,946
SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	13,049

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	RECRUITING	10,345
SOUTH ASIA			PROGRAM SERVICES	RESEARCH/CONFERENCE	28,564
SOUTH ASIA			PROGRAM SERVICES	RECRUITING	8,646

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			FUNDRAISING	ALUMNI REL/FUNDRAIS	4,366
SOUTH ASIA			PROGRAM SERVICES	STUDY ABROAD	1,223
SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCE	7,525

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	RESEARCH/CONFERENCE	2,536
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	20,113
SUB-SAHARAN AFRICA			PROGRAM SERVICES	RECRUITING	2,167

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" on 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

2015

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" on 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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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	501,712	375,442	126,270
2 BURSON-MARSTELLER US 230 PARK AVENUE SOUTH NEW YORK, NY 100031528	CONSULTING		No		203,113	-203,113
3 MARTS LUNDY INC 1200 WALL STREET WEST LYNDHURST, NJ 07071	CONSULTING		No		126,320	-126,320
4 PARADIGM FOUR INC 4780 ASHFORD DUNWOODY RD STE A415 ATLANTA, GA 30338	CONSULTING		No		23,877	-23,877
5						
6						
7						
8						
9						
10						
Total			▶	501,712	728,752	-227,040

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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		TATE LECTURE SE (event type)	ATHLETIC FORUM (event type)	8 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,896,451	792,728	1,520,764	4,209,943
	2 Less Contributions	738,277	345,562	1,294,590	2,378,429
	3 Gross income (line 1 minus line 2)	1,158,174	447,166	226,174	1,831,514
Direct Expenses	4 Cash prizes			600	600
	5 Noncash prizes			166	166
	6 Rent/facility costs	142,635	2,826	69,588	215,049
	7 Food and beverages	119,676	365,565	166,444	651,685
	8 Entertainment	631,240	393,723	85,866	1,110,829
	9 Other direct expenses	483,368	22,674	127,699	633,741
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				2,612,070
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-780,556

Part III Gaming.

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

		(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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART IV	DURING FISCAL YEAR 2016, MARTS & LUNDY INC AND BURSON-MARSTELLER US PROVIDED CONSULTING SERVICES AND ASSISTANCE WITH CAMPAIGN ORGANIZATIONAL STRUCTURE AND STRATEGY, IN RELATION TO THE SMU UNBRIDLED THE SECOND CENTURY CAMPAIGN DURING FISCAL YEAR 2016, PARADIGM FOUR INCORPORATED PROVIDED CONSULTING SERVICES WITH COMMUNICATION, MESSAGING, AND MEDIA RELATIONS DURING FISCAL YEAR 2016, RUFFALOCODY LLC PROVIDED TELEMARKETING SERVICES THE TOTAL 375,442 FUNDRAISING FEES REPORTED ON PART I FOR RUFFALOCODY LLC INCLUDES 367,043 OF SERVICE FEES CHARGES AND 8,399 OF MAILING/POSTAGE CHARGES THAT WERE SEPARATELY IDENTIFIED AS SUCH IN THE INVOICES

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization SOUTHERN METHODIST UNIVERSITY

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

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8
3 Enter total number of other organizations listed in the line 1 table 1

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STUDENT TUITION GRANTS	7363	6,503,731	158,963,310	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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DALLAS MUSEUM OF ART 1717 N HARWOOD ST DALLAS, TX 75201	75-0808774	501C3	26,367				EVENT SPONSORSHIP
THE DALLAS INSTITUTE 2719 ROUTH ST DALLAS, TX 75201	75-1721049	501C3	20,000				EVENT SPONSORSHIP
THE DALLAS FOUNDATION 3963 MAPLE AVE STE 390 DALLAS, TX 75219	75-2890371	501C3	11,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GOODWILL INDUSTRIES OF DALLAS INC 3020 N WESTMORELAND RD DALLAS, TX 75212	75-0800649	501C3	10,000				EVENT SPONSORSHIP
DALLAS CITIZENS COUNCIL 901 MAIN ST STE 6212 DALLAS, TX 75202	75-6035901	501C6	9,000				EVENT SPONSORSHIP
THE BLACK TIE DINNER INC 3824 CEDAR SPRINGS STE 335 DALLAS, TX 75219	75-2335996	501C3	7,500				EVENT SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SALESMANSHIP CLUB YOUTH AND FAMILY DBA MOMENTOUS INSTITUTE 106 E 10TH ST DALLAS, TX 75203	75-1855620	501C3	7,500				EVENT SPONSORSHIP
FORTE FOUNDATION 9600 ESCARPMENT STE 745 PMB 72 AUSTIN, TX 78749	61-1457145	501C3	6,500				PROGRAM SUPPORT
ALL STARS PROJECT INC 543 WEST 42ND ST NEW YORK, NY 10036	13-3148295	501C3	5,645				PROGRAM SUPPORT

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

▶ Complete if the organization answered "Yes" on 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.

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN METHODIST UNIVERSITY

Employer identification number
75-0800689

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2** 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?
- 3** 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.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on 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.
- 8** Were any amounts reported on 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.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b		No
4c		No
5a	Yes	
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	CHARTER FLIGHT AND FIRST-CLASS TRAVEL COSTS WERE INCURRED BY COACH TIM JANKOVICH AND 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. ONE EMPLOYEE RECEIVED A GROSS-UP PAYMENT FOR PAYROLL TAXES WHICH WERE REPORTED AS TAXABLE COMPENSATION. 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, 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 4	JOHN ATTANASIO 500,000 0 0
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.

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury

Internal Revenue Service

Name of the organization

SOUTHERN METHODIST UNIVERSITY

Employer identification number

75-0800689

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D list bond issues from 2007-2013.

Part II Proceeds

Table with 13 rows and 4 columns (A, B, C, D) for amounts. Rows 1-13 list various proceeds and costs. Rows 14-17 are yes/no questions regarding bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns (A, B, C, D) for Yes/No answers. Rows 1-2 ask about partnership/LLC ownership and lease arrangements.

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	1 700 %		0 700 %		0 200 %			
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	1 700 %		0 700 %		0 200 %			
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							280 0000000000 %	
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 2016 SOUTHWEST HIGHER EDUCATION ADVANCE REFUND & DEFEASE A PORTION OF PRINCIPAL ON THE 2009 (10/1/09) BONDS

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	2007 SOUTHWEST HIGHER EDUCATION 02/14/12 2009 SOUTHWEST HIGHER EDUCATION 12/21/15

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
& E TOTAL
PROCEEDS
INCLUDE
INVESTMENT
PROCEEDS PART
II, LINE 11,
COLUMNS A & B
INCLUDED THE
REFUNDING
AMOUNTS AS
OTHER UNSPENT
PROCEEDS 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 & E THE
UNIVERSITY HAS
MAINTAINED
ADEQUATE BOOK
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 2009
SOUTHWEST
HIGHER
EDUCATION
12/21/2015 PART
IV, LINE 5,
COLUMNS A, B, C,
& E 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 D & E
THE UNIVERSITY
REASONABLY
EXPECTS TO
MEET THE
SPENDING
REQUIREMENTS
WITHIN THE
REQUIRED
TIMEFRAME

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

2015 Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (SOUTHERN METHODIST UNIVERSITY), Employer identification number (75-0800689)

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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

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

OMB No 1545-0047

2015

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▶ **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**

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	6	240,283	MARKET OR APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		479,434	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	156	7,453,913	MARKET OR APPRAISAL
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	1	6,000	MARKET OR APPRAISAL
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	9	166,227	MARKET OR APPRAISAL
26 Other ▶ (EVENT TICKETS)	X	948	135,934	MARKET OR APPRAISAL
27 Other ▶ (EVENT EXPENSE)	X	30	50,861	MARKET OR APPRAISAL
28 Other ▶ (OTHER)	X	19	1,699,344	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 **29** 26

	Yes	No
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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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 28, OTHER - DETAIL COL (B) COL (C) PART 1, LINE 28, OTHER LIVESTOCK 5 1,040,000 PART 1, LINE 28, OTHER FURNISHINGS 1 300 PART 1, LINE 28, OTHER PAVERS 7 338,131 PART 1, LINE 28, OTHER CAMPAIGN MEMORABILIA 3 25,000 PART 1, LINE 28, OTHER TRAVEL EXPENSE 2 291,913 PART 1, LINE 28, OTHER MUSICAL INSTRUMENTS 1 4,000 ===== TOTAL PART 1 LINE 28 19 1,699,344 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)**

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.

2015

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Inspection**

Department of the
Treasury
Internal Revenue
Service

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	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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	PURSUANT TO THE COMPENSATION COMMITTEE CHARTER ADOPTED BY THE SMU BOARD OF TRUSTEES, 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST 9 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		No
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) ALL TRANSACTIONS MARKED YES			
(2) ABOVE ARE WITH 501(C)(3)			
(3) ORGANIZATIONS			

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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
PERUNA HOLDINGS CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4039621	SUPPORTING	TX	509A3	11A	SMU		No
MUSTANG MOCKINGBIRD CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4216744	SUPPORTING	TX	509A3	11A	SMU		No
MUSTANG AIRLINE CORPORATION PO BOX 750261 DALLAS, TX 752750261 20-4217087	SUPPORTING	TX	509A3	11A	SMU		No
MUSTANG MOCKINGBIRD PROPERTIES PO BOX 750261 DALLAS, TX 752750261 20-4216534	SUPPORTING	TX	509A3	11A	SMU		No
PERUNA PROPERTIES INC PO BOX 750261 DALLAS, TX 752750261 75-2806008	SUPPORTING	TX	509A3	11A	SMU		No
SOUTHERN METHODIST UNIVERSITY FOUND PO BOX 750261 DALLAS, TX 752750261 20-0588905	SUPPORTING	TX	509A3	11A	SMU		No
SMU CORP PO BOX 750261 DALLAS, TX 752750261 26-4739435	SUPPORTING	TX	501C3	11A	SMU		No
PERUNA EAST CORPORATION PO BOX 750261 DALLAS, TX 752750261 45-4611768	SUPPORTING	TX	501C3	11A	SMU		No
SMU GOLF FOUNDATION PO BOX 750261 DALLAS, TX 752750261 46-5131991	SUPPORTING	TX	501C3	11A	SMU		No