

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2012

Department of the Treasury

Open to Public

inter	nal Heven	Je Service	me organization ma	ay nave to u	se a copy or tris	return to s	alisiy stati	e repoi	ung requi	ements	Inspec	lion	
<u>A</u>	For the		ar, or tax year beg		June 1,	, 20°	12, and en	ding	Ma	y 31,	, 20 13		
В	Check If	applicable C Name	of organization Souti	hern Metho	dist College					D Employ	er identification n	umber	
	Address	change Doing	Business As								57-0650419		
	Name ch	ange Numb	er and street (or P O b	oox if mail is n	ot delivered to stre	et address)	Room	n/suite		E Telephone number			
	Initial reti	ım 541 Bro	oughton Street								803-534-7826		
	Terminat	ed City, to	own or post office, stat	te, and ZIP co	xde		•				•		
	Amende	return Orange	burg, SC 29115							G Gross re	eceipts \$	418,781	
	Applicati		and address of princip	al officer	Dr. Vic Reasone	r			H(a) Is this a	group return	for affiliates? Yes		
_	. , , ,		oughton Street, Ora								ncluded? Yes		
$\overline{}$	Tax-ever		,,,,,	501(c) () ◀ (insert no)	34947(a)(1)	or 527	,			list (see instruction		
<u>:</u>	Website		smcollege.edu/,	331(0) (, (, _	<u> </u>	<u> </u>		H(c) Group	exemption	number ►		
K		rganization 🗸 Corpo		Association [Other ▶	Ti	Year of for	mation	1956	<u> </u>	of legal domicile	sc	
_	art I	Summary							1330	, in outo	or rogal dominant		
_	_		the organization's	mission o	r most signific	ant activit	ies. Equ	cation	of stude	ate with o	mphasis on Ch	riction	
	1		eparation of stude						or stude	its with 6	inpliasis on Cit	istiaii	
8		education and pr	eparation or stude	1115 101 111111	isuy iii tile sou	rieii weri	iouist Crit	11.011					
ā				••••				- -				•••••	
Governance	2	Check this boy I	►	ation diece	entinued its on	orations o	r dienoee	ad of n	nore than	25% of	ite not accete		
Ĝ	1		g members of the				n dispose	50 OI II	nore than	3	no nei asseis.	25	
∞5	1		pendent voting me	-			+ \/ lino :	16)		4		25	
Activities &	1		-					ιυ) .		5		25	
₹	1		individuals emplo	-	-			•				15	
¥			volunteers (estim							6			
	l .		business revenue			•				7a		0	
	b	Net unrelated bu	usiness taxable in	come from	1 Form 990-1, I	ine 34	- : - ·	 -	Prior Ye	7b	Current Ye	0	
		O4	- J (D+) (II	I (! 4 h)					Prior re		Current 1		
9	8		nd grants (Part VII					-		268,813		269,168	
Revenue	9	-	revenue (Part VII							64,608		<u>81,491</u>	
ě	10		me (Part VIII, colu							-5,428 -1,928		48,799	
3	1	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										19,323	
	12						(), line 12)	<u> </u>		326,065		418,781	
	13		lar amounts paid								-		
	14 Benefits paid to or for members (Part IX, column (A), line 4)												
es	15		ompensation, empl	-	-		nes 5–10)			145,093		214,897	
Expenses	16a		draising fees (Par					-	61.128998		. *		
Š	b		g expenses (Part I				4,087	! <u> </u>	of A.	,	3 19	îŸ	
ш	17		(Part IX, column (<u> </u>			198,994		164,058	
	18		Add lines 13-17 (e 25) .			344,087		378,955	
	19	Revenue less ex	penses. Subtract	line 18 fro	m′lińe₌12⊅ . ∫	·/ .= . // .				-18,022		39,826	
20.0							36	Beg	inning of Cu	rrent Year	End of Ye	ar	
Net Assets Fund Balan	20	Total assets (Pa		6	.0CF 1.5	2013 -	2			729,380		720,322	
4 Z Z	21	Total liabilities (F	Part X, line 26) .				1131 .			357,917		232,558	
_		Net assets or fu	nd balances. Sub	tract line 2	1-from line 20		<u>-1:3] .</u>			371,463		487,764	
P	art II	Signature B	lock		(1051 / 1-1	\ <u>,</u> ,,	<u> </u>						
Ur	der pena	ties of penury, //ecl	are that I have examine	ed this return;	-including-accomp	anying sche	dules and s	tatemen	its, and to t	ne best of r	ny knowledge and	belief, it is	
tru	e, correct	, and complete Decl	aration of preparer (oth	ner than office	er) is based on all ir	nformation of	f which prep	arer has	s any knowl	edge			
			TOO DIVIL						/	0-8-1	3		
Sig	gn	Signature of	fficer	N 04 -	1-1				Da	te			
He	re	1/10	Klasoner	1)142	ideut								
		Type or print	name and title	' 1									
Pa	id 	Print/Type prepa	rer's name	Prep	arer's signature			Date		Check	of PTIN		
	epare	r								self-em			
	se Onl	1	<u> </u>						Firn	n's EIN ▶			
		Firm's address							Pho	ne no			
Ma	y the IF	RS discuss this re	eturn with the prep	parer show	n above? (see	instructio	ns)				🗌 Ye:	No No	
Fo	Paperv	vork Reduction A	ct Notice, see the s	separate in	structions.		Ca	at No 1	1282Y		Form	90 (2012)	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		•
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			11.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20 a		20a	ł –	1
_~a	15 "Vee" to line 200 did the expeniention attach a convert to audited financial statements to the return?	204	-	-

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Ī	1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
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):	\$110	, ,	3,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36	_	
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38 For	√ n 990	(2012)

Form **990** (2012)

Part				\Box
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		,	′ ≱
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15		* %	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u>tr</u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a	, degr	,
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	, ,	i.F	7.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Ŷ.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	- -		,
	•	7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		(13 ₁)	7 7 2
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			"
a	Initiation fees and capital contributions included on Part VIII, line 12		,	3.
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			~
11 a	Gross income from members or shareholders		9	
b	Gross income from other sources (Do not net amounts due or paid to other sources	,	as/4° \	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			ec.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		*	'*
С	Enter the amount of reserves on hand		 	<u>ل با</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	✓
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	I	I

TOITING	<u> </u>			Page U		
Part						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_		
Socti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	. <u>(</u>		
Secu	on A. Governing body and Management		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	23	6271L	110 110 110 110 110 110 110 110 110 110		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.			1		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 25					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2		✓		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6		✓		
	6 Did the organization have members or stockholders?					
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?					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-		
b	stockholders, or persons other than the governing body?	7b		✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:		F.	10.7		
а	The governing body?	8a	1			
b	Each committee with authority to act on behalf of the governing body?	8b	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓		
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		l		
40		-	Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓		
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			#43°		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	·	✓		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c		✓_		
13	Did the organization have a written whistleblower policy?	13		✓		
14	Did the organization have a written document retention and destruction policy?	14		1		
15	Did the process for determining compensation of the following persons include a review and approval by		E.	A STATE OF		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a some 1 % &				
a	The organization's CEO, Executive Director, or top management official	15a	-	 		
b	Other officers or key employees of the organization	15b	Cá Jalois	✓		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	34				
	with a taxable entity during the year?	16a	1.2%/IF	/		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	18.1	te an	haping darke		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b	3.1111			
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► South Carolina					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section specified to specified the section specified to the section leading to the section specified to the section spe	n 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website Upon request Other (explain in Schedule O)	£ ,m4-	ront -	olia:		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	n mie	est E	olicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•			
	organization:	2	-			

-~m	മമറ	(2012)	

Page 7

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no		d ora	aniz	atic	n C	omne	nes	ited any curren	t officer directo	r or trustoo
Check this box is notified the organization no	arry related		ailiz		C)	ompe	1130	lited arry currer	onicer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	more more	e than o is both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dr. Vic Reasoner	30									
President					1			27,456		
(2) Dr. Richard Blank	30									
Director of Institutional Advancement					1			19,366		
(3) Rev. Julian Gamble										
Chair Emertius	0	✓	✓							
(4) Rev. Dr. Ronald Carrier										
Chair	. 0	1	✓							
(5) Dr. George Green										
Vice Chair	0	✓	✓							
(6) Mrs. Bessie Kelley										
Secretary	0	✓	✓							
(7) Mr. Julin Boland						-				, <u></u>
Treasurer	0	\	✓							
(8) Rev. Tony Curcio										
Member	0	\								
(9) Rev John Courson										
Member	0	✓								
(10) Mr. Paul Van Loenon										-
Member	0	✓								
(11) Rev. Damon Heinrich	1									
Member	0	✓								
(12) Mr. Woody Gregory	1								-	
Member	0	\								
(13) Mr. Earl Bullard										-
Member	0	1								
(14) Rev. Bob Crout										
Member	0	✓	<u></u>	L						

Part \	Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, a	nd H	lighe	st C	ompensated E	mployees (continue/	d)		
						C)								
	(A)	(B)	(40.0	at ah		ition	s then		(D)	(E)			(F)	
	Name and title	Average					than one is both		Reportable	Reportab	ole	Est	mated	
		hours per					or/trus		compensation	compensatio				
		week (list any hours for	익코	ln:	Ş	8	육.풀	77	from the	related organizati			ther ensatio	າກ
		related	효	statu	Officer	Key employee	등등	Former	organization	(W-2/1099-N			m the	
		organizations	or drail	ĝ		힐	st co	"	(W-2/1099-MISC)				nızatıor	
		below dotted line)	` <u>ह</u>	altı		bye	ğ						related	
		"""	Individual trustee or director	Institutional trustee		•	ens					organ	,200,011	•
				Эе			Highest compensated employee							
(15) 88-0	. Barbara Jones				╁	-	_	╁			- -			
		ļ	1											
Member (16)		0	_		\vdash	\vdash		-			 			
	Bo Osbourne		1			İ								
Member		0	٧				<u> </u>	├	-		-+			
	. Ellison Evans													
Member		0	✓							<u> </u>				
(18) Rev	. Ira Shilling		,					İ						
Member		0	✓											
(19) Mrs	. Eula Clement													
Member		0	✓											
(20) Mr.	Norton Hughes													
Member		0	✓											
(21) Rev	r. Dr. Hucks, Jr.													
	io Member	0	✓			L	l							
(22) Mr.	W. Lewis Jones													
Member		0	✓											
(23) The	Hon. Lawrence Grooms													
Member		0	1											
	. Jewel Devall													
Member		0	/											
	. Margaret Rees					\vdash								
Member		0	1											
	Sub-total			L		!	<u> </u>		46,822		-			
	Total from continuation sheets to Part	VII. Sectio	nΔ	•	•		•	•	70,022					
	Total (add lines 1b and 1c)			•	•	•	•	•	46,822		_			
	Total number of individuals (including but							<u> </u>		oro than ¢1	00 000 4			
	reportable compensation from the organi		i lO lii	056	: 1151	eu .	above	<i>=)</i> w	no received in	ore man pr	00,000 0	,1		
	reportable compensation from the organi	Zations											Yes	No
3	Did the organization list any former of	ficer direc	tor o	r tr	net	20	kov d	amr	vlovee or high	est compa	nestad		163	110
	employee on line 1a? If "Yes," complete s	•	•			•	•	•	, ,	•		3		
												3	\vdash	✓
	For any individual listed on line 1a, is the organization and related organizations													
										edule 3 ic	ir such			 -
											• • 	4		1
	Did any person listed on line 1a receive of													
	for services rendered to the organization	rii Yes, C	ompi	ete	301	ieat	ile J i	Or S	such person		• •	5	لــــا	✓
	n B. Independent Contractors													
	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on to	or th	ne c	alend	lar y	ear ending wit	h or within	the orga	nizatio	on's ta	ax
	year.													
	(A)							(B)			(C)			
Name and business address Description of services									ervices	C	ompens	ation		
								L						
								L						
			_											
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	>		0					

Part VIII		Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII												
		Check if Schedule O c	ontains a respo	nse to any ques		s Part	<u>VIII</u>		<u></u>				<u> L</u>	╝
. 9 <	¢	•	^		(A) Total rev	enue		(B) elated or exempt unction evenue		(C) Unrela busine reven	ess	Re exclude under	(D) venue ed from tax sections 13, or 514	
nts nts	1a	Federated campaigns	1a		r						,		-	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b		ì				1					
S, G	С	Fundraising events .	1c	10,958										
Gifts, ilar An	d	Related organizations	1d		1,				1		· ·		***	
in,	е	Government grants (conti							- 1					
tior sr S	f	All other contributions, gift					,,			,	٠,]	,		
ig ¥		and similar amounts not incl		258,210					ĺ					
on tr	g	Noncash contributions include	•											
	h	Total. Add lines 1a-1f	<u></u>	<u> ▶</u>	2	69,168	ļ	-3′		*4	,	.96	, پريو	
nue	_			Business Code										
eve	2a			611600		60,505	1		\dashv					_
Program Service Revenue	b	Dorm Rent		616000		20,986	1		+					
Ž	2			_			-	-	\dashv			_		_
Š	d								\dashv					
grar	e f	All other program serve							\dashv					_
Pro	g	Total. Add lines 2a-2f				81,491		, , ,	.00	,			441,7	
	3	Investment income (i				• ., .• .	<u> </u>							_
		and other similar amou	unts)	•		48,799	}	48,	799					
	4	Income from investment	of tax-exempt bo	ond proceeds ►										
	5	Royalties	(i) Real	🕨										
			(i) Real	(II) Personal	1	** >	H.,		, ,	~ '.P _. &~		2 2 SE		and die
	6a	Gross rents						-214 -214 >	1	*	, ,,'	9 4	***	3
	b	Less. rental expenses	<u>. </u>				1.40%	1	^ · *	, ,	"	· VCB i	攻擊 。	16
	C.	Rental income or (loss)			3.		ļ							_
	d	Net rental income or (In Gross amount from sales of	OSS) (i) Securities	>	_ s#£6" \ \	#900° 13		-x %," « »	2.64 W	* '	* * (). ***	,		~*
	7a	assets other than inventory	(i) Securities	(ii) Other		, ,	7	1		- t	19	* *	79,1	*
	ь	Less: cost or other basis			ita.	(53	10			, ^3,	. 6	ăÎ'	Ì
		and sales expenses .					***	~ ,,,	_			* jij		*
	င	Gain or (loss)			Ľ.,				4					,
	d	Net gain or (loss) .		>		······································				·				
		5 , ,								. %	*			_
enne	8a	Gross income from fur	ndraising		To 4-1			<i>j</i> .	ž. 4	u d	. (2)	4 m 3 m	141	1
		events (not including \$			*** **				- 1	**	28.4	1,1830	7	
Other Rev		of contributions reported						, ~			v		, Ne 4	: 1483 1783
Ē		See Part IV, line 18 .	_			,		***	,,	4.	7	3.''	% ^	*
ᅙ	ı	Less: direct expenses			<u> </u>		1.	Ž.	-					
		Net income or (loss) from		events . ►	\$\$,	*	<u># ; </u>	ulg		17.7			
	ya	Gross income from gar See Part IV, line 19							*	•	,,	77		
		Less: direct expenses				,	8/4 2.2	A	~		- ' 3	Ą		, 8
	b	Net income or (loss) from					<u> </u>							
		Gross sales of inv			ř s		<u> </u>	â.			- ,	n de	***	ž
		returns and allowance					\$	\$	10	* 14/2	٠\ ٣١	in All		,80
	ь	Less: cost of goods so	_		1			4 4 2				í		
	c	Net income or (loss) from		entory >										_
		Miscellaneous Re		Business Code										
	11a	Other		900099		19, <u>3</u> 23		19,	323					
	ь													
	С								\perp					
	d	All other revenue .		L			-		_					
	e	Total. Add lines 11a-1		💺		19,323								
	12	Total revenue. See in	istructions	<u> </u>	4	18,781	1	68,	122					

Part IX	Statement of Functional Expenses

	X Statement of Functional Expenses		<u> </u>		
Sectio	n 501(c)(3) and 501(c)(4) organizations must con			ns must complete c	olumn (A).
	Check if Schedule O contains a respon	,		· · · · · · · ·	7
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			in the second se	A THE STATE OF THE
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	46,822		46,822	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	98,668	98,668		
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,759		3,759	
9	Other employee benefits	52,583	31,743	20,840	
10	Payroll taxes	13,055	13,055		
11 a	Fees for services (non-employees): Management				
b	Legal				
C	Accounting	533		533	
ď	Lobbying		/ ///////////		
e	Professional fundraising services. See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f g	Investment management fees				
10	- 1	0.004			
12	Advertising and promotion	9,824	9,824		
13 14	Office expenses	19,948		19,948	
	Information technology	956		956	
15 16	Royalties				
17	Occupancy	55,987		55,987	
18	Travel	2,773		2,773	
19	Conferences, conventions, and meetings				
20	Interest	15,774		15,774	
21	Payments to affiliates	3,000		3,000	
22	Depreciation, depletion, and amortization .	11,117		11,117	
23	Insurance	13,656		13,656	
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.)				
а	Library	1,464	1,464		., 8'81 W.S. 4 . 1
b	Mico	23,196	1,404	23,196	
c	College Van	1,753		1,753	
d	Fund Raising	4,087		1,755	4,087
e	All other expenses	4,007			4,087
25	Total functional expenses. Add lines 1 through 24e	378,955	154,754	220,114	4,087
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 following SOP 98-2 (ASC 958-720)	5,5,500	157/157	200,117	7,007

P	art X	Balance Sheet						
		Check if Schedule O contains a response to	any	question in this Part X	·			🗍
	-		•		(A) Beginning of year			(B) of year
	1	Cash-non-interest-bearing			-304	1	<u> </u>	5,021
	2	Savings and temporary cash investments			115,511	2	Ì	
	3	Pledges and grants receivable, net		3				
	4				15,781	4		35,699
	5	Loans and other receivables from current and	*					
		trustees, key employees, and highest co						
		Complete Part II of Schedule L			·	5	<u> </u>	
	6	Loans and other receivables from other disqualified pers	ons (as	s defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar			- 4			g,
		sponsoring organizations of section 501(c)(9) volum	itary e	mployees' beneficiary	**			~*
ţ		organizations (see instructions). Complete Part II of Sche	edule L	[6		
Assets	7	Notes and loans receivable, net		[7		
ĕ	8	Inventories for sale or use		[8		
	9			[9		
	10a	Land, buildings, and equipment, cost or						
		other basis. Complete Part VI of Schedule D	10a	1,679,643			1	<u> </u>
	b	Less: accumulated depreciation	10b	-1,432,885	257,875			246,758
	11				·	11		
	12	Investments—other securities. See Part IV, line				12		<u> </u>
	13	Investments—program-related. See Part IV, line		J	316,380		ļ	411,145
	14	Intangible assets		1-		14		
	15	Other assets. See Part IV, line 11		<u>-</u>	24,137		ļ	21,699
	16	Total assets. Add lines 1 through 15 (must equa			729,380			720,322
	17	Accounts payable and accrued expenses		<u> </u>	357,917			232,558
	18	Grants payable				18		
	19	Deferred revenue				19	<u> </u>	
	20	Tax-exempt bond liabilities		<u>-</u>		20		
	21	Escrow or custodial account liability. Complete I		}-		21	W. 1 . 1 . 2 . 2	ner * I
Liabilities	22	Loans and other payables to current and for),		**************************************
鬟		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu		employees, and			/%*- /	<u> </u>
iat	00					22 23		
_	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated				24	 	
	25	Other liabilities (including federal income tax,				24	 	_
	25	parties, and other liabilities not included on lines						
		of Schedule D				25		
	26				357,917	26		232,558
		Organizations that follow SFAS 117 (ASC 958)			,4%,5 L		1	*: T
es		complete lines 27 through 29, and lines 33 and		_				
ä	27	Unrestricted net assets			-642,946	27		309,177
3af	28	Temporarily restricted net assets			98.941			75,925
5	29	Permanently restricted net assets			915,468	29		335,220
٦		Organizations that do not follow SFAS 117 (ASC 95	58), ch	eck here ▶ 🔲 and 🗍				
2		complete lines 30 through 34.						
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30		
SSe	31	Paid-in or capital surplus, or land, building, or ed				31		
Ă	32	Retained earnings, endowment, accumulated in				32		
Ž	33	Total net assets or fund balances			371,463	33		487,764
_	34	Total liabilities and net assets/fund balances .			729,380	34		720,322
							Fo	rm 990 (2012)

age	1	2

	- \				-	<u> </u>
Part						
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		<u> </u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41	8,781
2	Total expenses (must equal Part IX, column (A), line 25)	2			37	8,955
3	Revenue less expenses. Subtract line 2 from line 1	3_			3	9,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			37	1,463
5	Net unrealized gains (losses) on investments	5				
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			7	6,475
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			48	7,764
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				1 %	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in ~	÷\$.	\$::f%	
	Schedule O.		L	<u> </u>		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or "	Party /	· ,	
	reviewed on a separate basis, consolidated basis, or both:				٠	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		شا	أغشة		التخفيد
b	Were the organization's financial statements audited by an independent accountant?		• 🗀	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a **	. ľ	. *4	. 4
	separate basis, consolidated basis, or both:		,	211	,	~
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u>`</u>	15. 17.		\$ A
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent account		<u> </u>	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın	A 1	, Y	7
	Schedule O.		-		(i'.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth				
	the Single Audit Act and OMB Circular A-133?			3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	;	3Ь		
				Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2012

Open to Public Inspection

Employer identification number

Southern Methoist College 57-0650419 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s), (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in col (i) of your organization in col governing document? above or IRC section (i) organized in the support? (see instructions)) Yes Yes Yes (A) (B) (C) (D) (E)

Total

Part								_
	(Complete only if you checked the Part III. If the organization fails to						amy under	
Secti	on A. Public Support	quality und	er the tests is	sted below, p	lease comple	ete Part III.)		—
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(5) 2000	(0) 2010	(u) 2011	(6) 2012	(i) Total	_
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						<u> </u>	
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)							
<u>6</u>	Public support. Subtract line 5 from line 4.		<u> </u>					
	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		T	
	idar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4		-					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					:		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	504()(0)	_ _
13	First five years. If the Form 990 is for the							
Socti	organization, check this box and stop her on C. Computation of Public Support	t Percentag		· · · · ·			· · ·	Ш
14	Public support percentage for 2012 (line 6			11 column (fl)		14		%
15	Public support percentage from 2011 Sch	• •				15		%
16a	331/3% support test—2012. If the organiz box and stop here. The organization qual	ation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, c		
þ	33 ¹ /3% support test—2011. If the organ check this box and stop here. The organization					9 15 is 33½% 	or more, ▶	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circi	and-circumsta umstances" tes	inces" test, che st. The organiz	eck this box a ation qualifies	nd stop here. I as a publicly s	Explain in	
Þ	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	on meets the ets the	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the organization	nis box and st on qualifies as a	op here. a publicly	_
18	Private foundation. If the organization did							

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.)

<u>Secti</u>	on A. Public Support						-
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	•						
	received from disqualified persons .						
h	Amounts included on lines 2 and 3			_		-	
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	·						
8	Add lines 7a and 7b						
•	line 6.)						
Secti	on B. Total Support	-					<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(b) 2000	(6) 2010	(4) 2011	(6) 2012	(i) Total
10a	Gross income from interest, dividends,		-				
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b							
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b				-		
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				-		
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						<u></u>
. •	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first secon	d third fourth	or fifth tay w	ear as a section	n 501(c)(3)
	organization, check this box and stop her				-		
Secti	on C. Computation of Public Suppor					· · · · ·	<u> </u>
15	Public support percentage for 2012 (line 8			3. column (fl)		15	%
16	Public support percentage from 2011 Sch					16	/ %
	on D. Computation of Investment Inc	come Perce	ntage		<u> </u>		
17	Investment income percentage for 2012 (y line 13. colur	mn (f))	17	%
18	Investment income percentage from 2011					18	
19a	331/3% support tests-2012. If the organi						%, and line
	17 is not more than 331/3%, check this box	and <mark>stop here.</mark>	The organization	on qualifies as	a publicly supp	orted organizati	on . ▶ 🗆
b	331/3% support tests - 2011. If the organiz						
	line 18 is not more than 331/2%, check this t						
20	Private foundation If the organization du				-		

art IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	Page 4
	instructions).	
,		
		·
		·
		•
		•
		•

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, ► Attach to Form 990. ► See separate instructions.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Name of the organization Employer identification number

Southern Methodist College 57-0650419 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . 3 Aggregate value at end of year 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? ☐ Yes ☐ No 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? . . Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 ☐ Preservation of a certified historic structure Protection of natural habitat 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 Tax Year Total number of conservation easements . . 2a b Total acreage restricted by conservation easements 2b 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: 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: Assets included in Form 990, Part X ...

Part	Organizations Maintaining	Collections of	Art, His	torical 1	[reasures	, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follo	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	☐ Other	r	_		
C	☐ Preservation for future generations	s						****
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how t	hey further	the org	ganization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part								
	line 9, or reported an amour				,			
1a	Is the organization an agent, trustee	, custodian or oth	er intern	nediary fo	or contribu	tions o	r other assets n	ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:			
	•	•		•				Amount
С	Beginning balance					10	;	
d	Additions during the year					10	1	
e	Distributions during the year					16		
f	Ending balance					11		<u>.</u>
2a	Did the organization include an amou							☐ Yes ☐ No
	If "Yes," explain the arrangement in P							
Par								
		(a) Current year		or year				k (e) Four years back
1a	Beginning of year balance	412,422		416,818				 -
b	Contributions	412,422		710,010	<u>'</u>	350,032	003,7	321,023
c	Net investment earnings, gains, and							
ŭ	losses	1,202-		4 200				
d	Grants or scholarships	1,202-		-4,396			Con No	14 See Note
e	Other expenditures for facilities and	-			31	ee Note	See No	te See Note
_	programs							
f	Administrative expenses							-
g	End of year balance			412,422		890,892		921,637
2	Provide the estimated percentage of t			e (line 1g	j, column (a	a)) held	as:	
а	Board designated or quasi-endowme	nt ▶	%					
b		81.5%						
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2	-						
За	Are there endowment funds not in th	e possession of th	ne organi	zation the	at are held	and ac	lministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i) ✓
	(.,							3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organ							3b
_4	Describe in Part XIII the intended uses							
Part	VI Land, Buildings, and Equip	oment. See Form	n 990, P	art X, lın	e 10.			
	Description of property	(a) Cost or ot (investm		. ,	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land				107,800			107,800
b	Buildings		7422		959,630		827,577	132,053
С	Leasehold improvements							
d	Equipment				304,632		301,535	3,097
е	Other		695		307,581		303,774	3,808
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part	X, columr		O(c).)	•	246,758

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	derivatives			
(2) Closely-I	neld equity interests			
(3) Other				
(A)				
(B)				
(C)	,			
(D)				
(E)		-		
(F) (G)			-	
(H)				
(1)	······································			
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related	J. See Form 990. Part X.	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
	,	, ,	Cost or end-of-year n	
(1) SCANA	Stock	15,132	Market Value at year end	
(2) CD's			Market Value at year end	
(3) Various	Security Funds		Market Value at year end	
(4)				
(5)				
_(6)				
_(7)				
_(8)				
_(9)				·
(10)	Alamata and Farm 000 Part V and Million 101 ha			
	(b) must equal Form 990, Part X, col. (B) line 13)	411,145	<u> </u>	
Part IX	Other Assets. See Form 990, Pa	a) Description		(b) Book value
(1) Company	<u></u>	y becomplien		
(1) Constru (2) Other	uction materials donated			28,472
(3)	-			6,773
(4)	-			
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)				
(10)	· · · · · · · · · · · · · · · · · · ·			
	mn (b) must equal Form 990, Part X, co		<u> ▶</u>	21,699
Part X	Other Liabilities. See Form 990,			
1. (1) Fadaval	(a) Description of liability	(b) Book value		1
	income taxes			
(2)		.00		
(3)				
(4)	·			
(5) (6) (7) (8)			1	•
(7)				
(8)				
(9)				
(10)			1	
(11)			1	
	(b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the org	anization's financial statements that	reports the organization's
liability for un	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in F	Part XIII

Schedul	e D (Form 990) 2012			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
ь	Donated services and use of facilities		l i	
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	<i>.</i>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	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			r Retu	m
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:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
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				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III, lines 1a and 4; P	art IV, li	nes 1b and 2b;
	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also			
inform	ation.		•	•
Endow	ment funds are used to provide scholarship money for students.			
Part V	Differences are the result of misinterpretation of IRS instructions and inaccurate boo	kkeeping in prior year:	s.	
Curren	t year endowments reported in this return equal the Balance Sheet			

		••••		

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
		······
	······	
· · · · · · · · · · · · · · · · · · ·		
· 		
		
·		
,		
·		
,		
,- 		
,		
·		
,		
		
, 		

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047 Open to Public Inspection

57-0650419

Department of the Treasury Internal Revenue Service Name of the organization

Southern Methodist College

Employer identification number

		YES	<u> </u>
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			T
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		<u> </u>	-
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	2	 ✓	\dashv
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	✓	_
Our advertising is very general. Our student body is comprised of various ethnic groups.			
Does the organization maintain the following?			
Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	1	-
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		١,	
Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	1	_
If you answered "No" to any of the above, please explain. If you need more space, use Part II	70	-	
	5a		
Does the organization discriminate by race in any way with respect to:	5a 5b		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?			-
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b 5c		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b 5c 5d 5e 5f		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f		

chedule E (I	Form 990 or 990-EZ) (2012)
Part II	Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).
•	
	

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Southern Methodist College	57-650419
Form 990 Part VI Section B: The 990 is reviewed by the College President and the Business Manager.	It is available to members of the
governing body upon request.	
Form 990 Part VI Section B Line 15a: The Board of Directors reviews and approves the compensation	of the College President and approves
the budget which contains a line Item for compensation for other college employees.	
Form 990 Part VI Section C Line 19: These are available to the public upon request.	······································
Form 990, Part XI, Line 9 of 76,475 is the result of misunderstanding of which figures to use for prior	year balance.
Schedule D - Prior years assets were inflated due to offsetting inter-fund receivables and paybles bei	ng included in the total values. Standard
consolidation accounting removes those values prior to preparing this return.	
	·
	·
	······································
	······································
	······································