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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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SOUTHWESTERN UNIVERSITY

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

1001 E UNIVERSITY AVE

City or town, state or province, country, and ZIP or foreign postal code

GEORGETOWN, TX 78626

F Name and address of principal officer

DALE T KNOBLE

1001 E UNIVERSITY AVE

GEORGETOWN, TX 78626

D Employer identification number

74-1233796

E Telephone number

(512) 863-1956

G Gross receipts \$ 253,925,024

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SOUTHWESTERN.EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1875

M State of legal domicile TX

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE UNIVERSITY IS COMMITTED TO UNDERGRADUATE LIBERAL EDUCATION INVOLVING BOTH THE STUDY OF AND PARTICIPATION IN SIGNIFICANT ASPECTS OF OUR CULTURAL HERITAGE, EXPRESSED PRIMARILY THROUGH THE ARTS, SCIENCES, THE INSTITUTIONS AND THE PROFESSORS OF SOCIETY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

36

4 Number of independent voting members of the governing body (Part VI, line 1b)

35

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

1,349

6 Total number of volunteers (estimate if necessary)

1,466

7a Total unrelated business revenue from Part VIII, column (C), line 12

-228,181

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

29,523,027

9 Program service revenue (Part VIII, line 2g)

65,640,355

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

17,504,795

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,292,660

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

113,960,837

102,046,609

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

31,057,913

34,480,341

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

34,617,479

34,928,308

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,190,667

20,966,100

22,946,969

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

86,641,492

92,355,618

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

27,319,345

9,690,991

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

456,364,111

473,336,118

21 Total liabilities (Part X, line 26)

60,964,318

60,758,076

22 Net assets or fund balances Subtract line 21 from line 20

395,399,793

412,578,042

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

Signature of officer

2020-05-12

Date

CRAIG ERWIN VP FOR FINANCE & ADMIN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00748038

Firm's name ▶ CHERRY BEKAERT LLP

Firm's EIN ▶ 56-0574444

Firm's address ▶ 1075 PEACHTREE STREET NE SUITE 2200

ATLANTA, GA 30309

Phone no (404) 209-0954

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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:

FOSTERING A LIBERAL ARTS EDUCATIONAL COMMUNITY WHOSE VALUES AND ACTIONS ENCOURAGE CONTRIBUTIONS TOWARD THE WELL-BEING OF HUMANITY

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 \$	58,639,247	including grants of \$	34,480,341)	(Revenue \$	39,970,386)
See Additional Data							

4b	(Code)	(Expenses \$	11,594,627	including grants of \$)	(Revenue \$	19,325,135)
See Additional Data							

4c	(Code)	(Expenses \$	7,990,076	including grants of \$)	(Revenue \$	13,273,583)
See Additional Data							

4d	Other program services (Describe in Schedule O)					
	(Expenses \$		including grants of \$		(Revenue \$)

4e	Total program service expenses ▶	78,223,950
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 Yes	
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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	No
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? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2,478	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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	1,349			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
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		No
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
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		No
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).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring 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				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
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				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O						
				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 36		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 35		
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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ☒ 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.
 ► BRENDA THOMPSON 1001 E UNIVERSITY AVE GEORGETOWN, TX 78626 (512) 863-1956

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

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

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total										▶			
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c Total from continuation sheets to Part VII, Section A				
--	--	--	--	--

d Total (add lines 1b and 1c)	2,080,221	0	407,512
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 32

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BARTLETT COCKE GENERAL CONTRACTORS LLC 8706 LOCKWAY STREET SAN ANTONIO, TX 78217	CONSTRUCTION	10,104,156
SODEXO SERVICES TEXAS LLP 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FOOD SERVICE	2,538,682
APOGEE TELECOM INC PO BOX 95541 GRAPEVINE, TX 76099	TELECOMMUNICATIONS	889,901
GROUP TWO ARCHITECTURES INC 1801 S MOPAC EXPY STE 350 AUSTIN, TX 78746	ARCHITECTURE	595,360
IES ABROAD 33 MONROE STREET SUITE 2300 CHICAGO, IL 60603	STUDY ABROAD PROGRAM	444,655

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 15

Form 990 (2018)

Page 9

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	28,289				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	751,052				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,403,143				
	g	Noncash contributions included in lines 1a - 1f \$		3,862,444				
	h	Total. Add lines 1a-1f		13,182,484				
Program Service Revenue			Business Code					
	2a	TUITION & FEES	611310	59,295,521	59,295,521			
	b	AUXILIARY ENTERPRISES	611710	11,920,969	11,916,638	4,331		
	c							
	d							
	e							
	f	All other program service revenue						
	9	Total. Add lines 2a-2f		71,216,490				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	9,220,393		-232,512	9,452,905	
	4		Income from investment of tax-exempt bond proceeds	380,415			380,415	
	5		Royalties	26,601			26,601	
	6a	(i) Real		(ii) Personal				
		Gross rents						
		14,088						
		b Less rental expenses		14,681				
	c		Rental income or (loss)	-593				
	d		Net rental income or (loss)	-593			-593	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		158,503,892	19,366			
		b Less cost or other basis and sales expenses		151,667,983	183,601			
		c Gain or (loss)		6,835,909	-164,235			
	d		Net gain or (loss)	6,671,674			6,671,674	
	8a	Gross income from fundraising events (not including \$ 28,289 of contributions reported on line 1c) See Part IV, line 18		a	4,350			
		b Less direct expenses		b	12,150			
		c Net income or (loss) from fundraising events			-7,800			-7,800
	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	CAR REGISTRATION FEES	812930	232,825	232,825				
b	STUDY ABROAD	611710	228,325	228,325				
c	MCCOMBS KITCHEN FEES	900099	225,000	225,000				
d	All other revenue		670,795	670,795				
e	Total. Add lines 11a-11d		1,356,945					
12	Total revenue. See Instructions		102,046,609	72,569,104	-228,181	16,523,202		

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	34,275,065	34,275,065		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	205,276	205,276		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,412,973	340,179	810,475	262,319
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	25,788,011	20,353,196	4,243,346	1,191,469
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,392,122	1,206,698	113,560	71,864
9 Other employee benefits.	4,449,304	2,592,177	1,715,855	141,272
10 Payroll taxes.	1,885,898	1,434,680	355,103	96,115
11 Fees for services (non-employees):				
a Management.				
b Legal.	153,514		153,514	
c Accounting.	93,350		93,350	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	4,860,064		4,860,064	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,484,703	3,228,891	242,666	13,146
12 Advertising and promotion.	35,109	35,109		
13 Office expenses.	1,057,446	611,411	392,162	53,873
14 Information technology.	1,606,027	475,122	1,104,281	26,624
15 Royalties.	8,191	7,123	1,068	
16 Occupancy.	2,909,409	2,649,011	238,881	21,517
17 Travel.	1,505,255	1,299,577	106,256	99,422
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	139,834	136,517	2,510	807
20 Interest.	361,642	313,869	43,683	4,090
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,389,112	3,809,310	530,168	49,634
23 Insurance.	519,642	335,736	181,182	2,724
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 LIBRARY SUPPORT	743,154	743,154		
b ATHLETICS	557,182	515,965	41,217	
c MAINTENANCE & FACILITIES	501,722	434,889	61,167	5,666
d MARKETING	312,076	5,808	306,268	
e All other expenses	-290,463	3,215,187	-3,655,775	150,125
25 Total functional expenses. Add lines 1 through 24e.	92,355,618	78,223,950	11,941,001	2,190,667
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	924,907	1	1,060,420
	2 Savings and temporary cash investments	62,429,869	2	36,162,730
	3 Pledges and grants receivable, net	8,752,044	3	10,479,899
	4 Accounts receivable, net	4,363,609	4	3,824,533
	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	449,724	7	445,824
	8 Inventories for sale or use	206,615	8	191,322
	9 Prepaid expenses and deferred charges	1,334,579	9	1,074,497
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 237,140,737		
	b Less: accumulated depreciation	10b 109,844,276	113,769,332	10c 127,296,461
	11 Investments—publicly traded securities	31,215,575	11	32,104,935
	12 Investments—other securities. See Part IV, line 11	227,870,302	12	255,557,434
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,047,555	15	5,138,063
16 Total assets. Add lines 1 through 15 (must equal line 34)	456,364,111	16	473,336,118	
Liabilities	17 Accounts payable and accrued expenses	7,677,257	17	9,258,263
	18 Grants payable	2,952,769	18	3,008,205
	19 Deferred revenue	2,748,022	19	3,268,677
	20 Tax-exempt bond liabilities	29,359,508	20	28,719,525
	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	2,211,313	23	1,573,035
	24 Unsecured notes and loans payable to unrelated third parties	8,133,409	24	7,737,280
	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	7,882,040	25	7,193,091
	26 Total liabilities. Add lines 17 through 25	60,964,318	26	60,758,076
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	127,318,048	27	130,410,173
	28 Temporarily restricted net assets	155,812,425	28	165,112,306
	29 Permanently restricted net assets	112,269,320	29	117,055,563
	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	395,399,793	33	412,578,042	
34 Total liabilities and net assets/fund balances	456,364,111	34	473,336,118	

Part XI Reconciliation of Net AssetsCheck 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	102,046,609
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,355,618
3	Revenue less expenses Subtract line 2 from line 1	3	9,690,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	395,399,793
5	Net unrealized gains (losses) on investments	5	11,447,474
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,960,216
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	412,578,042

Part XII Financial Statements and ReportingCheck 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	
b 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	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 74-1233796
Name: SOUTHWESTERN UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a:

INSTRUCTIONAL SERVICES AND FINANCIAL ASSISTANCE THE UNIVERSITY'S PRIMARY MISSION IS FOSTERING A LIBERAL ARTS EDUCATIONAL COMMUNITY OF THE HIGHEST CALIBER THE UNIVERSITY SEEKS TO DEVELOP A COMMUNITY OF SCHOLARS IN BOTH ITS FACULTY AND STUDENT BODY THAT IS SELF-CRITICAL AND TOUGH-MINDED, AND THAT MAINTAINS RIGOROUS ACADEMIC STANDARDS THROUGH ITS PAIDEIA PROGRAM, THE UNIVERSITY TRANSCENDS CONVENTIONAL APPROACHES TO TEACHING AND LEARNING THROUGH A STUDENT-DRIVEN, FACULTY-LED EXPERIENCE THE PROGRAM EMPHASIZES INTELLECTUAL CURIOSITY, PROMOTES CONNECTIONS BETWEEN ACADEMIC COURSES, OFFERS INTERCULTURAL AND DIVERSITY EXPERIENCES, ENCOURAGES CIVIC ENGAGEMENT, AND SUPPORTS COLLABORATIVE OR GUIDED RESEARCH AND CREATIVE WORKS FOR THE YEAR, THE UNIVERSITY PROVIDED SERVICES TO 1,488 STUDENTS IN ITS ACADEMIC INSTRUCTIONAL PROGRAMS MOST OF THE UNIVERSITY'S ENROLLMENT IS TRADITIONAL COLLEGE-AGE STUDENTS, AND FOR THE FALL 2018 SEMESTER, 98 7% WERE ENROLLED FULL-TIME (12 OR MORE CREDIT HOURS FOR THE SEMESTER) THE STUDENT-TEACHER RATIO WAS APPROXIMATELY 12 1 IN THE CURRENT YEAR APPROXIMATELY 97% OF UNIVERSITY STUDENTS RECEIVE INSTITUTIONAL FINANCIAL ASSISTANCE APPROXIMATELY 62% OF UNIVERSITY STUDENTS RECEIVED NEED-BASED FINANCIAL ASSISTANCE

Form 990, Part III, Line 4b:

STUDENT SERVICES THE UNIVERSITY SEEKS TO SUPPORT ITS PRIMARY ACADEMIC MISSION THROUGH ROBUST STUDENT SERVICES FOR ITS PRIMARILY RESIDENTIAL LIBERAL ARTS CAMPUS STUDENT SERVICES INCLUDE THE POLICE DEPARTMENT, STUDENT ACTIVITIES, RESIDENTIAL LIFE ADMINISTRATION, CAREER COUNSELING SERVICES, STUDENT HEALTH AND COUNSELING SERVICES, NCAA III ATHLETICS, INTRAMURAL SPORTS, AND OTHER SERVICES VITAL TO SUPPORT A RESIDENTIAL ACADEMIC COMMUNITY OF THE HIGHEST CALIBER AND QUALITY

Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES, INCLUDE STUDENT RESIDENTIAL CENTER OPERATIONS AND FOOD SERVICE OPERATIONS APPROXIMATELY 72% OF THE STUDENT BODY LIVES ON CAMPUS IN RESIDENTIAL CENTERS RESIDENTIAL CENTERS INCLUDE LIVING/LEARNING CENTERS WHICH INTEGRATE CLASSROOM AND OTHER EXPERIENCES INTO THE RESIDENTIAL ENVIRONMENT FOOD SERVICES IS PROVIDED PRIMARILY FOR RESIDENTIAL AND NON-RESIDENTIAL STUDENT USAGE, FACULTY, STAFF, AND GUESTS OF THE UNIVERSITY AUXILIARY ENTERPRISES EXPENSES INCLUDE DEPRECIATION, INTEREST, AND PHYSICAL PLANT EXPENSE ALLOCATIONS

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			
STEPHEN G TIPPS TRUSTEE & CHAIR	2 50 0 10	X		X				0	0	0
HENRY C JOYNER TRUSTEE & VICE CHAIR	2 60 0 00	X		X				0	0	0
R GRIFFIN LORD TRUSTEE & SEC/TREAS	2 20 0 10	X		X				0	0	0
L JAMES BANKSTON TRUSTEE	1 70 0 00	X						0	0	0
SUZANNE BLAKE TRUSTEE	1 50 0 00	X						0	0	0
DANIEL BUFFINGTON TRUSTEE	1 30 0 00	X						0	0	0
PAM SLAUGHTER BUSH TRUSTEE	1 30 0 00	X						0	0	0
CHRISTOPHER CRAGG TRUSTEE	2 00 0 00	X						0	0	0
LARRY J HAYNES TRUSTEE	1 80 0 00	X						0	0	0
LAURA K HINSON TRUSTEE	1 40 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
BRIAN JACKSON TRUSTEE	1 70 0 00	X						0	0	0
JEAN T JANSSEN TRUSTEE	1 60 0 00	X						0	0	0
SYLVIA KERRIGAN TRUSTEE	2 00 0 00	X						0	0	0
DALE T KNOBEL TRUSTEE	1 40 0 00	X						0	0	0
FRANK P KRASOVEC TRUSTEE	1 90 0 00	X						0	0	0
TAYLOR K LEWIS TRUSTEE	1 40 0 00	X						0	0	0
MICHAEL MCKEE TRUSTEE	1 30 0 00	X						0	0	0
KEVIN G MCMAHON TRUSTEE	1 40 0 00	X						0	0	0
AMANDA M MCMILLIAN TRUSTEE	1 80 0 00	X						0	0	0
MARY MEDLEY TRUSTEE	1 80 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
LAURA A MERRILL TRUSTEE	1 30 0 00	X						0	0	0
LYNN PARR MOCK TRUSTEE	2 00 0 00	X						0	0	0
O HAYNES MORRIS JR TRUSTEE	1 30 0 00	X						0	0	0
SCOTT M NEAL TRUSTEE	1 80 0 00	X						0	0	0
CHARLES D OLSON TRUSTEE	1 60 0 00	X						0	0	0
STEVEN A RABEN TRUSTEE	1 60 0 00	X						0	0	0
RICKY A RAVEN TRUSTEE	1 40 0 00	X						0	0	0
JEFFREY L ROPER TRUSTEE	1 30 0 00	X						0	0	0
PETER A SESSIONS TRUSTEE	1 30 0 00	X						0	0	0
THOMAS V SHOCKLEY III TRUSTEE	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
KENNETH SNODGRASS TRUSTEE	2 20 0 00	X						0	0	0
H BLAKE STANFORD TRUSTEE	1 70 0 00	X						0	0	0
DAN R STULTZ TRUSTEE	1 60 0 00	X						0	0	0
K ELIZABETH YEAGER TRUSTEE	1 60 0 00	X						0	0	0
MIGUEL J ZORRILLA TRUSTEE	1 40 0 00	X						0	0	0
DR EDWARD BURGER TRUSTEE & PRESIDENT	40 00 0 10	X		X				642,971	0	199,110
CRAIG ERWIN VP FOR FINANCE & ADMIN	40 00 0 10			X				204,950	0	25,531
ALISA MCALISTER GAUNDER DEAN OF THE FACULTY	40 00 0 00				X			186,480	0	28,372
J PAUL SECORD VP FOR UNIVERSITY RELATIONS	40 00 0 00				X			173,805	0	28,671
JAIME J WOODY VP FOR STUDENT LIFE	40 00 0 00				X			155,499	0	18,889

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			
TIMOTHY COBB VP FOR INTEGRATED COMMUNICATIONS	40 00 0 00					X		165,478	0	29,237
THOMAS DELAHUNT VP FOR STRATEGIC RECRUITMENT & ENROLLMENT	40 00 0 00					X		139,532	0	20,454
ELMA F BENAVIDES AVP FOR HUMAN RESOURCES	40 00 0 00					X		138,609	0	12,892
GLADA C MUNT AVP FOR INTERCOLLEG ATHLETICS	40 00 0 00					X		138,549	0	19,509
JULIE A COWLEY AVP FOR ACADEMIC AFFAIRS	40 00 0 00					X		134,348	0	24,847

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWESTERN UNIVERSITY

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

74-1233796

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 12, check only one box.)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2** ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3** ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8** ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9** ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11** ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f** Enter the number of supported organizations _____
- g** Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,908,932	8,047,018	5,796,253	14,502,387	13,182,484	47,437,074
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,908,932	8,047,018	5,796,253	14,502,387	13,182,484	47,437,074
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)						13,054,710
6	Public support. Subtract line 5 from line 4						34,382,364

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	5,908,932	8,047,018	5,796,253	14,502,387	13,182,484	47,437,074
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,818,960	7,724,523	6,224,358	7,891,962	9,641,497	39,301,300
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 VI)	13,004	57,406	11,304			81,714
11	Total support. Add lines 7 through 10						86,820,088
12	Gross receipts from related activities, etc (see instructions)					12	341,392,036
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 39.600 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 36.040 %
16a	33 1/3% support test—2018. 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 ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>	2	
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>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>	4c	
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>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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 I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) 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>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
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>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	GROSS FUNDRAISING REVENUE - 2014 AMOUNT \$ 13,004 2015 AMOUNT \$ 6,520 2016 AMOUNT \$ 7, 066 SETTLEMENT REVENUE - 2015 AMOUNT \$ 50,886 ENERGY REBATE - 2016 AMOUNT \$ 4,238

990 Schedule A, Supplemental Information	
Return Reference	Explanation
SCHEDULE A, PART VI, LIST OF UNUSUAL GRANTS	<div>DESCRIPTION UNUSUAL GRANT DATE 04/24/18 AMOUNT 15020640</div> <div>DESCRIPTION UNUSUAL GRANT DATE 01/13/15 AMOUNT 5110900</div>

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135015830	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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. ► Go to www.irs.gov/Form990 for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization SOUTHWESTERN UNIVERSITY				Employer identification number 74-1233796	
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		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				2d	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

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

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	281,475,886	255,545,708	239,942,890	255,955,406
b	Contributions	5,778,964	17,732,365	1,589,938	1,181,853
c	Net investment earnings, gains, and losses	20,844,919	19,536,162	25,454,511	-2,235,333
d	Grants or scholarships	2,739,787	2,463,697	2,388,061	3,142,875
e	Other expenditures for facilities and programs	8,947,283	8,874,652	9,053,570	11,816,161
f	Administrative expenses				
g	End of year balance	296,412,699	281,475,886	255,545,708	239,942,890

2

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

a

Board designated or quasi-endowment

10 290 %

b

Permanent endowment

37 400 %

c

Temporarily restricted endowment

52 310 %

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	Yes	
(ii) related organizations		No
b		

(i) unrelated organizations

(ii) related organizations

b

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

3

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" on 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	6,455,893	111,509	6,567,402
b	Buildings		176,961,176	65,254,014
c	Leasehold improvements		3,432,672	1,926,445
d	Equipment		32,249,912	28,076,891
e	Other		17,929,575	14,586,926
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			127,296,461

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 _____		
(A) EQUITY FUNDS	94,383,178	F
(B) FIXED INCOME FUNDS	46,524,629	F
(C) HEDGE STRATEGIES FUNDS	28,693,635	F
(D) PARTNERSHIP INTERESTS	60,217,003	F
(E) PRIVATE CAPITAL LOAN FUND	7,747,456	F
(F) PRIVATE CREDIT FUND	5,708,527	F
(G) PRIVATE EQUITY	3,600,020	F
(H) STOCK INDEX FUNDS	8,682,986	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	255,557,434	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
ACCRUED POST-RETIREMENT BENEFITS	6,773,790	
DEFERRED COMPENSATION	419,301	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	7,193,091	

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-1233796
Name: SOUTHWESTERN 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
(A) EQUITY FUNDS	94,383,178	F
(A) FIXED INCOME FUNDS	46,524,629	F
(B) HEDGE STRATEGIES FUNDS	28,693,635	F
(C) PARTNERSHIP INTERESTS	60,217,003	F
(D) PRIVATE CAPITAL LOAN FUND	7,747,456	F
(E) PRIVATE CREDIT FUND	5,708,527	F
(F) PRIVATE EQUITY	3,600,020	F
(G) STOCK INDEX FUNDS	8,682,986	F

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A	THE UNIVERSITY HAS 19 COLLECTIONS WITHIN THE SPECIAL COLLECTIONS OF THE A FRANK SMITH, JR LIBRARY CENTER THAT CONTAIN A VARIETY OF BOOKS, RECORDS, PAPERS, MAPS, AND MANUSCRIPTS THAT ARE PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH, AND THE FURTHERANCE OF PUBLIC SERVICE THEY ARE NEITHER DISPOSED OF FOR FINANCIAL GAIN NOR ENCUMBERED IN ANY MANNER ACCORDINGLY, SUCH COLLECTIONS ARE NOT REPORTED FOR FINANCIAL STATEMENT PURPOSES

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	SEE EXPLANATION PROVIDED ABOVE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	SOUTHWESTERN UNIVERSITY ENDOWMENTS INCLUDE DONOR RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED FUNDS FUNCTIONING AS ENDOWMENT FUNDS ALL DONOR RESTRICTED ENDOWMENTS ARE USED ONLY AS THE DONORS INTENDED PER THE DONOR RESTRICTIONS THE BOARD-DESIGNATED FUNDS SUPPORT GENERAL PROGRAM SERVICES OF THE UNIVERSITY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY CLAIMS EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE UNIVERSITY FILES UNRELATED BUSINESS INCOME TAX AND OTHER INFORMATION RETURNS AS REQUIRED BY GOVERNMENT AUTHORITIES. THE UNIVERSITY HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS RESULTING FROM CURRENT OR PRIOR PERIOD TAX POSITIONS. ACCORDINGLY, NO ADDITIONAL DISCLOSURES HAVE BEEN MADE ON THE CONSOLIDATED FINANCIAL STATEMENTS REGARDING UNCERTAIN TAX PROVISIONS.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
SOUTHWESTERN UNIVERSITY

Schools

► 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.
► Go to www.irs.gov/Form990EZ for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
74-1233796

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3 Yes	
4 Does the organization maintain the following?	4a Yes	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4b Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4c Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4d Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II		
5 Does the organization discriminate by race in any way with respect to	5a	No
a Students' rights or privileges?	5b	No
b Admissions policies?	5c	No
c Employment of faculty or administrative staff?	5d	No
d Scholarships or other financial assistance?	5e	No
e Educational policies?	5f	No
f Use of facilities?	5g	No
g Athletic programs?	5h	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		
6a Does the organization receive any financial aid or assistance from a governmental agency?	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, PART I, LINE 3	AN ANNUAL NOTICE IS PUBLISHED IN THE FOLLOWING NEWSPAPERS WILLIAMSON COUNTY SUN, AUSTIN AMERICAN STATESMAN, HOUSTON CHRONICLE, AND DALLAS MORNING NEWS. POLICIES ARE INCLUDED IN ALL STUDENT, FACULTY, AND STAFF HANDBOOKS.
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES FINANCIAL AID FROM BOTH THE FEDERAL GOVERNMENT AND THE STATE OF TEXAS, WHICH IS AWARDED TO STUDENTS USING THE DEPARTMENT OF EDUCATION METHODOLOGY. THE MAIN FEDERAL FINANCIAL ASSISTANCE PROGRAMS FOR STUDENTS INCLUDE FEDERAL DIRECT LOANS, FEDERAL PELL GRANTS, FEDERAL WORK-STUDY, AND FEDERAL SEOG. THE MAIN STATE FINANCIAL ASSISTANCE GRANT IS THE TUITION EQUALIZATION GRANT. THE UNIVERSITY ALSO RECEIVES FEDERAL FINANCIAL ASSISTANCE FOR ACADEMIC GRANTS AND RESEARCH.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWESTERN UNIVERSITY

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

74-1233796

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
See Add'l Data					
3a Sub-total	0	0			199,664
b Total from continuation sheets to Part I					33,243,477
c Totals (add lines 3a and 3b)	0	5			33,443,141

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)

- 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.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, 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 separately 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, don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't 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
PART I, LINE 2	STUDENTS AT SOUTHWESTERN UNIVERSITY ARE ENCOURAGED TO APPLY FOR THE STUDY ABROAD PROGRAMS THROUGH THE OFFICE OF INTERCULTURAL LEARNING STUDENTS THEN MEET WITH THE DIRECTOR OF INTERCULTURAL LEARNING TO DISCUSS THEIR MAJOR, ELIGIBILITY, BEST OPTIONS AND GOALS, AND TO IDENTIFY THE APPROPRIATE STUDY ABROAD PROGRAM BOTH THE OFFICE OF FINANCIAL AID AND THE OFFICE OF INTERCULTURAL LEARNING MEET TO REVIEW ALL THE STUDENTS ACCEPTED IN THE STUDY ABROAD PROGRAM AND TO DETERMINE FINANCIAL AID ELIGIBILITY SCHOLARSHIPS ARE AWARDED TO THE STUDENTS BASED ON FINANCIAL NEED AND PARTICIPATION IN APPROVED PROGRAMS THE OFFICE OF FINANCIAL AID AND ITS OPERATIONS ARE SUBJECT TO INTERNAL CONTROL REVIEW BY THE UNIVERSITY'S EXTERNAL AUDITORS AS PART OF THE FINANCIAL STATEMENT AUDIT FUNDS ARE ALSO MONITORED BY THE REVIEW AND OVERSIGHT OF SENIOR MANAGEMENT, SENIOR STAFF, THE DEAN OF ENROLLMENT SERVICES, AND THE BUSINESS OFFICE, ALL OF WHICH ARE UNDER REVIEW OF THE AUDIT COMMITTEE AND THE FISCAL AFFAIRS COMMITTEE OF THE BOARD OF TRUSTEES PAYMENTS FOR CERTAIN SCHOLARSHIPS ARE MADE DIRECTLY TO THE INSTITUTIONS SPONSORING THE STUDY ABROAD PROGRAM PAYMENTS FOR FACULTY MEMBERS' ROOM AND BOARD RELATED TO STUDY ABROAD PROGRAMS WERE MADE BY THE BUSINESS OFFICE VIA WIRE TRANSFER DIRECTLY TO THE OWNER OF THE RENTAL PROPERTY SOUTHWESTERN UNIVERSITY'S METHOD OF ACCOUNTING FOR THESE EXPENDITURES INCLUDES USING DIFFERENT ACCOUNT NUMBERS TO TRACK THE DIFFERENT STUDY ABROAD PROGRAMS, SCHOLARSHIP EXPENSES, AND FOREIGN TRAVEL

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ACCRUAL-BASED METHOD IS USED TO ACCOUNT FOR EXPENDITURES THE AMOUNT REPORTED FOR INVESTMENTS REPRESENTS THE FAIR MARKET VALUE OF INVESTMENTS HELD AT THE END OF THE FISCAL YEAR

Additional Data

Software ID:
Software Version:
EIN: 74-1233796
Name: SOUTHWESTERN 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
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		11,827
EUROPE	0	0	GRANTMAKING		74,575

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	0	0	GRANTMAKING		2,775
SOUTH AMERICA	0	0	GRANTMAKING		25,050

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	0	0	GRANTMAKING	RESEARCH	5,277
EUROPE	0	0	GRANTMAKING	RESEARCH	61,328

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	0	0	GRANTMAKING	RESEARCH	13,296
SOUTH AMERICA	0	0	GRANTMAKING	RESEARCH	5,536

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	0	0	GRANTMAKING	RESEARCH	5,611
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		33,094,865

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	0	4	PROGRAM SERVICES	STUDY ABROAD PROGRAMS	126,399
SOUTH AMERICA	0	1	PROGRAM SERVICES	STUDY ABROAD PROGRAMS	16,602

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
NEED BASED AWARD	EAST ASIA & THE PACIFIC	2	7,000	CHECK			
NEED BASED AWARD	EUROPE	23	29,678	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(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)
NEED BASED AWARD	SOUTH AMERICA	10	8,525	CHECK			
NEED BASED AWARD	MIDDLE EAST & NORTH AFRICA	1	275	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
MERIT BASED AWARD	EAST ASIA & THE PACIFIC	2	4,827	CHECK			
MERIT BASED AWARD	EUROPE	31	44,897	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(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)
MERIT BASED AWARD	MIDDLE EAST & NORTH AFRICA	1	2,500	CHECK			
MERIT BASED AWARD	SOUTH AMERICA	8	16,525	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
FACULTY/STAFF DEVELOPMENT AND RESEARCH	CENTRAL AMERICA & THE CARIBBEAN	5	5,277	CHECK OR CC			
FACULTY/STAFF DEVELOPMENT AND RESEARCH	EUROPE	21	61,328	CHECK OR CC			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
FACULTY/STAFF DEVELOPMENT AND RESEARCH	NORTH AMERICA	11	13,296	CHECK OR CC			
FACULTY/STAFF DEVELOPMENT AND RESEARCH	SOUTH AMERICA	2	5,536	CHECK OR CC			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(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)
FACULTY/STAFF DEVELOPMENT AND RESEARCH	EAST ASIA & THE PACIFIC	5	5,611	CHECK OR CC			

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)
		JAMESON 5K (event type)	PIRATE GOLF TOURNAMENT (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	19,972	12,667		32,639
	2 Less Contributions	19,972	8,317		28,289
	3 Gross income (line 1 minus line 2)		4,350		4,350
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	782	1,804		2,586
	6 Rent/facility costs	132	5,905		6,037
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,203	324		3,527
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				12,150
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-7,800

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND GRANTS	1441	32,898,110	1,376,955	FMV	TUITION WAIVERS - FACULTY AND STAFF
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
PART I, LINE 2	THE UNIVERSITY AWARDS VARIOUS FEDERAL, STATE, AND PRIVATE SCHOLARSHIPS, LOANS, AND STUDENT WORK PROGRAMS AS PART OF ITS OVERALL FINANCIAL AID PROGRAM THE UNIVERSITY FINANCIAL AID OFFICE IS RESPONSIBLE FOR MANAGEMENT OF ALL FINANCIAL AID PROGRAMS THE UNIVERSITY USES THE DEPARTMENT OF EDUCATION METHODOLOGY TO DETERMINE FAMILY NEED FOR AWARDING NEED-BASED AWARDS MERIT BASED AWARDS ARE DETERMINED BASED ON VARIOUS ACADEMIC (GPA, RANK IN CLASS, ETC) AS WELL AS OTHER QUALITATIVE MEASURES IT IS THE RESPONSIBILITY OF THE FINANCIAL AID OFFICE TO ENSURE COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON FINANCIAL AID, AND THE UNIVERSITY POLICY AND INTERNAL CONTROL OBJECTIVES THE FINANCIAL AID OFFICE AND ITS OPERATIONS ARE SUBJECT TO INTERNAL CONTROL REVIEW BY THE UNIVERSITY'S EXTERNAL AUDITORS AS PART OF THE ANNUAL FINANCIAL STATEMENT AUDIT ADDITIONAL MONITORING IS ALSO PROVIDED THROUGH THE REVIEW AND OVERSIGHT OF SENIOR MANAGEMENT, SENIOR STAFF, THE VICE PRESIDENT OF ENROLLMENT SERVICES, AND THE BUSINESS OFFICE, ALL OF WHICH ARE UNDER THE PURVIEW OF THE AUDIT COMMITTEE AND THE BOARD OF TRUSTEES' FISCAL AFFAIRS COMMITTEE ADDITIONALLY, THE UNIVERSITY'S AWARDING AND MANAGEMENT OF FINANCIAL AID AWARDS IS SUBJECT TO AN ANNUAL SINGLE AUDIT (CIRCULAR A-133) AND STATE OF TEXAS AUDITS (FOR VARIOUS STATE FINANCIAL AID PROGRAMS) RESULTS OF THESE AUDITS ARE REPORTED TO THE UNIVERSITY SENIOR STAFF, THE BOARD OF TRUSTEES' AUDIT COMMITTEE, AND THE BOARD OF TRUSTEES FISCAL AFFAIRS COMMITTEE

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization SOUTHWESTERN UNIVERSITY	Employer identification number 74-1233796
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input 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.	1b	Yes	
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?	2	Yes	
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 type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input 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?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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?	5a		No
b Any related organization?	5b		No
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?	6a		No
b Any related organization?	6b		No
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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
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.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For each individual whose compensation must be reported 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.

See Additional Data Table

Schedule J (Form 990) 2018

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
PART I, LINE 1A	HOUSING ALLOWANCE AND RESIDENCE FOR PERSONAL USE AND PERSONAL SERVICES. THE UNIVERSITY REQUIRES THE PRESIDENT TO RESIDE IN THE TURNER FLEMING HOUSE, LOCATED ON CAMPUS, FOR THE CONVENIENCE OF THE UNIVERSITY, AS PART OF HIS EMPLOYMENT CONTRACT WITH THE UNIVERSITY. THE TURNER FLEMING HOUSE IS USED BY THE PRESIDENT FOR PERSONAL RESIDENCE, HOSTING VARIOUS MEETINGS AND BUSINESS-RELATED SOCIAL EVENTS AND OTHER UNIVERSITY FUNCTIONS. THE UNIVERSITY PROVIDES HOUSEKEEPING, GROUNDS KEEPING, AND MAINTENANCE SERVICE CONSISTENT WITH OTHER UNIVERSITY BUILDINGS. THE VALUATION FOR PERSONAL USAGE OF THE TURNER FLEMING HOUSE, AS REPORTED IN HOUSING ALLOWANCE ON SCHEDULE J, PART II, COLUMN (D), NONTAXABLE BENEFITS, INCLUDES THE ESTIMATED FAIR MARKET RENTAL VALUE, UTILITIES, HOUSEKEEPING, AND GROUNDS KEEPING SERVICES. SOCIAL CLUB DUES OR INITIATION FEES AND TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. THE UNIVERSITY PROVIDES A SOCIAL CLUB MEMBERSHIP FOR THE PRESIDENT OF THE UNIVERSITY. THE MEMBERSHIP IS USED PRIMARILY FOR HOSTING GUESTS DURING FUNDRAISING MEETINGS AND OTHER BUSINESS-RELATED MEETINGS. THE UNIVERSITY PAYS PAYROLL TAX OBLIGATIONS RELATED TO UNIVERSITY SOCIAL DUES. THE GROSS-UP PAYMENTS AND THE UNIVERSITY-PROVIDED MEMBERSHIP ARE TREATED AS TAXABLE COMPENSATION AND ARE REPORTED ON HIS W-2.

Return Reference	Explanation
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PRESIDENT BURGER PARTICIPATED IN A 457(F) PLAN FOR CALENDAR YEAR 2018 UNIVERSITY CONTRIBUTIONS WERE \$75,000 AND PERSONAL CONTRIBUTIONS WERE \$0



Additional Data

Software ID:
Software Version:
EIN: 74-1233796
Name: SOUTHWESTERN UNIVERSITY

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR EDWARD BURGER TRUSTEE & PRESIDENT	(i)	360,474	0	282,497	94,250	104,860	842,081	241,180
	(ii)	0	0	0	0	0	0	0
CRAIG ERWIN VP FOR FINANCE & ADMIN	(i)	199,950	5,000	0	14,196	11,335	230,481	0
	(ii)	0	0	0	0	0	0	0
ALISA MCALISTER GAUNDER DEAN OF THE FACULTY	(i)	181,480	5,000	0	13,090	15,282	214,852	0
	(ii)	0	0	0	0	0	0	0
J PAUL SECORD VP FOR UNIVERSITY RELATIONS	(i)	163,805	5,000	5,000	11,947	16,724	202,476	0
	(ii)	0	0	0	0	0	0	0
JAIME J WOODY VP FOR STUDENT LIFE	(i)	150,499	5,000	0	10,593	8,296	174,388	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY COBB VP FOR INTEGRATED COMMUNICATIONS	(i)	163,478	2,000	0	11,671	17,566	194,715	0
	(ii)	0	0	0	0	0	0	0
THOMAS DELAHUNT VP FOR STRATEGIC RECRUITMENT & ENROL	(i)	120,060	5,000	14,472	8,745	11,709	159,986	0
	(ii)	0	0	0	0	0	0	0
ELMA F BENAVIDES AVP FOR HUMAN RESOURCES	(i)	138,609	0	0	9,837	3,055	151,501	0
	(ii)	0	0	0	0	0	0	0
GLADA C MUNT AVP FOR INTERCOLLEG ATHLETICS	(i)	138,549	0	0	9,492	10,017	158,058	0
	(ii)	0	0	0	0	0	0	0
JULIE A COWLEY AVP FOR ACADEMIC AFFAIRS	(i)	134,348	0	0	9,733	15,114	159,195	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWESTERN UNIVERSITY

Supplemental Information on Tax-Exempt Bonds

- ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

74-1233796

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A RIESEL EDUCATION FACILITIES CORPORATION	20-5312407	000000000	08-11-2006	5,000,000	CONSTRUCT ON-CAMPUS HOUSING		X		X		X
B CLIFTON HIGHER EDUCATION FINANCE	80-0349380	187155AX4	12-28-2017	26,347,790	SCIENCE BUILDING CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,820,000		395,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	5,000,000		26,878,781					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	53,150		347,790					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	4,946,850		19,864,775					
11	Other spent proceeds								
12	Other unspent proceeds			6,666,216					
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		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?								
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 ▶								
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								
7 Does the bond issue meet the private security or payment test? . . .		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				
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					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?	X			X				
c No rebate due?	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				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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					
b Name of provider			BAYERISCHE LANDESBANK					
c Term of GIC			180 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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Return Reference	Explanation
PART II, LINE 3, COL (B)	THE AMOUNT REPORTED ON LINE 3 FOR THE TOTAL PROCEEDS OF ISSUE IS DIFFERENT FROM THE AMOUNT REPORTED IN PART I, COLUMN (E) AS THE ISSUE PRICE FOR THE CLIFTON HIGHER EDUCATION FINANCE ISSUE FOR THE FOLLOWING ITEMS 1 THE UNDERWRITERS DISCOUNT 2 INVESTMENT EARNINGS ON UNSPENT PROCEEDS

Return Reference	Explanation
PART IV, LINE 2C, COL (A)	9/6/2011 IS THE DATE OF REBATE COMPUTATION FOR THE 2/11/2008 18-MONTH SPENDING EXCEPTION REPORT

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHWESTERN UNIVERSITY

Employer identification number
74-1233796

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	1	81,875	APPRAISAL
2 Art—Historical treasures	X	1	1	\$1 OR STATED VALUE
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	22	1,407,348	HIGH-LOW AVERAGE
10 Securities—Closely held stock	X	1	2,360,750	HIGH-LOW AVERAGE
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	1	1	\$1 OR STATED VALUE
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (OTHER)	X	45	12,467	\$1 OR STATED VALUE
26 Other ► (ARCHIVAL RECORDS)	X	2	2	\$1 OR STATED VALUE
27 Other ► ()				
28 Other ► ()				

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

1

30a

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

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II

33

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	REGIONS BANK IS THE CUSTODIAL BANK OF SOUTHWESTERN UNIVERSITY. GIFTS OF SECURITIES ARE TRANSFERRED BY THE DONOR TO VARIOUS BROKERS HIRED BY THE UNIVERSITY. THE BROKERS THEN CONTACT THE CONTROLLER AT SOUTHWESTERN UNIVERSITY TO INFORM HER OF THE GIFT RECEIPT. SOUTHWESTERN THEN INSTRUCTS THE BROKERS TO SELL THE SECURITIES AT CURRENT MARKET VALUE. THE PROCEEDS FROM THE SALE ARE TRANSFERRED TO THE UNIVERSITY'S OPERATING, RESTRICTED, OR ENDOWED ACCOUNTS FOR USE IN ACCORDANCE WITH THE DONOR'S RESTRICTION, IF ANY.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	ALL TRUSTEES ELECTED TO THE BOARD OF TRUSTEES HAVE THE SAME VOTING RIGHTS IN BETWEEN SCHEDULED MEETINGS OF THE TRUSTEES, THE UNIVERSITY'S BYLAWS EMPOWER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES TO ACT ON A BROAD RANGE OF ISSUES AND MATTERS THE COMMITTEE SHALL, SUBJECT TO THE CONTROL OF THE BOARD OF TRUSTEES, HAVE AUTHORITY TO EXERCISE SUPERVISION AND CONTROL OVER THE INVESTMENT OF ENDOWMENT FUNDS, EXERCISE SUPERVISION AND CONTROL OVER ERECTION OF BUILDINGS, NEGOTIATE AND PROCURE LOANS, DESIGNATE THOSE EMPLOYEES AND OFFICERS FOR WHOM DISHONESTY INSURANCE IS REQUIRED, HAVE THE RIGHT TO SELL, LEASE, CONVEY, OR TRANSFER BOTH REAL AND PERSONAL PROPERTY BELONGING TO THE UNIVERSITY, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT SELL ANY OF THE PROPERTY USED FOR THE UNIVERSITY PURPOSES PROPER, AND PERFORM OTHER DUTIES AND EXERCISE SUCH OTHER POWERS AS THE BOARD OF TRUSTEES MAY DELEGATE ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE RECORDED IN OFFICIAL RECORD MEETING MINUTES WHICH ARE REPORTED AT THE NEXT MEETING OF THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>THE BOARD OF TRUSTEES SHALL COMPRISE NOT MORE THAN 45 TRUSTEES, EXCLUDING ANY HONORARY TRUSTEES, AND SHALL BE COMPOSED AS FOLLOWS (A) CONFERENCE TRUSTEES EIGHTEEN TRUSTEES CONSISTING OF FOUR PERSONS FROM EACH OF THE CENTRAL TEXAS, NORTH TEXAS, RIO TEXAS, AND TEXAS ANNUAL CONFERENCES OF THE UNITED METHODIST CHURCH AND TWO PERSONS FROM THE NORTHWEST TEXAS ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH CONFERENCE TRUSTEES ARE NOMINATED BY THE UNIVERSITY'S BOARD OF TRUSTEES, UPON RECOMMENDATION OF THE BOARD'S TRUSTEESHIP COMMITTEE, AND ELECTED BY THEIR RESPECTIVE CONFERENCES THE CONFERENCES ELECTING CONFERENCE TRUSTEES ARE REFERRED TO AS THE UNIVERSITY'S "PATRONIZING CONFERENCES " (B) EPISCOPAL TRUSTEES TWO BISHOPS OF THE UNITED METHODIST CHURCH NOMINATED AND ELECTED BY THE BISHOPS OF THE UNIVERSITY'S PATRONIZING CONFERENCES AFTER CONSULTATION REGARDING EACH INDIVIDUAL NOMINEE WITH THE BOARD'S TRUSTEESHIP COMMITTEE, GIVING DUE REGARD TO THE COMMENTS, REQUESTS, AND CONCERNS OF THAT COMMITTEE AT LEAST ONE OF THE EPISCOPAL TRUSTEES SERVING AT ANY GIVEN TIME MUST BE A BISHOP OF ONE OF THE UNIVERSITY'S PATRONIZING CONFERENCES PER THE BYLAWS OF SOUTHWESTERN UNIVERSITY, ANY CHANGE IN THE COMPOSITION OF THE BOARD OF TRUSTEES OR THE METHOD OF SELECTION FOR MEMBERSHIP ON THE BOARD SHALL BE CONFIRMED BY THE UNIVERSITY'S PATRONIZING CONFERENCES THE TERM "PATRONIZING CONFERENCES" REFERS TO THE CONFERENCES OF THE UNITED METHODIST CHURCH THAT ELECT MEMBERS TO THE UNIVERSITY'S BOARD OF TRUSTEES, NAMELY THE CENTRAL TEXAS, NORTH TEXAS, NORTHWEST TEXAS, RIO TEXAS, AND TEXAS ANNUAL CONFERENCES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>ALL MATTERS REQUIRING CONFIRMATION OR ACTION BY THE PATRONIZING CONFERENCES SHALL BE ACCOMPLISHED AS FOLLOWS (A) THE MATTERS SHALL BE SUBMITTED BY THE UNIVERSITY TO THE RESPECTIVE PATRONIZING CONFERENCES AT LEAST 90 DAYS PRIOR TO EACH PATRONIZING CONFERENCE'S NEXT ANNUAL SESSION (B) REGARDING ELECTION OF CONFERENCE TRUSTEES, ELECTION SHALL BE ACCOMPLISHED UPON A MAJORITY VOTE AT THE RESPECTIVE CONFERENCE'S ANNUAL SESSION (C) REGARDING MATTERS REQUIRING COLLECTIVE CONFIRMATION OF PATRONIZING CONFERENCES, CONFIRMATION SHALL BE ACCOMPLISHED UPON THE AFFIRMATIVE VOTE OF THREE-FIFTHS OF THE PATRONIZING CONFERENCES, WITH EACH PATRONIZING CONFERENCE HAVING ONE VOTE (D) SHOULD ANY PATRONIZING CONFERENCE FAIL TO NOTIFY THE BOARD OF TRUSTEES OF ITS ACTION ON ANY MATTER REQUIRING CONFIRMATION OR ACTION WITHIN 30 DAYS FOLLOWING THE CLOSE OF ITS NEXT ANNUAL SESSION BEFORE WHICH THE MATTER WAS SUBMITTED BY THE UNIVERSITY, THE MATTER SHALL BE DEEMED ACTED UPON AFFIRMATIVELY OR CONFIRMED (E) ACTIONS THAT REQUIRE CONFIRMATION BY THE PATRONIZING CONFERENCES SHALL BE SPECIFICALLY DESIGNATED IN THE CERTIFICATE OF FORMATION AND BYLAWS, AS APPLICABLE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>PER THE BOARD APPROVED RESOLUTION, THE AUDIT COMMITTEE PREPARES AN ANNUAL TIMELINE FOR THE PREPARATION, REVIEW, AND FILING OF FORM 990 AN EXTERNAL ACCOUNTING FIRM REVIEWS THE COMPLETED RETURN PREPARED BY INTERNAL STAFF THE ADMINISTRATION AND OTHER STAFF COMPLETE SUB-CERTIFICATION STATEMENTS ADDRESSING THEIR INDIVIDUAL AREAS OF RESPONSIBILITIES THE COMPLETED RETURN, ALONG WITH SUB-CERTIFICATION STATEMENTS, IS REVIEWED BY THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION PRESENTS THE COMPLETED RETURN TO THE BOARD OF TRUSTEES AUDIT COMMITTEE, WHICH HAS OVERSIGHT RESPONSIBILITY FOR THE FORM 990 AFTER REVIEW BY THE AUDIT COMMITTEE, A COPY OF THE RETURN IS MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW BEFORE FILING BOARD MEMBERS REVIEW THE RETURN AND SEND A CONFIRMATION OF THEIR REVIEW ANY COMMENTS ARE SUBMITTED IN WRITING TO THE AUDIT COMMITTEE THE RETURN IS THEN FILED ELECTRONICALLY WITH THE IRS BY THE EXTERNAL TAX ACCOUNTING FIRM ADDITIONALLY, THE UNIVERSITY'S EXTERNAL AUDITING FIRM REVIEWS THE PRIOR YEAR RETURN FOR COMPLETENESS AND ACCURACY RELEVANT TO THE SCOPE AND DUE DILIGENCE REQUIREMENTS OF THE AUDITING PROCESS, AND REPORTS ANY SIGNIFICANT OR MATERIAL WEAKNESSES NOTED TO THE BOARD OF TRUSTEES AUDIT COMMITTEE THE AUDIT COMMITTEE HAS OVERSIGHT RESPONSIBILITY AND AUTHORITY TO ENSURE NOTED WEAKNESSES OR ERRORS ARE CORRECTED THE AUDIT COMMITTEE REPORTS REGULARLY TO THE FULL BOARD OF TRUSTEES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE BOARD OF TRUSTEES HAS DELEGATED ONGOING OVERSIGHT OF THE UNIVERSITY'S CONFLICT OF INTEREST POLICY TO THE BOARD OF TRUSTEES AUDIT COMMITTEE AS A PERMANENT DUTY OF THE AUDIT COMMITTEE'S CHARTER. THE AUDIT COMMITTEE IS RESPONSIBLE FOR PROPOSING CHANGES IN THE UNIVERSITY CONFLICT OF INTEREST POLICY TO THE FULL BOARD OF TRUSTEES, AND FOR MONITORING COMPLIANCE WITH THE POLICY APPROVED BY THE BOARD OF TRUSTEES. ALL MEMBERS OF THE BOARD OF TRUSTEES, BOARD COMMITTEE MEMBERS, OFFICERS, KEY EMPLOYEES, MEMBERS OF THE FINANCIAL AID OFFICE AND ALL PROFESSIONAL FINANCIAL ACCOUNTING STAFF ANNUALLY COMPLETE AND SUBMIT A QUESTIONNAIRE ON POSSIBLE CONFLICTS OF INTEREST AND INDEPENDENCE. EMPLOYEES OF THE UNIVERSITY OTHER THAN THE PRESIDENT SUBMIT CONFLICT OF INTEREST INFORMATION TO THE PRESIDENT. THE PRESIDENT DETERMINES IF AN ACTUAL CONFLICT OF INTEREST EXISTS AND DETERMINES THE APPROPRIATE MITIGATING ACTION. THE PRESIDENT REPORTS TO THE AUDIT COMMITTEE, ON AN ANNUAL BASIS, ALL IDENTIFIED POSSIBLE CONFLICTS OF INTEREST AND MITIGATING ACTIONS TAKEN. THE PRESIDENT AND THE MEMBERS OF THE BOARD OF TRUSTEES SUBMIT CONFLICT OF INTEREST AND INDEPENDENCE QUESTIONNAIRES TO THE BOARD OF TRUSTEES AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING THE SITUATION AND RECOMMENDING TO THE BOARD CHAIRMAN APPROPRIATE MITIGATING ACTIONS. IF IT IS DETERMINED THAT A CONFLICT EXISTS THEN THE CHAIR OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE WHETHER THE UNIVERSITY CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE UNIVERSITY'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE UNIVERSITY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. THE UNIVERSITY ALSO HAS A WHISTLE-BLOWER POLICY AND PROCESS UNDER THE OVERSIGHT AND AUTHORITY OF THE BOARD OF TRUSTEES AUDIT COMMITTEE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE BOARD OF TRUSTEES COMPENSATION COMMITTEE IS RESPONSIBLE FOR SETTING COMPENSATION FOR THE SENIOR STAFF OF THE UNIVERSITY. SENIOR STAFF INCLUDES THE PRESIDENT AND ALL VICE PRESIDENT-LEVEL STAFF. ADDITIONALLY, EACH YEAR ANY EMPLOYEES LISTED IN IRS FORM 990 PART VII, OF FICER, KEY EMPLOYEE, AND HIGHLY PAID EMPLOYEE, NOT ALREADY WITHIN THE SCOPE OF THE COMPENSATION COMMITTEE, ARE ADDED TO THE COMMITTEE'S SCOPE OF OVERSIGHT. THE COMPENSATION COMMITTEE INCLUDES ONLY INDEPENDENT BOARD OF TRUSTEES MEMBERS AS VOTING MEMBERS PLUS THE ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES, AS A NON-VOTING EX OFFICIO MEMBER. THE COMMITTEE COMPILES INDUSTRY-WIDE SALARY SURVEYS, BENCHMARK INSTITUTIONAL DATA FROM PEER INSTITUTIONS, AND OTHER EXTERNAL, OBJECTIVE DATA, TO DETERMINE THE APPROPRIATENESS OF COMPENSATION FOR EMPLOYEES UNDER ITS REVIEW. THE ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES IS RESPONSIBLE FOR COMPILING A COMPLETE LIST OF ALL COMPENSATION, TAXABLE AND NON-TAXABLE FRINGE BENEFITS, AND ANY OTHER RELEVANT DATA FOR THE COMMITTEE. THE COMPENSATION COMMITTEE REPORTS ON THE SALARY ADMINISTRATION PROCESS TO THE BOARD OF TRUSTEES ON AN ANNUAL BASIS FOR APPROVAL BY THE BOARD. FULL DISCLOSURE OF COMPENSATION IS REPORTED ON FORM 990 FOR FULL BOARD OF TRUSTEE REVIEW. ALL THE INFORMATION USED BY THE COMPENSATION COMMITTEE IS RETAINED BY THE ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES IN THE PERSONNEL OFFICE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY PUBLISHES ITS ARTICLES OF INCORPORATION AND/OR CERTIFICATE OF FORMATION, BY LAWS, CONFLICT OF INTEREST POLICY, INDEPENDENCE POLICY, THE MOST CURRENT THREE YEARS OF AUDITED FINANCIAL STATEMENTS, AND IRS FORMS 990 AND 990-T ON THE UNIVERSITY WEBSITE THE INFORMATION MAY BE ACCESSED AT HTTP //WWW SOUTHWESTERN EDU/BUSINESS-OFFICE/BUDGET-FINANCE/

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 53,167 POST-RETIREMENT RELATED CHANGES -4,013,383

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHWESTERN UNIVERSITY

Employer identification number
74-1233796

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
(1)SOUTHWESTERN FOUNDATION 1001 EAST UNIVERSITY AVENUE GEORGETOWN, TX 78626 74-2736740	HOLD AND MANAGE REAL PROPERTY FOR UNIVERSITY	TX	501(C)(3)	LINE 12A, I	SOUTHWESTERN UNIVERSITY	Yes	

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	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) SOUTHWESTERN FOUNDATION	O	920,687	GROSS WAGES

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation