DLN: 93493100000240 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 C Name of organization TEXAS CHRISTIAN UNIVERSITY D Employer identification number B Check if applicable ☐ Address change 75-0827465 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite TCU BOX 297011 ☐ Amended return ☐ Application pending (817) 257-4506 City or town, state or province, country, and ZIP or foreign postal code FORT WORTH, TX $\,$ 761290001 $\,$ **G** Gross receipts \$ 2,019,202,787 Name and address of principal officer H(a) Is this a group return for VICTOR J BOSCHINI □Yes ☑No subordinates? TCU BOX 297011 H(b) Are all subordinates FORT WORTH, TX 761290001 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) П 501(c)() **◀** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TCU EDU L Year of formation 1889 M State of legal domicile TX K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TEXAS CHRISTIAN UNIVERSITY IS AN INSTITUTION OF HIGHER EDUCATION WHICH INCLUDES TEN MAJOR ACADEMIC UNITS INSTRUCTION IS FOR 10,918 STUDENTS Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 47 Number of independent voting members of the governing body (Part VI, line 1b) 6,155 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 10,500 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a -19,377,637 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 87,359,007 84,732,962 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 574,333,587 630,622,181 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 163,377,602 172,483,057 23,766,520 16,323,049 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 848,836,716 904,161,249 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 165,884,493 188,071,262 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 282,947,568 303,872,490 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 240,141 341,981 b Total fundraising expenses (Part IX, column (D), line 25) ▶14,629,696 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 254,726,284 264,790,541 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 703,798,486 757,076,274 19 Revenue less expenses Subtract line 18 from line 12 . 145,038,230 147,084,975 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 3,200,356,822 3,318,638,977 914,354,482 21 Total liabilities (Part X, line 26) . 822,619,528 22 Net assets or fund balances Subtract line 21 from line 20 . 2,404,284,495 2,377,737,294 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 2020-04-09 Signature of officer Sign Here BRIAN GUTIERREZ VC FINANCE AND ADMINISTRATION Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00369623 Paid self-employed Firm's name PRICEWATERHOUSECOOPERS LLP Firm's EIN ▶ 13-4008324 Preparer Use Only Firm's address ▶ 600 THIRTEENTH STREET NW SUITE 1000 Phone no (202) 414-1000 WASHINGTON, DC 20005

For Paperwork Reduction Act Notice, see the separate instructions.

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

☑ Yes ☐ No

| | 990 (2018) | | | | | Page |
|------------------------------|--|--|--|---|--|---|
| Pa | nt III Statement | of Program Servi | ce Accomplis | hments | | |
| | Check If Sche | dule O contains a rest | onse or note to a | any line in this Part III | | |
| 1 | Briefly describe the o | organization's mission | | | | |
| SCIE INTE THIN VALU | NCE AND ENGINEERIN RDISCIPLINARY STUD IK AND ACT AS ETHIC/ JES-CENTERED UNIVE | NG, BUSINESS, EDUCA IES AND THE TCU & U AL LEADERS AND RESI RSITY EXPERIENCE FO | TION, FINE ARTS NTHSC SCHOOL PONSIBLE CITIZE OR OUR STUDENT | S, COMMUNICATION, HO OF MEDICINE TCU'S M SNS IN THE GLOBAL CO SOUR CORE VALUES A | CLUDES TEN MAJOR ACADEMIONORS, NURSING AND HEALT ONORS, NURSING AND HEALT IISSION STATEMENT IS "TO E MMUNITY" OUR VISION IS TO ARE ACADEMIC ACHIEVEMENT LUSIVENESS, TOLERANCE, AN | FH SCIENCES, SCHOOL OF DUCATE INDIVIDUALS TO O CREATE A WORLD-CLASS, F, PERSONAL FREEDOM AND |
| 2 | the prior Form 990 o | | | vices during the year w | hich were not listed on | ☑ Yes ☐ No |
| 3 | • | | | changes in how it condi | ucts, any program | |
| - | services? | | | | | . □Yes ☑No |
| | If "Yes." describe the | ese changes on Schedi | ule O | | | |
| 4 | Section 501(c)(3) ar | | ions are required | to report the amount of | largest program services, as in of grants and allocations to oth | |
| 4a | (Code See Additional Data |) (Expenses \$ | 383,632,781 | ıncludıng grants of \$ | 188,071,262) (Revenue \$ | 489,157,350) |
| | | | | | | |
| 4b | (Code See Additional Data |) (Expenses \$ | 174,749,099 | including grants of \$ |) (Revenue \$ | 130,692,142) |
| 4b 4c | • |) (Expenses \$) (Expenses \$ | 174,749,099 42,304,161 | including grants of \$ including grants of \$ |) (Revenue \$) (Revenue \$ | 130,692,142) 3,294,048) |
| | See Additional Data (Code | | | | | |
| | (Code See Additional Data (Code See Additional Data (Code SEE SCHEDULE O |) (Expenses \$ | 42,304,161 56,880,090 | including grants of \$ |) (Revenue \$ | 3,294,048) |
| 4c | (Code See Additional Data (Code See Additional Data (Code SEE SCHEDULE O |) (Expenses \$) (Expenses \$ ces (Describe in Scheo | 42,304,161 56,880,090 | including grants of \$ including grants of \$ |) (Revenue \$ | 3,294,048) |

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12h Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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 14b Yes Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

| | tiV Checklist of Required Schedules (continued) | | | rage 4 |
|-----|---|----------------|-----|-------------------|
| Par | Checklist of Required Schedules (continued) | - 1 | 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 | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II | 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? If "Yes," complete Schedule L, Part III | 27 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, | 28b | Yes | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒 | 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 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 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? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | 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)? If "Yes," complete Schedule R, Part V, line 2 | 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? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | tV Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | . ; | | <u> </u> |
| 1 > | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14,814 | | Yes | No |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Yes | |

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes

7d |

10a

10b

11a

11b

12b

13b

13c

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

Yes

Form **990** (2018)

No

Yes

No

No

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

| orm | 990 (2018) | | | Page 6 |
|-----|---|----------|-----------------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 | o" respo | onse to i | ines 🗸 |
| Se | ction A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 50 | | Yes | No_ |
| | 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 47 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? \blacksquare | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| | The governing body? | 8a | Yes | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| | 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 |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | 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 | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| | 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? | | | |
| | 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) | | | |
| | 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 | | |
| Se | ction 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 •KIM ADAMS 2800 S UNIVERSITY DRIVE FORT WORTH, TX 761290001 (817) 257-4506 | | | n /2015` |
| | | - | orm 99 6 | 0 (2018) |

| 101111 330 (2 | 010) | | | | | | | | | | Page / |
|-------------------------|--|--|-----------------------------------|---------------------------|---------------------|---------------------------------|------------------------------|--------|--|--|--|
| Part VII | Compensation of Officer and Independent Contra | | Truste | es, | Key | En | nploy | ees | , Highest Comp | ensated Employ | ees, |
| | Check if Schedule O contains a | response or no | te to an | y line | ≘ ın t | hıs | Part VI | ١. | | | 🗆 |
| Section | A. Officers, Directors, Tru | ıstees, Key E | mploy | ees | , an | d F | lighe | st (| Compensated En | nployees | |
| year . | this table for all persons requir of the organization's current of | | · | | | | | | , , | | • |
| of compensa | tion Enter -0- in columns (D), (if the organization's current key | E), and (F) if no | compe | nsatı | on w | vas į | paid | | - ,, | | |
| • List the who received | organization's five current high direportable compensation (Box and any related organizations | est compensate | d emplo | yees | (oth | ner t | than a | n off | icer, director, truste | e or key employee) | 1 |
| • List all o | of the organization's former office compensation from the organization | | | | | | pensat | ed e | employees who rece | ived more than \$10 | 0,000 |
| | f the organization's former dir e , more than \$10,000 of reportat | | | | | | | | | | e |
| compensated | in the following order individual demployees, and former such p | ersons | | | | | | | | | |
| ☐ Check tl | nis box if neither the organization | n nor any relate | ed organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee | Т |
| | (A) Name and Title | (B) Average hours per week (list any hours for related | than o | one bo oth a direct | ox, un off tor/t | t cho unles ficer rust | and a | on | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MI3C) | (W- 2/1099- MISC) | related organizations |
| See Additiona | al Data Table | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

13355 NOEL ROAD 4TH FLOOR DALLAS, TX 75240

compensation from the organization ► 115

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

Page 8

| | | | _ | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | T | | , , , , , , , , , , , , , , , , , , , | | | |
|-------|--|---|--|-----------------------|----------------|---------------------------|--|--------------|--|------------|--|----------|---|----------------------------------|
| | (A) Name and Title | (B) Average hours per week (list any hours | than o | one b | οχ, ι an of | ot che unles fficer | neck mo ess pers er and a stee) | son | (D) Reportable compensation from the organization (V | on W- | (E) Reportable compensation from related organizations (\) | w- | Estima amount o compens from t | ited f other sation the |
| | | for related organizations below dotted line) | individual trustee or director | Institution | Officer | key employee | Highest compensati employee | Former | 2/1099-MISC | :) | 2/1099-MISC |) | organızatı relate organıza | ed |
| | | | trustee r | Institutional Trustee | |))ee | onipensated | | | | | | | |
| See | Additional Data Table | - | | \vdash | \vdash | \vdash | | + | | | | \dashv | | |
| | | | | \vdash | \vdash | \vdash | +- | + | | | | \dashv | | |
| | | | | \vdash | \vdash | \vdash | +- | + | | | | \dashv | | |
| | | | | \vdash | \vdash | + | + | +-' | | | | \dashv | | |
| | | | | \vdash | \vdash | + | +- | +-' | | | | \dashv | | |
| | | | | \vdash | \vdash | + | + | | | | | \dashv | | |
| | | | | | \vdash | + | +- | | | | | \dashv | | |
| | | <u> </u> ' | | — | \vdash | + | + | <u></u> | | | | \dashv | | |
| | | <u> </u> ' | | | \perp | | | <u></u> | | | | \dashv | | |
| | | <u> </u> | <u> </u> | <u> </u> | \perp | <u> </u> | | ∟' | | | | | | |
| | | <u> </u> | | | \perp | | Щ. | ' | | | | | | |
| | Sub-Total | | | · . | | | > | _ | | \vdash | | - | | |
| | | an vii, Section | | · <u>·</u> | | | | _ | 20,740,217 | +_ | | 0 | | 2,512,329 |
| 2 | Total number of individuals (including of reportable compensation from the o | | | e listi | ed a | ibov | e) who |) rec | eived more than | 1 \$10 | 00,000 | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i> | | | ee, k | ey e • | mplo • | oyee, d | or hid | ghest compensa | ited • | employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organizations individual | | | | | | | | | | n the | 4 | Yes | |
| 5 | Did any person listed on line 1a receiv services rendered to the organization? | | | | | | | | | ındı | vidual for | 5 | 1.00 | No No |
| Se | ection B. Independent Contract | ors | | — | — | — | | — | | | | _ | <u> </u> | - 140 |
| 1 | Complete this table for your five higher from the organization Report compens | est compensate | | | | | | | | | | npei | nsation | |
| | Name a | (A) and business addre | ess | | | | | | | Desci | (B) ription of services | | (C Compen | |
| HC BE | ECK LTD | | | | | | | | | | ION & ARCHITECTU | JRE | | 330,644 |
| | ROSS AVENUE SUITE 500 AS, TX 75201 | | | | | | | | | | | | | |
| | ECK GROUP LLC | | | | | | | | CONSTF | RUCT | TON SRVS | | 43, | 451,053 |
| | W ROSEDALE SUITE 202 WORTH, TX 76104 | | | | | | | | | | | | | |
| | EXO INC & AFFILIATES | | | | | | | | DINING | SER | VICES | | 22, | 070,279 |
| | OX 536922 | | | | | | | | | | | | | |
| | NTA, GA 30353 IER CONSTRUCTION COMPANY | | | | | | | | CONSTF | RUCT | TON SRVS | | 11, | 523,296 |
| | 0 N CENTRAL EXPY SUITE 600 AS, TX 75231 | | | | | | | | | | | | | |
| HUNT | CONSTRUCTION GROUP | | | | | | | | CONSTR | RUCT | TON SRVS | | 8, | 046,801 |

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

| | | (2018) | | | | | | | | | | | Page 9 |
|--|------|--|-------------------------|---------------------|-----------------------|--------------|-------------------------------|-----------------|--|-------|---|-----|---|
| Part | VIII | | | | | | D | | | | | | |
| | | Check If Schedul | e O contains a | respo | onse or note to any | (/ | nis Part VIII A) evenue | Rel e> fu | (B) ated or kempt nction venue | | (C) Jnrelated business revenue | | (D) Revenue xcluded from under sections 512 - 514 |
| | 18 | Federated campaigi | ns | 1a | 0 | | | 16 | venue [| | | | 312 - 314 |
| nts ints | | b Membership dues | [| 1 b | 155,720 | | | | | | | | |
| Gra no | , | c Fundraising events | | 1c | 752,554 | | | | | | | | |
| Gifts, Grants illar Amounts | , | d Related organizatio | ns | 1d | 0 | | | | | | | | |
| <u> </u> | , | e Government grants (co | ontributions) | 1e | 9,742,217 | | | | | | | | |
| tributions, Gifts, Grants Other Similar Amounts | 1 | All other contributions, and similar amounts no above | | 1f | 74,082,471 | | | | | | | | |
| Contributions, and Other Sirr | , | g Noncash contribution in lines 1a - 1f \$ | ons included | 6,3 | 311,257 | | | | | | | | |
| Contand | | h Total. Add lines 1a- | -1f | • | • | 8 | 34,732,962 | | | | | | |
| - | | | | | Business | Code | | | | | | | |
| 'n. | 2a | TUITION AND FEES | | | | 611310 | 489,1 | .57,350 | 489,157 | 7,350 | | 0 | 0 |
| | b | RESIDENTIAL ADMINIST | TRATION | | | 611710 | 37,5 | 518,229 | 37,518 | 3,229 | | 0 | 0 |
| Ce F | С | DINING SERVICES | | | | 611710 | 22,4 | 138,592 | 22,438 | 3,592 | | 0 | 0 |
| ۴۲ | d | ATHLETICS AND CAMPU | S REC | | | 611710 | 64,8 | 328,931 | 63,942 | 2,091 | 886, | 840 | 0 |
| n S | е | UNIVERSITY BOOKSTOR | RE | | | 611710 | 1,9 | 09,497 | 1,909 | 9,497 | | 0 | 0 |
| Program Service Revenue | f | All other program se | rvice revenue | | | | 14,7 | 69,582 | 14,729 | ,684 | 39, | 898 | 0 |
| ď | | Total. Add lines 2a-2 | | | 630,6 | 22,181 | | | | | | | |
| | 3 | Investment Income (II | | nds, ı | nterest, and other | | 42,588,432 | 2 | | | 16,570 | | 42,571,862 |
| | | Income from investme | | | ond proceeds • | | (| | 0 | | 0 | | 0 |
| | 5 | Royalties | | | | | 12,180,788 | 3 | 0 | | 0 | | 12,180,788 |
| | | | (ı) Real | | (II) Personal | | | | | | | | |
| | 6a | Gross rents | 65 | 5,951 | 45,770 | , | | | | | | | |
| | b | Less rental expenses | | 0 | 13,770 | | | | | | | | |
| | c | Rental income or (loss) | 65 | 5,951 | 45,770 | | | | | | | | |
| | d | Net rental income of | r (loss) | | · · · • | <u> </u> | 701,72: | 1 | 0 | | 0 | | 701,721 |
| | | | (ı) Securiti | | (II) Other | | | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 1,244,093,205 | | 294,477 | , | | | | | | | |
| | b | Less cost or other basis and sales expenses | 1,111,25 | 9,940 | 3,233,117 | , , | | | | | | | |
| | c | Gain or (loss) | 132,83 | 3,265 | -2,938,640 | 9 | | | | | | | |
| | | Net gain or (loss) . | | | • | | 129,894,625 | 5 | 0 | | -20,320,945 | | 150,215,570 |
| Revenue | 8a | Gross income from fu (not including \$ contributions reporte See Part IV, line 18 | 752,554 ced on line 1c) | | 420,054 | | | | | | | | |
| }e^ | ŀ | Less direct expenses | | b | 399,655 | 1 | | | | | | | |
| er F | | : Net income or (loss) | | | ents | J | 20,399 | 9 | | | 0 | | 20,399 |
| Other | 9a | Gross income from g See Part IV, line 19 | | | , | | | | | | | | |
| | L | • I | _ | a | 0 | - | | | | | | | |
| | | Less direct expense: : Net income or (loss) | | b activit | | _ | (| | 0 | | 0 | | 0 |
| | | Gross sales of invent | | | | | | | | | | | |
| | | returns and allowance | es | a | 300,092 | | | | | | | | |
| | ь | Less cost of goods s | old - | a b | 148,826 | 1 | | | | | | | |
| | | : Net income or (loss) | | | | _ | 151,266 | 5 | 0 | | 0 | | 151,266 |
| | | Miscellaneous | | 1100110 | Business Code | | | | | | | | |
| | 11 | ^a BRITE ADMINISTRA MAINTENANCE FEE | TION | | 611710 | | 1,062,012 | 2 | 0 | | 0 | | 1,062,012 |
| | b | ANNUITY INCOME | | | 611710 |) | 1,306,21 | 5 | 0 | | 0 | | 1,306,215 |
| | c | ALUMNI EVENTS | | | 611710 |) | 148,868 | 3 | 0 | | 0 | | 148,868 |
| | | | | | | | | | | | | | |
| | | I All other revenue . Total. Add lines 11a | -11d | | | | 751,780 | | 0 | | 0 | | 751,780 |
| | | : Total revenue. See | | | | | 3,268,875 | | | | | | |
| | | | | | · • | | 904,161,249 |) | 629,695,443 | | -19,377,637 | | 209,110,481 orm 990 (2018) |

and 16

b Legal .

c Accounting

4 Benefits paid to or for members

section 4958(c)(3)(B) .

9 Other employee benefits .

10 Payroll taxes

11 Fees for services (non-employees)

a Management

d Lobbying

f Investment management fees

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest

7 Other salaries and wages

key employees .

governments, and foreign individuals. See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e
 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 ► ☐ if following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

22 Depreciation, depletion, and amortization .

19 Conferences, conventions, and meetings

21 Payments to affiliates . . .

expenses on Schedule O)

a DUES AND SUBSCRIPTIONS

c INSTR, RESEARCH, & LAB

b FOOD SERVICES

d INDIRECT COST

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column

782,933

7,234,681

1,489,731

581,550

7,479

341,981

539,669

2,744

759,191

133,056

30,888

617,356

78,054

2,477

827,338

3,281

98,463

292,638

9,207

1,349

14,629,696

Form 990 (2018)

n

0

ຄ

n

n

0

795,630

8,483,922

17,823,548

2,875,331

2,760,746

1,578,874

693,266

328,914

33,559,950

1,463,474

1,131,390

3,669,881

1,297,030

1,298,842

227,971

518,171

3,553,347

83,153

381,512

950,571

38,698

1,383,830

84.880,447

n

0

776,884

1,142

| 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) Fundraisingexpenses | | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 50,000 | 50,000 | | | | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 188,021,262 | 188,021,262 | | | | | | | |
| 3 Grants and other assistance to foreign organizations, foreign | 0 | 0 | | | | | | | |

0

0

10,645,116

219,636,334

19,349,975

40,399,005

13,842,060

933.518

328,914

341,981

33,559,950

32,158,641

2,872,420

23,435,619

4,990,928

23,494,545

27,283,540

1,820,627

15,557,766

64,100,488

2,899,018

7,482,288

18,512,384

1,754,960

645,556

2,958,237

757,076,274

0

0

1,142

0

1,378,261

194,578,105

15,679,014

36,148,528

11,681,636

0

O

0

232,773

30,155,498

1,738,286

19,006,547

4,080,988

22,166,627

25,367,342

1,514,602

15,037,118

59,719,803

2,812,584

7,002,313

17,269,175

1,707,055

645,556

1,573,058

657,566,131

0

0

Page **11**

582,036,785

116.617.066

91.451.355

33.744.210

668,498,615

120.660.302

914.354.482

1.531.034.319

422,640,911

450.609.265

2,404,284,495

3,318,638,977

Form **990** (2018)

0

3.318.638.977

1.129.441.984

Form 990 (2018)

11

12

13

14

15

16

17 18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|---|-----------------------------|
| 1 Cash-non-interest-bearing | 11,079,380 | 1 | 16,059,604 |
| 2 Savings and temporary cash investments | 0 | 2 | |
| 3 Pledges and grants receivable, net | 39,821,668 | 3 | 52,175,935 |
| | | | |

| | 3 | Pledges and grants receivable, net | 39,821,668 | 3 | 52,175,935 |
|-------|---|--|------------|---|------------|
| | 4 | Accounts receivable, net | 28,207,575 | 4 | 24,529,478 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | 0 | 5 | 0 |
| | 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 | 0 |
| ssets | 7 | Notes and loans receivable, net | | 7 | |
| SS | 8 | Inventories for sale or use | 604,825 | 8 | 607,653 |

| S | 6 | Part II of Schedule L | rsons (as defined under (c)(3)(B), and if section 501(c)(9) structions) Complete | U | 6 | 0 | |
|-----|-----|---|--|---------------|---------------|-------------|---------------|
| et | 7 | Notes and loans receivable, net | | 7 | | | |
| \$8 | 8 | Inventories for sale or use | 604,825 | 8 | 607,653 | | |
| A | 9 | Prepaid expenses and deferred charges | 4,798,622 | 9 | 5,018,850 | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,946,010,452 | | | |
| | b | Less accumulated depreciation | 10b | 553,858,830 | 1,244,362,628 | 10 c | 1,392,151,622 |

695,922,171 **11**

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31 32

33

34

1.050.904.953

124.655.000

82.846.537

37.702.388

94.431.856

822.619.528

1.545.399.805

397,906,461

434.431.028

2,377,737,294

3,200,356,822

607.638.747

3.200.356.822

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007697 **Software Version:** 2018v3.1

EIN: 75-0827465

Name: TEXAS CHRISTIAN UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: SEE SCHEDULE O

Form 990, Part III, Line 4c: SEE SCHEDULE O

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) y hours organization (Worganizations from the

Officer

Χ

employee

Institutional

Trustee

Individual trustee or director

Х

Х

Х

Х

Χ

Χ

Х

20

20

2 0

20

20

20

20

......

......

......

......

......

Highest compensated employee

Former

2/1099-MISC)

2,344,305

0

0

0

0

0

0

0

0

(W- 2/1099-

MISC)

organization and

related

organizations

697,886

0

0

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

| | any hours for related organizations below dotted line) |
|-----------------------|--|
| Victor J Boschini Jr | 40 0 |
| | |
| Chancellor | |
| Leanne S Acuff | 2 0 |
| | |
| Trustee | |
| Sheryl L Adkıns-Green | 2 0 |

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

J Kelly Cox

Amy Roach Bailey

Michael K Berry

Joe D Briggs

Edward A Clark

Brenda Almes Cline

Allie Beth McMurtry Allman

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) organization (W-

0

0

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

and Independent Contractors

Kathryn Thompson Farmer

Charlotte Scharbauer French

Marcia Fuller French

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Alan D Friedman

Rafael G Garza

Charles L Geren

Nick A Giachino

| | any hours | "" | dırect | or/t | | • | - | organization (W- | organizations | from the |
|------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) | (W- 2/1099- MISC) | organization and related organizations |
| Marilyn E Davies | 2 0 | x | | | | | | | 0 | |
| Trustee | | ^ | | | | | | | 0 | |
| Barry E Davis | 2 0 | | | | | | | | | |
| Trustee | | X | | | | | | | 0 | |
| G Hunter Enis | 2 0 | | | | | | | | | |
| Trustee | | X | | | | | | | 0 | |
| | 1 | 1 | _ | _ | _ | - | - | | | |

2 0

2 0

2 0

20

20

20

20

Х

Х

Х

Χ

0

0

0

0

0

0

......

......

......

.....

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation from the

organization and related organizations

0

0

0

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

| | any hours | | direct | | | and a ≘e) | l | organization (W- | organizations | |
|-------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated | Former | 2/1099-MISC) | (W- 2/1099- MISC) | |
| Elliott J Hill | 2 0 | × | | | | | | 0 | 0 | |
| Trustee | | | | | | | | | | |
| Kenneth J Huffman | 2 0 | X | | | | | | 0 | 0 | |
| Trustee | | ^ | | | | | | 0 | 0 | |
| Bruce W Hunt | 2 0 | × | | | | | | 0 | 0 | |
| Trustee | | _ ^ | | | | | | 0 | U | |
| | | | | | | | | | | |

2 0

20

2 0

2 0

5 0

Χ

Х

Χ

Χ

Х

......

......

......

and Independent Contractors

J Luther King Jr

G Malcolm Louden

Mary Ralph Lowe

Kade L Matthews

Kit Tennison Moncrief

Trustee

Trustee

Trustee

Trustee

Vice Chair

| | | | | <u> </u> | | | |
|-------------------|-----|---|--|----------|---|---|--|
| Elliott J Hill | 2 0 | | | | 0 | 0 | |
| Trustee | | ^ | | | ١ | 0 | |
| Kenneth J Huffman | 2 0 | | | | | | |
| Trustee | | × | | | | | |
| Bruce W Hunt | 2 0 | | | | | | |
| Trustee | | × | | | | | |
| Mark L Johnson | 6 0 | | | | | | |

| | | l x | | | l | lo | l 0 | l n |
|----------------|-----|-----|--|--|---|----|-----|-----|
| Trustee | | , , | | | | | | |
| Bruce W Hunt | 2 0 | х | | | | 0 | 0 | 0 |
| Trustee | | _ ^ | | | | ١ | | |
| Mark L Johnson | 6 0 | l | | | | | | |
| Chair | | × | | | | 0 | 0 | 0 |
| 1 Pryan King | 4 0 | | | | | | | |

| Trustee | | X | | | 0 | 0 | 0 |
|----------------|-----|---|--|--|---|---|---|
| Bruce W Hunt | 2 0 | V | | | 0 | 0 | 0 |
| Trustee | | ^ | | | ٥ | 0 | 0 |
| Mark L Johnson | 6 0 | | | | | 0 | |
| Chair | | ^ | | | 0 | 0 | 0 |
| J Bryan Kıng | 4 0 | | | | | | |
| Trustee | | X | | | 0 | 0 | 0 |

0

0

0

0

0

| Trustee | | ^ | | | ٥ | 0 | 0 |
|-------------------|-----|---|--|--|---|---|---|
| Kenneth J Huffman | 2 0 | V | | | 0 | 0 | |
| Trustee | | X | | | | U | U |
| Bruce W Hunt | 2 0 | | | | 0 | 0 | |
| Trustee | | X | | | 0 | U | 0 |
| Mark L Johnson | 6 0 | | | | | 0 | |
| Chair | | X | | | 0 | U | 0 |
| | 4.0 | | | | | | |

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a compensation week (list from the from related director/trustee) any hours organization (Worganizations from the

Officer

employee

Institutional

Individual trustee or director

Х

Х

Х

Х

Χ

Х

Χ

4 0

2 0

20

20

2 0

2 0

20

20

20

2 0

......

......

......

......

......

Highest compensated employee Former

for related

organizations

below dotted

line)

2/1099-MISC)

0

0

0

0

0

0

(W- 2/1099-

MISC)

organization and

related

organizations

0

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

| Ronald C Parker |
|------------------|
| Trustee |
| John H Pınkerton |
| Trustee |

Roger A Ramsey

Trevor D Rees-Jones

Joan Glusing Rogers

Matthew K Rose

Billy Rosenthal

Patricia Penrose Schieffer

Edgar H Schollmaier

Nancy Tartaglino Richards

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list compensation from the from related from the

0

0

0

0

0

0

0

0

0

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

| | any hours | ۰ ا | direct | or/ti | rust | ee) | | organization (W- | organizations | from the | |
|-----------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------|----------------------|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| Jan Tucker Scully | 2 0 | х | | | | | | 0 | 0 | 0 | ٠ |
| Trustee | | ^ | | | | | | 0 | 0 | | |
| Rıchard Lee Stuart II | 2 0 | x | | | | | | 0 | 0 | 0 | |
| Trustee | | ^ | | | | | | 0 | 0 | Ĭ | |
| Duer Wagner III | 2 0 | × | | | | | | 0 | 0 | 0 | |
| Trustee | | ^ | | | | | | ١ | ٥ | ĺ | |

20

20

2 0

20

20

20

20

Х

Χ

Χ

Х

Х

Χ

......

......

......

......

......

and Independent Contractors

Roger Williams

Rick L Wittenbraker

Michael G Wright

Kımbell Fortson Wynne

Thomas F Meagher Jr

LaDainian T Tomlinson

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Dee J Kelly Jr

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation from the

31,332

71,717

81,728

58,746

492,134

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

| | any hours | | direct | | | ee) | | organization (W- | organizations | from the |
|-----------------------|---|-----------------------------------|-----------------------|-----|--------------|---------------------|--------|------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | Highest compensated | Former | 2/1099-MISC) | (W- 2/1099- MISC) | organization and related organizations |
| F Howard Walsh III | 2 0 | × | | | | | | 0 | 0 | 0 |
| Trustee | | | | | | | | | | |
| Kathryn M Cavıns Tull | 40 0 | | | Х | | | | 425,429 | 0 | 52,257 |
| VC Student Affairs | | | | _^_ | | | | 423,429 | | 32,237 |
| Yohna J Chambers | 40 0 | | | x | | | | 274.648 | 0 | 36.300 |

| F Howard Walsh III | 2 0 | × | | | 0 | |
|------------------------|------|-----|---|--|---------|--|
| Trustee | | _ ^ | | | 0 | |
| Kathryn M Cavins Tull | 40 0 | | | | 425 420 | |
| VC Student Affairs | | | × | | 425,429 | |
| Yohna J Chambers | 40 0 | | x | | 274.640 | |
| VC Human Resources | | | ^ | | 274,648 | |
| Raymond Nowell Donovan | 40 0 | | x | | 690,421 | |
| | | | | | | |

40 0

40 0

40 0

40 0

.....

and Independent Contractors

Board Secretary

Tracy D Syler-Jones

Donald J Whelan Jr

Jeremiah Donati

Athletic Director

James R Hille

VC Marketing & Communication

VC University Advancement

Chief Investment Officer

| 11 datee | | | | | | | |
|-----------------------------|------|--|-----|--|---------|-----|---------|
| Kathryn M Cavins Tull | 40 0 | | х | | 425 420 | 0 | 52,257 |
| VC Student Affairs | | | ^ | | 425,429 | 0 | 32,237 |
| Yohna J Chambers | 40 0 | | Х | | 274,648 | | 36,300 |
| VC Human Resources | | | ^ | | 274,646 | J | 36,300 |
| Raymond Nowell Donovan | 40 0 | | · · | | 600 431 | | 72.677 |
| Provost VC Academic Affairs | | | Х | | 690,421 | | 73,677 |
| Brian G Gutierrez | 40 0 | | ., | | 500.000 | | 254.027 |
| VC Finance & Administration | 1 0 | | Х | | 598,990 | l " | 254,037 |
| Jean M Mrasek | 40 0 | | | | | | |

Х

Χ

Χ

Χ

183,893

300,616

559,079

879,727

955,783

(A) Name and Title

and Independent Contractors

Bryan C Lucas

Cheryl K Wilson

James P Dixon

Stuart D Flynn

Gary A Patterson

Head Football Coach

James M Schlossnagle

Head Baseball Coach

Assoc VC & Controller Sonny J Cumbie

Assistant Football Coach

Mens Basketball Coach

Dean of the Medical School

Chief Technology Officer Todd S Waldvogel

Assoc VC Facilities & Campus Planning

| any nour for relate organization below doti line) |
|---|
| |
| |
| |
| |

| for related organizations pelow dotted line) | |
|---|---|
| 40 | 0 |
| | • |
| 40 | 0 |
| | - |
| 40 | 0 |
| | ٠ |
| 1 | 0 |
| 40 | 0 |
| | • |
| 40 | 0 |

(B)

Average

hours per week (list

any hours

......

......

......

......

40 0

40 0

40.0

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

| emplovee | | | | Х | х | Х | Х | |
|--------------|---|---|---|---|---|---|---|--|
| kev emplovee | х | х | х | | | | | |

| | ne bo | x, u 1 off | che nles icer | s pers | son | (D) Reportable compensation from the organization (W- |
|-----------------------------------|-----------------------|---------------|---------------------|------------------------------|--------|---|
| individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) |
| | | | х | | | 363,699 |
| | | | х | | | 225,935 |
| | | | × | | | 238,971 |
| | | | | х | | 940,034 |
| | | | | х | | 3,590,467 |
| | | | | х | | 962,348 |
| | | | | х | | 5,995,001 |
| | | | | х | | 1,210,871 |

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

100,367

27,991

53,415

80,431

80,551

82,727

135,936

101,097

| SCHEDU Form 990 o 990EZ) | | Com | | Charity Staturganization is a sect 4947(a)(1) nonexe | ion 501(c)(3) empt charitable | organization or trust. | | 2018 | | |
|--------------------------------|--|-------------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|---|---|--|--|
| Department of the | Service | | ► Go to | www.irs.gov/Forms | 9 <u>90</u> for the late | st information | | Open to Public Inspection | | |
| lame of the CEXAS CHRISTIA | organizati | i on TY | | | | | Employer identific | cation number | | |
| Part I | looson f | or Dublic (| Thoults Stat | us (All organization | s must comple | to this part \ C | 75-0827465 | | | |
| | | | | us (All organization e it is (For lines 1 thro | | | see mstructions. | | | |
| 1 | church, co | nvention of | churches, or as | ssociation of churches | described in sec | tion 170(b)(1) | (A)(i). | | | |
| 2 📝 A | school des | cribed in se | ction 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | | | |
| 3 □ A | hospital or | a cooperati | ve hospital ser | vice organization desci | rıbed ın section | 170(b)(1)(A)(| iii). | | | |
| | medical re ame, city, a | | nization operat | ed in conjunction with | a hospital descri | bed in section : | 170(b)(1)(A)(iii). E | enter the hospital's | | |
| | | ion operated v). (Comple | | t of a college or unive | rsity owned or o | perated by a gov | ernmental unit descr | ibed in section 170 | | |
| • | ,, ,, ,, | | , | r governmental unit de | scribed in sectio | on 170(b)(1)(A | \)(v). | | | |
| | - | | mally receives vi). (Complete | a substantial part of it e Part II) | s support from a | governmental u | ınıt or from the gener | al public described in | | |
| 8 | communit | y trust descr | ıbed ın sectio ı | n 170(b)(1)(A)(vi) | (Complete Part I | I) | | | | |
| | | | | escribed in 170(b)(1) See instructions Enter | | | | lege or university or a | | |
| fr in | An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) | | | | | | | | | |
| | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | |
| □ m | ore publicl | y supported | organizations | d exclusively for the be described in section 5 the type of supporting | 09(a)(1) or se | ction 509(a)(2 |). See section 509(| | | |
| a | ype I. A su ganızatıon | ipporting org (s) the powe | janization opei | rated, supervised, or co appoint or elect a majo | ontrolled by its s | upported organi | zation(s), typically by | | | |
| □ m | anagemen | t of the supp | | pervised or controlled in ation vested in the sar and C. | | | | | | |
| | | | | supporting organizatio | | | | ated with, its | | |
| d 🗌 Ty | ype III no inctionally | n-function integrated | ally integrate he organizatio | d. A supporting organi n generally must satis rt IV, Sections A and | ization operated fy a distribution | in connection wi requirement and | th its supported orga | | | |
| e 🗌 CI | heck this b | ox ıf the org | anızatıon recei | ved a written determir | nation from the I | | pe I, Type II, Type II | II functionally | | |
| | - | | on-functionally organizations | integrated supporting | organization | | | | | |
| 9 Provide | the followii | ng informati | on about the s | pported organization(| s) | | | | | |
| | ne of suppo ganization | orted | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | Yes | No | | | | |
| | | | | | | | | | | |
| otal | | | | | | | | | | |
| | rk Reducti | on Act Not | ice, see the I | nstructions for | Cat No 11285 | 5F : | Schedule A (Form 9 | 90 or 990-EZ) 2018 | | |

14

15

Schedule A (Form 990 or 990-EZ) 2018

57 13 %

56 56 %

▶□

▶□

(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

| | cccion Ai i abne bappore | | | | | | | |
|----|---|----------------------|-----------------|-----------------|-----------------|-------|-----------|------------------|
| | Calendar year | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2 | 2018 | (f) Total |
| 1 | (or fiscal year beginning in) ► Gifts, grants, contributions, and | | | | | | | |
| 1 | membership fees received (Do not | 78,667,620 | 71,766,996 | 72,698,981 | 78,076,337 | 7. | 4,990,745 | 376,200,679 |
| | include any "unusual grant ") | 78,007,020 | 71,700,990 | 72,090,901 | 76,070,337 | , | +,550,745 | 370,200,079 |
| 2 | Tax revenues levied for the | | | | | | | |
| 2 | organization's benefit and either | | | | | | | |
| | paid to or expended on its behalf | 0 | 0 | 0 | 0 | | 0 | 0 |
| | paid to or experided on its benan | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| _ | furnished by a governmental unit to | o | 0 | o | o | | 0 | 0 |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 78,667,620 | 71,766,996 | 72,698,981 | 78,076,337 | 7. | 4,990,745 | 376,200,679 |
| 5 | The portion of total contributions by | | , . | | | | | · · · · |
| • | each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | 23,417,302 |
| | line 1 that exceeds 2% of the | | | | | | | , , |
| | amount shown on line 11, column | | | | | | | |
| | (f) | | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | | 252 702 277 |
| - | from line 4 | | | | | | | 352,783,377 |
| | Section B. Total Support | • | | | | | | |
| | Calendar year | (-)2014 | (I-)201E | (-)2016 | (4)2017 | 1-15 | 1010 | /6\T-b-1 |
| | (or fiscal year beginning in) ▶ | (a)2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e)2 | :018 | (f) ⊤otal |
| 7 | Amounts from line 4 | 78,667,620 | 71,766,996 | 72,698,981 | 78,076,337 | 7- | 4,990,745 | 376,200,679 |
| 8 | Gross income from interest, | | | | | | | |
| • | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | 51,457,523 | 34,979,276 | 39,804,159 | 56,448,128 | 5 | 5,470,941 | 238,160,027 |
| | and income from similar sources | · | · | | | | | |
| | | | | | | | | |
| 9 | Net income from unrelated | | | | | | | |
| | business activities, whether or not | ٥ | 0 | 0 | 0 | | 0 | 0 |
| | the business is regularly carried on | Ŭ | U | U | o l | | ٥ | U |
| | | | | | | | | |
| 10 | Other income Do not include gain | | | | | | | |
| | or loss from the sale of capital | 604,113 | 595,561 | 659,603 | 574,832 | | 720,146 | 3,154,255 |
| | assets (Explain in Part VI) | | | | | | | |
| 11 | Total support. Add lines 7 through | | | | | | | 617,514,961 |
| | 10 | | | | | | | |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | | 2,736,534,584 |

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,

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

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

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

organization

instructions

supported organization

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

| Р | Support Schedule for | | | | | | |
|----------|---|--------------------|---------------------------|-----------------------|---------------------|-------------------|-----------------|
| | (Complete only if you c | | | | | | ler Part II. If |
| - C | the organization fails to ection A. Public Support | quality under t | ne tests listed | pelow, please co | omplete Part II. |) | |
| 30 | Calendar year | | 43.554.5 | | 413.004- | | (0) = |
| | (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 Gross receipts from activities that are | | | | | | |
| 3 | 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 The value of services or facilities | | | | | | |
| 5 | 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) | | | | | | |
| 36 | ection B. Total Support Calendar year | | | I | 1 | | 1 |
| | (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 | | | | | | |
| b | income from similar sources Unrelated business taxable income | | | | | | |
| D | (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 | | | | | | | |
| | 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 | r the organization | ı 's fırst, second, tl | nird, fourth, or fift | :h tax vear as a se | ction 501(c)(3) c | rganization. |
| | check this box and stop here | , | , , | , , | , | (), () | • □ |
| Se | ection C. Computation of Public | Support Perce | ntage | | | | <u> </u> |
| 15 | Public support percentage for 2018 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2017 S | | | | | 16 | |
| | ection D. Computation of Investi | | | | | 1 1 | |
| <u> </u> | Investment income percentage for 201 | | | line 13, column (f | ·)) | 17 | |
| 18 | Investment income percentage from 2 | • | | ,(| •• | 18 | |
| | 331/3% support tests—2018. If the | | · | on line 14 and lin | ne 15 is more than | | ne 17 is not |
| | | | | | | | _ |
| | more than 33 1/3%, check this box and s | | | | | | |
| b | 33 1/3% support tests—2017. If the | - | | | • | | _ |
| | not more than 33 1/3%, check this box | and stop here. | The organization | qualifies as a publ | icly supported org | anization | ▶⊔_ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 1 | .9a, or 19b, check | this box and see | instructions | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) 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? If "Yes," provide detail in Part VI.

6

7

8

the organization had excess business holdings)

6 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

8 defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

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? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с 10a

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10b

Schedule A (Form 990 or 990-EZ) 2018

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below

10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

| >cn | edule A (Form 990 or 990-E2) 2018 | | F | age 5 |
|-----|--|-------------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| C | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11 c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization | - | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| _ | <u> </u> | | | |
| | ection 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? | | 103 | -140 |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | l | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ions) | | |
| | The organization satisfied the Activities Test Complete line 2 below | • | | |
| | b | | | |
| | | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | į | 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? 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 | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | | | |
| , | | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | _ | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3h | | |

| Sched | lule A (Form 990 or 990-EZ) 2018 | | | Page 6 |
|-------|--|------------|---------------------------|--------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgani | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | | | |
| | 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 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrat | ed Type III supporting or | ganızatıon (see |

Schedule A (Form 990 or 990-EZ) (2018)

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

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.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

| Schedule A (| Form 990 or 990-EZ |) 2018 | age 8 |
|-------------------|--|---|--------------|
| Part VI | Section A, lines 1, 2 Part IV, Section D, I | ormation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part I., 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 ines 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, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See | |
| | | Facts And Circumstances Test | |
| 990 S ched | lule A, Suppleme | ental Information | _ |
| Ret | urn Reference | Explanation | |

Schedule A, Part II, Line 10 DESCRIPTION - FUND RAISING & SALES, COLUMN A - 604113 0, COLUMN B - 595561 0, COLUMN C - 6 Other Income 59603 0, COLUMN D - 574832 0, COLUMN E - 720146 0, COLUMN F - 3154255 0,

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493100000240

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Open to Public Inspection

| f the | Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha corganization answered "Yes" or xy Tax) (see separate instruction | n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then | ection 501(h)) Co ider section 501(h | mplete Part II-A Do not o)) Complete Part II-B Do | complete Part II-B not complete Part II-A | | | | |
|-------|---|---|---|--|---|--|--|--|--|
| Nar | Section 501(c)(4), (5), or (6) organiz me of the organization AS CHRISTIAN UNIVERSITY | zations Complete Part III | | | ntification number | | | | |
| Do. | Complete if the even | nination is evenue under costio | = F01/a\ a= ia | 75-0827465 | ination | | | | |
| 1 | | nization is exempt under sectionization's direct and indirect political can | | | | | | | |
| 2 | Political campaign activity expend | ditures (see instructions) | | > | \$ | | | | |
| 3 | Volunteer hours for political camp | , | | | | | | | |
| Par | t I-B Complete if the orga | nization is exempt under sectio | n 501(c)(3). | | | | | | |
| 1 | Enter the amount of any excise to | ax incurred by the organization under se | ction 4955 | > | \$ | | | | |
| 2 | Enter the amount of any excise to | ax incurred by organization managers ui | nder section 4955 | > | \$ | | | | |
| 3 | If the organization incurred a sec | tion 4955 tax, did it file Form 4720 for t | his year? | | ☐ Yes ☐ No | | | | |
| 4a | Was a correction made? | | | | ☐ Yes ☐ No | | | | |
| b | If "Yes," describe in Part IV t I-C Complete if the orga | nization is exempt under sectio | n 501(c) eve | ent section 501(c)(3 | ` | | | | |
| 1 | <u> </u> | led by the filing organization for section | | | /· | | | | |
| 2 | , , | panization's funds contributed to other o | • | | \$ | | | | |
| 3 | Total exempt function expenditur | es Add lines 1 and 2 Enter here and or | Form 1120-POL | line 17h ▶ | | | | | |
| 4 | * | | | | | | | | |
| 5 | Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV | | | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| or P | aperwork Reduction Act Notice, see | the instructions for Form 990 or 990-EZ. | Cat | No 50084S Schedule C | (Form 990 or 990-EZ) 2018 | | | | |

| ь | Total lobbying expenditures to influence a legislative | body (direct lobbying) | |
|---|--|---|-------|
| c | Total lobbying expenditures (add lines 1a and 1b) | | |
| d | Other exempt purpose expenditures | | |
| e | Total exempt purpose expenditures (add lines 1c and | i 1d) | |
| f | Lobbying nontaxable amount Enter the amount fron columns | n the following table in both | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | |
| | Not over \$500,000 | 20% of the amount on line 1e | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| | Over \$17,000,000 | \$1,000,000 | |
| | | | • |
| g | Grassroots nontaxable amount (enter 25% of line 1f |) | |
| h | Subtract line 1g from line 1a If zero or less, enter -(|)- | |
| | | | |

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING

ACTIVITY

Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Nο Media advertisements? Nο c d Mailings to members, legislators, or the public? Nο Publications, or published or broadcast statements? Nο e Grants to other organizations for lobbying purposes? Nο Nο Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Yes 1.142 Total Add lines 1c through 1i 1,142 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation

THIS ORGANIZATION PAID MEMBERSHIP DUES TO THE INDEPENDENT COLLEGES AND UNIVERSITIES OF

UNIVERSITIES (NAICU) IN THE AMOUNT OF \$16,317 DURING THE FISCAL YEAR OF THE AMOUNT PAID TO NAICU, 7% OF THESE DUES WERE ATTRIBUTABLE TO LOBBYING EFFORTS, OR \$ 1,142 OF THE AMOUNT

TEXAS (ICUT) OF \$ 108,852 AND THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND

THAT WAS PAID TO ICUT, NO DUES WERE SPECIFICALLY ALLOCATED TO LOBBYING COSTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

DLN: 93493100000240

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** TEXAS CHRISTIAN UNIVERSITY 75-0827465 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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.

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

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

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

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

and section 170(h)(4)(B)(II)?

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2018

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

| Sche | dule D | (Form 990) 2018 | | | | | | | | | | | Page 2 |
|------------|---|---|-----------------------------------|----------------|---------------|----------|---------|----------------|-------------|---------------|----------------|----------|---------------|
| Par | t III | Organizations Ma | aintaining Colle | ctions of A | rt, Histori | cal Tı | easu | res, or | Other 9 | Similar A | ssets (cont | inued) | |
| 3 | | the organization's acq (check all that apply) | uisition, accession, a | and other reco | ords, check | any of | the fol | lowing t | hat are a | significant i | use of its col | lection | |
| а | ✓ | Public exhibition | | | d | | Loan | or excha | ange prog | rams | | | |
| b | ✓ | Scholarly research | | | е | | Other | | | | | | |
| C | | Preservation for future | generations | | | | | | | | | | |
| 4 | Provid Part X | le a description of the | organızatıon's collec | tions and exp | lain how the | y furth | er the | organiz | ation's ex | empt purpo | ose in | | |
| 5 | | g the year, did the org s to be sold to raise fur | | | | | | | | ılar | ☐ Yes | ☑ N | lo |
| Pa | rt IV | Escrow and Cust Complete if the ord X, line 21. | | | Form 990 | , Part | IV, lır | ne 9, or | reporte | d an amoi | unt on Forr | n 990, | Part |
| 1a | | organization an agent ed on Form 990, Part I | | or other inter | mediary for | contril | outions | s or othe | er assets r | not | ☐ Yes | □ N | o |
| Ь | If "Ye | s," explain the arrange | ement in Part XIII ar | nd complete th | he followina | table | | [| | Δ. | mount | | _ |
| c | | ning balance | | F3 • | 9 | | | | 1c | | | | _ |
| d | _ | ons during the year | | | | | | | 1d | | | | |
| е | Distrib | outions during the year | - | | | | | | 1e | | | | _ |
| f | Ending | g balance | | | | | | | 1f | | | | _ |
| 2a | Did th | ie organization include | an amount on Form | 990, Part X, | line 21, for | escrow | or cus | - stodial a | ccount lia | bility? | ☐ Yes | N | — lo |
| | | s," explain the arrange | | | | | | | | • | _ | | |
| | rt V | Endowment Fund | | | | | | | | | | | |
| | | | <u> </u> | (a)Current yea | | rior yea | | | | (d)Three ye | | Four yea | rs back |
| 1 a | Beginni | ng of year balance . | | 1,595,947, | .026 1, | 471,789 | ,593 | 1,40 | 7,057,002 | 1,486 | ,003,520 | 1,393, | 241,318 |
| b | Contrib | utions | | 16,922, | | 15,574 | | | 9,579,000 | | ,127,930 | | 447,929 |
| c | c Net investment earnings, gains, and losses 76,856,639 176,446,720 111,041,393 -35,128,139 133,486,2 | | | | | | | 486,273 | | | | | |
| d | Grants | or scholarships | | 14,701, | 948 | 13,427 | ,659 | 1 | 2,757,522 | 11 | ,281,254 | 10, | 393,957 |
| е | | expenditures for facilition | es | 54,360, | 190 | 54,436 | ,053 | 5 | 3,130,280 | 49 | ,665,055 | 46, | 778,043 |
| f | Adminis | strative expenses . | | | 0 | | 0 | | 0 | | 0 | | 0 |
| g | End of | year balance | | 1,620,663, | 695 1, | 595,947 | ,026 | 1,47 | 1,789,593 | 1,407 | ,057,002 | 1,486, | 003,520 |
| 2 | Provid | le the estimated perce | ntage of the current | year end bala | ance (line 1 | g, colui | mn (a) |) held a | s | | | | |
| а | Board | designated or quasi-e | ndowment ► 5: | 1 29 % | | | | | | | | | |
| b | Perma | nent endowment 🟲 | 27 75 % | | | | | | | | | | |
| c | Temp | orarily restricted endov | vment ▶ 20 96 | % | | | | | | | | | |
| _ | | ercentages on lines 2a | | • | | | | | | | | | |
| 3a | | ere endowment funds ization by | not in the possessio | n of the orga | nization that | are h | eld and | admini | stered for | the | | Yes | No |
| | - | related organizations | | | | | | | | | 3a(i) | Yes | |
| | (ii) re | elated organizations . | | | | | | | | | 3a(ii) | | No |
| b | If "Ye | s" on 3a(11), are the re | lated organizations l | ısted as requi | red on Sche | dule R | ٠. | | | | 3b | | |
| 4 | Descr | ibe in Part XIII the inte | ended uses of the or | ganızatıon's e | ndowment f | unds | | | | | | | |
| Pa | rt VI | Land, Buildings, | | | Form 000 | Dout | T\ / | 11. | Coo For | 000 D- | urt V lung 1 | Λ | |
| | Descrip | Complete If the ore | (a) Cost or other (investment) | basis (b) | Cost or other | | | | umulated d | | | ook valu | е |
| 12 | Land | | 21 | 1,167,191 | | 95.78 | 39,221 | | | | | 116 | 5,956,412 |
| | Building | | | 0 | 1 | ,337,52 | | | | 881,229,138 | | | 5,292,852 |
| | | old improvements | | 0 | | , , 32 | 0 | | | 0 | | | 0 |
| | | ent | | 0 | | 176,38 | | | 1 | .18,746,372 | | 57 | 7,635,584 |
| | | | | | | | | | | | | | |

315,150,094

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

261,266,774

1,392,151,622

53,883,320

| Part VII Investments—Other Securities. Complete if t See Form 990, Part X, line 12. | the organization answ | ered "Yes" on Form | 990, Part IV, line 11b. |
|--|--------------------------|-------------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | | thod of valuation -of-year market value |
| (1) Financial derivatives | | Cost of end | -or-year market value |
| (2) Closely-held equity interests | | | |
| (A) FUNDS HELD IN TRUST BY OTHERS | 86,355,504 | | F |
| (B) LIMITED PARTNERSHIPS | 734,187,656 | | F |
| (C) INTEREST RATE CAP | 0 | | F |
| (D) HEDGE FUNDS | 308,898,824 | | F |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 1,129,441,984 | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on | Form 990, Part IV, lii | ne 11c. See Form 99 | 0, Part X, line 13. |
| (a) Description of investment | (b) Book value | | thod of valuation -of-year market value |
| (1) | | cost of cha | or year market value |
| (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 answere | ad 'Vas' on Form 000. Ba | et TV lung 11d Son Form | m 000 Part V line 15 |
| (a) Description | | it iv, line iiu See ron | (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 Fo | rm 990, Part IV, lıne | 11e or 11f. |
| See Form 990, Part X, line 25. 1. (a) Description of liability | (b) Bo | ook value | |
| (1) Federal income taxes | | | |
| FUNDS HELD IN TRUST GOVERNMENT LOANS | | 12,523,827 6,125,833 | |
| POST RETIREMENT BENEFITS | | 67,641,212 | |
| INTEREST RATE SWAP LIABILITY (5) | | 34,369,430 | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | • | 120,660,302 | |
| 2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC | | _ | |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c c

> 2a 2b

2c

2d

4a 4b

Explanation

Page 4

561,107,204

-310,042,375

871,149,579

33,011,670

904,161,249

534,559,109

548,481

534,010,628

223,065,646

757.076.274

Schedule D (Form 990) 2018

33.011.670

548,481

223,065,646

4c

5

2e

3

4c

5

d 2d -206.488.515 2e e

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

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

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

b

Add lines **4a** and **4b** c

5

Schedule D (Form 990) 2018

Part XI

а

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007697 Software Version: 2018v3.1

EIN: 75-0827465

Name: TEXAS CHRISTIAN UNIVERSITY

Supplemental Information

| Return Reference | Explanation | | | |
|--|--|--|--|--|
| Schedule D, Part III, Line 4 Collections of art - description of collections | TCU'S FINANCIAL STATEMENT FOOTNOTES STATE THE FOLLOWING WITH REGARD TO COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS CONTRIBUTIONS OF ART ARE GENERALLY NOT REC ORDED ON THE BOOKS OF THE UNIVERSITY WHEN RECEIVED, UNLESS A READILY DETERMINABLE FAIR VAL UE IS AVAILABLE AT THE DATE OF GIFT THE SPEAKER JIM WRIGHT COLLECTION, WHICH WAS DONATED TO THE UNIVERSITY IN 1989 AND CONSISTS OF 1,074 LINEAR FEET OF PAPERS, PHOTOGRAPHS, AUDIOV ISUAL MATERIAL, BOOKS, AND MEMORABILIA, DOCUMENTS THE POLITICAL CAREER OF THE FORMER SPEAK ER OF THE HOUSE THE COLLECTION ALLOWS RESEARCH IN THE AREAS OF HISTORY AND POLITICAL SCIE NCE BY STUDENTS, FACULTY, AND OTHER SCHOLARS TCU ALSO HOLDS A COLLECTION OF ANDY WARHOL P HOTOGRAPHY, WHICH WAS DONATED TO THE UNIVERSITY IN MAY OF 2008 BY THE WARHOL FOUNDATION IN NEW YORK, NY 152 ANDY WARHOL PRINTS WERE PROVIDED TO TCU BY THE ANDY WARHOL PHOTOGRAPHIC LEGACY PROGRAM, AND THIS COLLECTION IS HELD IN THE SCHOOL OF ART AND ART HISTORY THE OSC AR E MONNIG METEORITE COLLECTION WAS CATALOGED BY THE AMERICAN METEORITE LABORATORY, DENVER, COLORADO, AND WAS DONATED TO TEXAS CHRISTIAN UNIVERSITY FROM 1978 TO 1986 AND WAS OPENED FOR THE PUBLIC ON FEBRUARY 1, 2003 THE COLLECTION CONTAINS OVER 2,300 DIFFERENT METEOR THES COLLECTION PROVIDES EDUCATION TO STUDENTS BY PROVIDING OPPORTUNITIES TO EXPLORE THE MYSTERIES OF METEORITES STUDENTS CAN LEARN HOW TO IDENTIFY A METEORITE, EXPERIENCE A HANDS-ON ENCOUNTER WITH DIFFERENT TYPES OF METEORITES, AND CREATE THEIR OWN TERRESTRIAL I MPACT CRATER | | | |

| Supplemental Information | | | | | | |
|---|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| Schedule D, Part V, Line 4 Intended uses of endowment funds | THE UNIVERSITY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTE MPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHIL E SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS THE UNIVERSITY'S ENDOWMENT CONSISTS OF INDIVIDUAL ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS ENDOWMENT FUNDS PRIMARILY SUPPORT THE UNIVERSITY'S UNRESTRICTED SUPPORT, RESEARCH AND EDUCATION PROGRAMS, SCHOLARSHIPS, ENDOWED CHAIRS, PROPERTY AND EQUIPMEN T, AND OTHER PROGRAMS | | | | | |

| Return Reference | Explanation | | | |
|-----------------------|---|--|--|--|
| 48 (ASC 740) footnote | TCU'S FINANCIAL STATEMENT FOOTNOTES STATE THE FOLLOWING WITH REGARD TO THE LIABILITY FOR U NCERTAIN TAX POSITIONS UNDER ASC 740 THE UNIVERSITY IS A TAX-EXEMPT INSTITUTION UNDER SEC TION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS AN ORGANIZATION DESCRIBED IN SE CTION 501(C)(3) OF THE IRC THE UNIVERSITY HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOG NIZED TAX BENEFITS RESULTING FROM CURRENT OR PRIOR PERIOD TAX POSITIONS ACCORDINGLY, NO A | | | |

Supplemental Information

NIZED TAX BENEFITS RESULTING FROM CURRENT OR PRIOR PERIOD TAX POSITIONS ACCORDINGLY, NO A DDITIONAL DISCLOSURES HAVE BEEN MADE ON THE FINANCIAL STATEMENTS REGARDING UNCERTAIN TAX P ROVISIONS AS OF MAY 31, 2019, THE UNIVERSITY'S TAX YEARS ENDED MAY 31, 2016 THROUGH 2018,

GENERALLY, REMAIN SUBJECT TO EXAMINATION

| Supplemental Information | | | | | |
|--------------------------|--|--|--|--|--|
| Return Reference | Explanation | | | | |
| | Student Financial Aid188021262 Post Retirement Benefit Actuarial Change17214594 Of ficer Compensation of CIO as part of Investment Income1252659 | | | | |

| Supplemental Information | |
|---|---|
| Return Reference | Explanation |
| Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements | Other - 200 Rounding - 1 TCU Press CGS148826 Special Events Expenses399655 Investment Fees, Gross Up - 33559950 |

Cupplemental Information

| Supplemental Information | |
|---|--|
| Return Reference | Explanation |
| Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990 | TCU Press COGS - 148826 Special Events Expenses - 399655 - |

| Supplemental Information | |
|--------------------------------|--|
| Return Reference | Explanation |
| Other expenses in form 990 not | Student Financial Aid - 188021262 Misc Difference - 1935 Rounding2 Officer Compensati on of Assoc VC for Facilities Capitalized - 229842 Investment Fees, Gross up - 33559950 O fficer Compensation of CIO as reduction to Investment Income - 1252659 |

Ē

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493100000240 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** TEXAS CHRISTIAN UNIVERSITY 75-0827465 Part I YES NO 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 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 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 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

| chedule E (Form 990 or 990EZ) (2018) | | | |
|---|---|--|--|
| 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 RACIALLY NONDISCRIMINATORY POLICY | TCU FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS AND ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS TCU INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY TOWARD STUDENTS IN ITS BROCHURES, CATALOGUES, AND OTHER WRITTEN COMMUNICATIONS WITH THE PUBLIC DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS TCU DOES NOT PUBLICIZE ITS POLICY THROUGH NEWSPAPER OR BROADCAST MEDIA SINCE TCU IS A NATIONAL UNIVERSITY AND DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE FROM WIDESPREAD GEOGRAPHIC SECTIONS OF THE COUNTRY | | |
| | | | |

Schedule E, Part I, Line 6(a) FINANCIAL AID OR TEXAS CHRISTIAN UNIVERSITY FUNCTIONS AS AN ADMINISTRATOR FOR

ASSISTANCE FROM A GOVERNMENT FEDERAL GRANT-SUPPORTED PROJECTS AND VARIOUS FORMS OF FEDERAL FINANCIAL AID GRANTED OR AWARDED TO STUDENTS

ATTENDING THE UNIVERSITY Schedule E (Form 990 or 990-EZ) (2018)

| efile GRAPHIC print - DO NOT PROCESS | | | D | LN: 93493100000240 | | | |
|---|---|--|--|--|---|------------------------------|--|
| SCHEDULE F (Form 990) Statement o | | | Activities (| Outside the Uni | ted States | OMB No 1545-0047 | |
| ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1: ► Attach to Form 990. | | | | ine 14b, 15, or 16. | 2018 | | |
| Department of the Treasury Internal Revenue Service | • | Go to www.irs. | gov/Form990 for II | nstructions and the latest ii | nformation. | Open to Public Inspection | |
| Name of the organization TEXAS CHRISTIAN UNIVERS | SITY | | | | 75-0827465 | dentification number | |
| Part I General Inf Form 990, P | | | s Outside the U | Inited States. Comple | | | |
| - | e grantees' | eligibility for t | | substantiate the amount stance, and the selection | • | ✓ Yes □ No | |
| | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States | | | | | | |
| 3 Activites per Region | (The followin | g Part I, line 3 | table can be dupli | cated 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) program service, descri specific type of service(s) in region | | |
| See Add'l Data | | | | | | | |
| | | | | | | | |
| 3a Sub-total b Total from continuatio | n sheets to | | 0 0 | | | 499,484,640 0 | |
| Part I | and 3b) | | 0 0 | | | 499,484,640 | |

Schedule F (Form 990) 2018 Page 3 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. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2018

| Sched | dule F (Form 990) 2018 | | Page 4 |
|-------|---|--------------|---------------|
| Par | t 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 |

Schedule F (Form 990) 2018 Page 5 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). n

| 990 | Schedule | F, | Supplemental | Information |
|-----|----------|----|--------------|-------------|
| | | ٠, | -appromenta: | |

| Return Reference | Explanation |
|--|---|
| Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds | ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF ITS GRANTS AND OTHER ASSISTANCE OUTSIDE THE UNITED STATES ALL SUBAWARD PAYMENTS OF GRANTS FOREIGN OR DOMESTIC MUST BE ACCOMPANIED BY A SUBAWARD AGREEMENT EACH SUBRECIPIENT IS REVIEWED TO ENSURE THE COMMITMENT TO PARTICIPATE IN THE PROJECT AND ABIDE BY ALL OF THE ASSOCIATED TERMS AND CONDITIONS A SIGNED SUBAWARD AGREEMENT MUST BE RECEIVED BEFORE ANY DISTRIBUTIONS TO A SUBRECIPIENT ARE MADE THE SUBAWARD AGREEMENT CONTAINS 1) GENERAL TERMS AND CONDITIONS 2) PRIMARY CONTACT INFORMATION BY RESPONSIBILITY 3) REPORTING REQUIREMENTS 4) SCOPE OF WORK AND BUDGET ALL GRANT SPONSORED DISBURSEMENTS ARE REVIEWED BY THE PRINCIPAL INVESTIGATOR OF THE GRANT TO ENSURE THE INVOICES ARE IN ACCORDANCE WITH THE REQUIREMENTS OF THE GRANT/SUBAWARD THE PRINCIPAL INVESTIGATOR IS REQUIRED TO APPROVE EACH INVOICE TO ACKNOWLEDGE THEIR REVIEW OF ANY REQUIRED TECHNICAL PROGRESS REPORTS AND/OR SATISFACTORY PERFORMANCE BY THE SUBRECIPIENT ALL GRANT SPONSORED |
| | I INVOICES ARE REVIEWED AND APPROVED BY RESEARCH GRANT ACCOUNTING BEFORE BEING SUBMITTED TO THE II |

ACCOUNTS PAYABLE DEPARTMENT FOR PROCESSING, AFTER THE ACCOUNTS PAYABLE DEPARTMENT REVIEWS. THE INVOICE TO ENSURE VENDOR IS PAID IN ACCORDANCE WITH VARIOUS GUIDELINES, RULES AND PROCEDURES.

> THE ACCOUNTS PAYABLE DEPARTMENT WILL ENTER THE INVOICE INFORMATION INTO THE AP SYSTEM AND WILL REVIEW THE INVOICE TO ENSURE THAT APPROPRIATE APPROVAL SIGNATURES ARE INCLUDED ON THE INVOICE

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS | ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF ITS GRANTS AND OTHER ASSISTANCE OUTSIDE THE UNITED STATES ALL SUBAWARD PAYMENTS OF GRANTS FOREIGN OR DOMESTIC MUST BE ACCOMPANIED BY A SUBAWARD AGREEMENT EACH SUBRECIPIENT IS REVIEWED TO ENSURE THE COMMITMENT TO PARTICIPATE IN THE PROJECT AND ABIDE BY ALL OF THE ASSOCIATED TERMS AND CONDITIONS A SIGNED SUBAWARD AGREEMENT MUST BE RECEIVED BEFORE ANY DISTRIBUTIONS TO A SUBRECIPIENT ARE MADE THE SUBAWARD AGREEMENT CONTAINS 1) GENERAL TERMS AND CONDITIONS 2) PRIMARY CONTACT INFORMATION BY RESPONSIBILITY 3) REPORTING REQUIREMENTS 4) SCOPE OF WORK AND BUDGET ALL GRANT SPONSORED DISBURSEMENTS ARE REVIEWED BY THE PRINCIPAL INVESTIGATOR OF THE GRANT TO ENSURE THE INVOICES ARE IN ACCORDANCE WITH THE REQUIREMENTS OF THE GRANT/SUBAWARD THE PRINCIPAL INVESTIGATOR IS REQUIRED TO APPROVE EACH INVOICE TO ACKNOWLEDGE THEIR REVIEW OF ANY REQUIRED TECHNICAL PROGRESS REPORTS AND/OR SATISFACTORY PERFORMANCE BY THE SUBRECIPIENT ALL GRANT SPONSORED INVOICES ARE REVIEWED AND APPROVED BY RESEARCH GRANT ACCOUNTING BEFORE BEING SUBMITTED TO THE ACCOUNTS PAYABLE DEPARTMENT FOR PROCESSING AFTER THE ACCOUNTS PAYABLE DEPARTMENT REVIEWS THE INVOICE TO ENSURE VENDOR IS PAID IN ACCORDANCE WITH VARIOUS GUIDELINES, RULES AND PROCEDURES, THE ACCOUNTS PAYABLE DEPARTMENT WILL ENTER THE INVOICE INFORMATION INTO THE AP SYSTEM AND WILL REVIEW THE INVOICE TO ENSURE THAT APPROPRIATE APPROVAL SIGNATURES ARE INCLUDED ON THE INVOICE |

Additional Data

(a) Region

East Asia and the Pacific

Software ID: 18007697
Software Version: 2018v3.1

EIN: 75-0827465

Name: TEXAS CHRISTIAN UNIVERSITY

athletic competition,

conferences, recruitment, research, study abroad

412,197

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

| Form | 990 | Schedule | F Part T | - 4 | Activities | Outside | The | United States | 5 |
|------|-----|----------|----------|-----|-------------------|---------|------|----------------------|---|
| | 220 | Jeneaure | I Full I | | ACCIAICIC 3 | Outside | 1110 | Officea States | , |

| (3) (3) | offices in the region | employees or agents in region | in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | is a program service, describe specific type of service(s) in region | for region |
|--------------------------------------|-----------------------|-------------------------------------|---|--|------------|
| Central America and the Caribbean | 0 | 0 | | athletic competition, conferences, research, service learning, study abroad | 128,700 |

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 2.634.309 0 Program Services conferences, recruitment, Greenland) research, study abroad Middle East and North Africa 8.093 0 Program Services research, other

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (a) Region (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America (Canada & 0 Program Services 202,456 conferences, research, Mexico only) service learning, study labroad, recruiting, athletic Icompetition South America 0 Program Services 183,446 conferences, research, study abroad, recruiting

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

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia 61.708 0 Program Services recruitment, research, study abroad 11,483 Russia and Neighboring States 0 Program Services Iconferences

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 0 Program Services 254,072 lconferences, research, study abroad Central America and the 474,310,305 0 Investments Carıbbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 0 linvestments 14,464,592 Greenland) North America (Canada & 6,813,279 0 Investments Mexico only)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493100000240

2018

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

| Name of the organization | | | | | | Employer ide | ntification number |
|---|---------------------------|--------------------------|--|--------------------------------------|------------|--|---|
| TEXAS CHRISTIAN UNIVERSITY | | | | | | 75-0827465 | |
| Part I Fundraising Activ | · | _ | | answered "Yes" on Fo | rm 990, | Part IV, line 1 | 7. |
| 1 Indicate whether the organiza | ation raised funds thro | ough any | of the fo | ollowing activities Check | all that a | pply | |
| a 🗹 Mail solicitations | | | е | Solicitation of non- | -governm | ent grants | |
| b Internet and email solicita | ations | | f | ✓ Solicitation of gove | ernment o | grants | |
| c Phone solicitations | | | g | ✓ Special fundraising | gevents | | |
| d In-person solicitations | | | | | | | |
| 2a Did the organization have a vor key employees listed in Fo | | | | | | · | s □ No |
| b If "Yes," list the ten highest p to be compensated at least \$ | | | draisers) | pursuant to agreements | under wh | nich the fundraise | er is |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrai custo cont |) Did ser have ody or crol of outions? | (iv) Gross receipts from activity | (or r | nount paid to etained by) aiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| ZURI GROUP 328 NW Bond Street Suite 200 | FUND RAISING STRATEGY | | No | | | 85,766 | -85,766 |
| Bend, OR 97703 | ADVANCEMENT | | | | | | |
| WASHBURN AND MCGOLDRICK INC 24 N BRYN MAWR AVENUE 252 | CONSULTING | | No | | | 31,161 | -31,161 |
| BRYN MAWR, PA 19010 | STRATEGIC | | | | | | |
| MARTS AND LUNDY 1200 WALL STREET WEST 5TH FLOOR | PLANNING | | No | | | 54,966 | -54,966 |
| LYNDHURST, NJ 07071 | | | | | | | |
| DIFFSTRAT COMPANY 3349 SOUTHGATE COURT SW | ADVANCEMENT CONSULTING | | No | | | 54,000 | -54,000 |
| CEDAR RAPIDS, IA 52404 | CAMPAIGN LAUNCH | | | | | | |
| AUGUST JACKSON COMPANY 189 KENTLANDS BLVD SUITE 200 | PLANNING | | No | | | 55,000 | -55,000 |
| GAITHERSBURG, MD 20878 | ADVANCEMENT | | | | | | |
| EAB 1920 EAST PARNHAM ROAD | ADVANCEMENT CONSULTING | | No | | | 30,950 | -30,950 |
| RICHMOND, VA 23228 | FUND RAISING | | | | | | |
| OVRTURE INC PO BOX 1139 | STRATEGY | | No | | | 10,000 | -10,000 |
| STATE COLLEGE, PA 16804 | ADVANCEMENT | | | | | | |
| FUND RAISERS LTD 615 E 43RD STREET | CONSULTING | | No | | | 20,138 | -20,138 |
| BOISE, ID 83714 | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

CA, CT, DE, FL, GA, AL, HI, ID, IL, IN, IA, KS, KY, LA, ME, AK, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, AZ, RI, SD, TN, TX, UT, VT, VA, AR, WA, WV, WI, WY

Cat No 50083H

Total

-341,981

341,981

| che | dule G (Form 990 or 990-EZ) 2018 | | | | | F | Page 3 |
|-----|---|-----------------------------|--|--------|-------|-----|---------------|
| .1 | Does the organization conduct gaming | activities with nonmember | 5? | | ☐ Yes | □Ne | |
| .2 | Is the organization a grantor, beneficia formed to administer charitable gaming | | member of a partnership or other entity | | □Yes | | |
| 3 | Indicate the percentage of gaming activ | vity conducted in | | | | | |
| а | The organization's facility | | | 13a | | | % |
| b | An outside facility | | | 13b | | | % |
| 4 | Enter the name and address of the pers | son who prepares the orga | nization's gaming/special events books and ri | ecords | | | |
| | Name ► | | | | | | |
| | Address ► | | | | | | |
| 5a | Does the organization have a contract virevenue? | with a third party from who | om the organization receives gaming | | □Yes | □No | |
| b | If "Yes," enter the amount of gaming re amount of gaming revenue retained by | | anization ▶ \$ and th | ne | | | |
| С | If "Yes," enter name and address of the | e third party | | | | | |
| | Name ► | | | | | | |
| | Address ▶ | | | | | | |
| 6 | Gaming manager information | | | | | | |
| | Name ► | | | | | | |
| | Gaming manager compensation ▶ \$ | | | | | | |
| | Description of services provided ▶ | | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | |
| 7 | Mandatory distributions | | | | | | |
| а | Is the organization required under state retain the state gaming license? | e law to make charitable di | stributions from the gaming proceeds to | | Yes | □No | |
| b | Enter the amount of distributions requirements in the organization's own exempt activities. | | ated to other exempt organizations or spent | | 53 | | |
| Pai | t IV Supplemental Informatio | n. Provide the explanat | rions required by Part I, line 2b, column licable. Also provide any additional info | | | | S. |
| _ | Return Reference | | Explanation | | | | |

Schedule G (Form 990 or 990-EZ) 2018

| efile GRAPHIC print | - DO NOT PROCESS | As Filed Data - | | | | | DL | N: 93493100000240 |
|---|--|--|--|---|---|------|----------------------------------|---------------------------------------|
| Note: To capture the Schedule I (Form 990) Department of the Treasury Internal Revenue Service | | Grants and O Governments and organiza | lect landscape mode of ther Assistance and Individuals tion answered "Yes," o Attach to Form w.irs.gov/Form990 | ce to Organizes in the Unite The Form 990, Part IV 990. | ations, d States , line 21 or 22. | | C | 2018 Open to Public Inspection |
| Name of the organization TEXAS CHRISTIAN UNIVE | RSITY | | | | | | Employer identific 75-0827465 | ation number |
| Does the organizating the selection critering Describe in Part IV Part III Grants and | nformation on Grants on maintain records to subs a used to award the grants of the organization's procedure Other Assistance to Dome more than \$5,000 Part II | tantiate the amount of to or assistance? es for monitoring the use estic Organizations ar | e of grant funds in the Un | ited States | | | 990, Part IV, line | Yes No 21, for any recipient |
| (a) Name and addres organization or government | s of (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) | | Description of ash assistance | (h) Purpose of grant or assistance |
| (1) FORT WORTH CHAMBER COMMERCE 777 TAYLOR STREET SU 900 FORT WORTH, TX 7610 | JITE | 501(C)(6) | 50,000 | 0 | N/A | NONE | | ECONOMIC DEVELOPMENT GRANT |
| 3 Enter total number | of section 501(c)(3) and go of other organizations listed | I in the line 1 table | | | | | | 0 1 edule I (Form 990) 2018 |

| (=, -,, - = -, 5, - = -, | recipients | cash grant | noncash assistance | FMV, appraisal, other) | (*,* |
|---|------------|-------------|--------------------|------------------------|------|
| (1) FINANCIAL AID EXPENSE | 6770 | 151,635,856 | 0 | N/A | NONE |
| (2) GRADUATE FINANCIAL AID | 1026 | 20,843,018 | 0 | N/A | NONE |
| (3) GRANTS IN AID | 484 | 5,189,102 | 0 | N/A | NONE |
| (4) STIPENDS | 69 | 6,514,459 | 0 | N/A | NONE |
| (5) TUITION EQUALIZATION GRANTS | 68 | 3,838,827 | 0 | N/A | NONE |
| (5) | | | | | |
| (6) | | | | | |
| | | | | | |

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation package is reviewed to ensure compliance with applicable regulatory requirements, and in the case of restricted institutional funds, with the donor's intent and wishes Academic scholarship eligibility is based on a scoring matrix that evaluates an individual student's success using national test scores, high school GPA, and rigor of curriculum. Those who have excelled academically are generally given the largest share of university funded dollars. Institutionally funded need-based financial aid programs are based on eligibility established by use of an Institutional Methodology, with family financial information submitted to the CSS Profile. The financial aid office also works closely with the donor relations division of university advancement to ensure that our donors' wishes are met when matching funds to students. All donors of endowed awards are provided with a "scholarship agreement" outlining the university's understanding of the donor's intent. These agreements must be approved by both the director of financial aid, and the vice-chancellor for advancement, to ensure that the university has the capability to identify appropriate recipients. In addition to institutionally funded grants and scholarships, TCU manages and accepts fiduciary responsibility for a variety of federal and state funded financial aid programs. Eligibility for all federal and state funded financial aid is based solely on the results of the FAFSA, using required Federal Methodology. Prior to

grant funds

Schedule I (Form 990) 2018

Part IV **Return Reference** By institutional policy, TCU's office of scholarship and financial aid acts as the final approval authority for all financial aid eligibility determination. Each student's award Schedule I, Part I, Line 2 Procedures for monitoring use of disbursement, each recipient must pass a variety of edit checks, or "disbursement rules" to ensure that the student is enrolled in classes and has submitted all required documentation needed to satisfy program eligibility. After disbursement, student aid recipients are reviewed at the end of the 100% tuition refund period for a final enrollment status determination. Students who received aid based on projected full-time enrollment, but who have dropped below 12 credit hours, are subject to an adjustment of their aid package. At the end of the 25%, and final refund period, students are again reviewed and subject to aid adjustment based on final costs for the term. Aid recipients are monitored on a regular basis throughout the academic year. Files are reviewed weekly to identify updated FAFSA and Profile applications, and adjustments are made when required Reports are submitted to the Texas higher education coordinating board periodically for review of state aid recipients, and the university is subject to periodic audits and reviews from both entities. Academic success is the ultimate goal of all aid programs, and satisfactory academic progress is reviewed at the end of each term. At a minimum, full-time students are required to complete at least 75% of attempted hours and obtain a 2 00 GPA to meet renewal requirements. Most TCU funded awards require a minimum GPA of 2.50. Academic scholarships require a 3.25 GPA. Once posted to student accounts, the office of student financial services also monitors award amounts in relation to specific charges. Award amounts that appear to be out of norm are referred back to the financial aid office for review Schedule I (Form 990) 2018

Page **2**

| efil | e GRAPHIC pi | int - DO NOT PROCESS | As Filed Da | ta - | DLN: 93 | 49310 | 0000 | 240 |
|-------|---|--|-----------------------|----------|---|----------------|-------|------|
| Sch | edule J | C | ompensa | tion | Information of | ИВ No | 1545- | 0047 |
| (For | n 990) | For certain Offic | ers, Directors, | Trust | tees, Key Employees, and Highest | | | |
| | | Complete if the or | | | Employees d "Yes" on Form 990, Part IV, line 23. | 20 | 118 | 3 |
| | | | ► Attac | h to F | Form 990. | | | |
| • | tment of the Treasury al Revenue Service | ▶ Go to <u>www.irs.go</u> | <u>ov/Form990</u> то | or inst | cructions and the latest information. | open i Insp | ectio | |
| | ne of the organiz | | | | Employer identifica | tion n | umber | |
| IEX | AS CHRISTIAN UNIV | PERSITY | | | 75-0827465 | | | |
| Pa | rt I Questi | ons Regarding Compensa | ition | | · | | | |
| | | | | | | | Yes | No |
| 1a | | | | | following to or for a person listed on Form evant information regarding these items | | | |
| | | s or charter travel | $oldsymbol{ olimits}$ | | using allowance or residence for personal use | | | |
| | | companions | | , | ments for business use of personal residence | | | |
| | | nification and gross-up paymen | ts 🗸 | | alth or social club dues or initiation fees | | | |
| | ☐ Discretion | ary spending account | ▼ | Per | sonal services (e g , maid, chauffeur, chef) | | | |
| b | | xes in line 1a are checked, did t all of the expenses described ab | | | a written policy regarding payment or reimbursement e Part III to explain | 1b | | No |
| 2 | | | | | lowing expenses incurred by all garding the items checked in line 1a? | 2 | Yes | |
| | directors, truste | es, officers, including the CEO/ | executive Direct | .or, reç | garding the items checked in line 1a? | | | |
| 3 | | | | | establish the compensation of the | | | |
| | | EO/Executive Director Check and organization to establish com | | | /Executive Director, but explain in Part III | | | |
| | ✓ Compens | ation committee | ✓ | 14/ | tten empleyment contract | | | |
| | | ation committee ent compensation consultant | ✓ | | tten employment contract npensation survey or study | | | |
| | | of other organizations | <u> </u> | | proval by the board or compensation committee | | | |
| | | - | 000 B 1 VII C | | , , | | | |
| 4 | related organiza | | 990, Part VII, S | ection | A, line 1a, with respect to the filing organization or a | | | |
| а | Receive a sever | ance payment or change-of-cor | ntrol payment? | | | 4a | | No |
| b | | r receive payment from, a supp | | alıfıed | retirement plan? | 4b | Yes | 110 |
| С | • | r receive payment from, an equ | • | | · | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons an | d provide the ap | plicab | ole amounts for each item in Part III | | | |
| | 0 | \ F04(-\/4\ F04(-\/20 | . | | | | | |
| 5 | |), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Sectio | | | • | | | |
| • | | ontingent on the revenues of | | a the t | organization pay or accrue any | | | |
| а | The organization | 1? | | | | 5a | | No |
| b | Any related orga | anization? | | | | 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings o | | d the c | organization pay or accrue any | | | |
| а | The organization | ٦? | | | | 6a | | No |
| b | Any related orga | | | | | 6 b | | No |
| | • | 6a or 6b, describe in Part III | | | | | | |
| 7 | | ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye | | | organization provide any nonfixed I | 7 | Yes | |
| 8 | | nts reported on Form 990, Part nitial contract exception describ | | | oursuant to a contract that was ion 53 4958-4(a)(3)? If "Yes," describe | 8 | Yes | |
| 9 | If "Yes" on line 53 4958-6(c)? | 8, did the organization also follo | ow the rebuttable | e pres | sumption procedure described in Regulations section | 9 | Yes | |
| For I | Panerwork Redi | iction Act Notice, see the Inc | structions for F | Form | 990. Cat No 50053T Schedule 1 | (Forn | | 2018 |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. ch 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 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the tot | 0, Part VII tal amount of Fo | rm 990, Part VII, Se | ection A, line 1a, a | applicable column (| D) and (E) amour | nts for that indi | ıvıdual |
|---|---------------------------------|-------------------------------------|---|--------------------------|---------------------------------|-------------------|--|
| (A) Name and Title | (B) Breat | kdown of W-2 and/o compensation | | (C) Retirement and other | (D) Nontaxable benefits | columns | (F) Compensation in |
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(ı)-(D) | column (B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | | | | |
| | | | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | + | | | | | | |
| | + | | | + | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | <u> </u> |
| | | | | | | | |
| | | | | | | <u> </u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Page 3 | | | | | | |
|--|-------------|--|--|--|--|--|
| 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 | | | | | | |
| Return Reference | Explanation | | | | | |

FOR JEAN MRASEK INCLUDES A CELL PHONE STIPEND

WHELAN INCLUDES PENSION RESTORATION STIPEND PAYMENTS FOR AMOUNTS IN EXCESS OF 403(B) MAXIMUM LIMITS OTHER REPORTABLE COMPENSATION

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 1a First-class | CHARTER TRAVEL WAS PROVIDED TO CHANCELLOR VICTOR BOSCHINI, VICE CHANCELLORS, ATHLETIC DIRECTOR, AND COACHES FOR PURPOSES OF TRAVEL TO |
| or charter travel | CERTAIN ATHLETIC EVENTS AS APPROVED CHARTER TRAVEL WAS PROVIDED TO CHANCELLOR BOSCHINI AND VICE CHANCELLORS FOR DONOR VISITS, VISITS |
| | TO OTHER UNIVERSITIES, AND FUNERAL SERVICES FOR UNIVERSITY CONSTITUENTS, AS APPROVED SOCIAL CLUB DUES AND INITIATION FEES WERE PROVIDED |
| | IN ACCORDANCE WITH EMPLOYMENT CONTRACTS OR APPROVAL BY THE CHANCELLOR IN ACCORDANCE WITH THE PERSON'S POSITION THE VICE CHANCELLOR |
| <i>'</i> | FOR FINANCE AND ADMINISTRATION AND THE ASSOCIATE VICE CHANCELLOR AND CONTROLLER REVIEW THE CHANCELLOR'S EXPENSES OTHER BENEFITS |
| 4 | LISTED IN LINE 1A WERE PROVIDED FOLLOWING WRITTEN POLICIES AND EMPLOYMENT CONTRACTS |
| 4 | · |

| Return Reference | Explanation |
|------------------|---|
| | TRAVEL FOR COMPANIONS WAS PROVIDED TO VICTOR BOSCHINI, JEREMIAH DONATI JAMES SCHLOSSNAGLE, AND GARY PATTERSON, AND WAS TAXED AS A PERSONAL FRINGE BENEFIT |

| Return Reference | Explanation |
|---|--|
| Schedule J, Part I, Line 1a Housing | TCU PROVIDES THE CHANCELLOR WITH A HOUSE AND REQUIRES HIM TO USE IT AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY |
| allowance or residence for personal use | THEREFORE, NO COMPENSATION HAS BEEN INCLUDED FOR SUCH USE AN INDEPENDENT THIRD PARTY WAS ENGAGED TO VALUE THE HOUSING BENEFIT OF THE |
| | RESIDENCE, THE ESTIMATED THE VALUE OF THE BENEFIT IS \$178,392 |

| Return Reference | Explanation |
|-------------------------------------|--|
| social club dues or initiation fees | SOCIAL CLUB DUES WERE PROVIDED FOR VICTOR BOSCHINI, JAMES HILLE, JAMES SCHLOSSNAGLE, AND DONALD WHELAN THE PERSONAL VALUE OF THE CLUB DUES WAS TAXED AS A PERSONAL FRINGE BENEFIT SOCIAL CLUB DUES FOR BUSINESS PURPOSES WERE PROVIDED FOR RAYMOND NOWELL DONOVAN, GARY PATTERSON, SONNY CUMBIE, STUART FLYNN, JEREMIAH DONATI, KATHRYN CAVINS TULL, AND JAMES DIXON |

| Return Reference | Explanation |
|------------------|--|
| | THE CHANCELLOR RECEIVES LIMITED PERSONAL HOUSEKEEPING SERVICES AND WAS TAXED AS A PERSONAL FRINGE BENEFIT FOR THE VALUE OF THE PERSONAL SERVICES |

| Return Reference | Explanation |
|-----------------------------|---|
| policy regarding payment or | CHARTER TRAVEL AND SOCIAL CLUB DUES ARE APPROVED IN ACCORDANCE WITH THE PERSON'S POSITION THE VICE CHANCELLOR FOR FINANCE AND ADMINISTRATION AND THE ASSOCIATE VICE CHANCELLOR AND CONTROLLER REVIEW THE CHANCELLOR'S EXPENSES OTHER BENEFITS LISTED IN LINE 1A WERE PROVIDED FOLLOWING WRITTEN POLICIES AND EMPLOYMENT CONTRACTS |

| Return Reference | Explanation |
|--------------------------------------|---|
| | \$420,000 IN DEFERRED COMPENSATION WAS ACCRUED BUT NOT PAID DURING 2018 AS PART OF THE ARRANGEMENT FOR THE FISCAL YEAR ENDING 5/31/2019 |
| Supplemental nonqualified retirement | FOR VICTOR BOSCHINI \$360,000 OF THE ACCRUED AMOUNT WILL BE VESTED AS OF 05/31/19 AND \$60,000 WILL BE VESTED AS OF 5/31/2021 IF STILL |
| | EMPLOYED AS CHANCELLOR \$731 570 IN PREVIOUSLY EARNED DEFERRED COMPENSATION WAS PAID TO VICTOR BOSCHINI DURING 2018 PAYMENT OF THIS |
| | AMOUNT IS INCLUDED IN OTHER REPORTABLE COMPENSATION IN 2018 THE ACCRUAL OF \$720,000 OF THIS AMOUNT WAS REPORTED IN FORM 990 IN PRIOR |
| | YEARS \$147,738 IN DEFERRED COMPENSATION WAS ACCRUED BUT NOT PAID DURING 2018 FOR BRIAN GUTIERREZ THE ACCRUED AMOUNT WILL BE VESTED |
| | AS OF 1/1/2023 IF STILL EMPLOYED AS VICE CHANCELLOR FOR FINANCE AND ADMINISTRATION BASED UPON THE CALENDAR YEAR 2018 PERFORMANCE |
| | PERIOD, JAMES HILLE EARNED \$367,902 INCENTIVE COMPENSATION THAT WAS NOT PAID DURING 2018 THE \$367,902 DEFERRED INCENTIVE COMPENSATION |
| | WILL BE PAID IN CALENDAR YEARS 2019, 2020, AND 2021 THE ACCRUED AMOUNT WILL BE VESTED IN FUTURE CALENDAR YEARS IF EMPLOYED AS CHIEF |
| | INVESTMENT OFFICER HE RECEIVED \$184,332 PAYMENT OF PREVIOUSLY EARNED INCENTIVE COMPENSATION DURING CALENDAR YEAR 2018 THE PAYMENT IS |
| | INCLUDED IN BONUS & INCENTIVE COMPENSATION IN 2018 THE ACCRUAL OF THIS DEFERRED COMPENSATION WAS REPORTED IN FORM 990 IN PRIOR YEARS |
| | HE ALSO RECEIVED \$113,907 PAYMENT OF PREVIOUSLY EARNED DEFERRED COMPENSATION DURING CALENDAR YEAR 2018 PAYMENT OF THIS AMOUNT IS |
| | INCLUDED IN OTHER REPORTABLE COMPENSATION IN 2018 THE ACCRUAL OF \$109,295 OF THIS AMOUNT WAS REPORTED IN FORM 990 IN PRIOR YEARS |
| | \$40,000 IN PREVIOUSLY EARNED DEFERRED COMPENSATION WAS PAID TO JAMES SCHLOSSNAGLE DURING 2018 AND IS INCLUDED IN OTHER REPORTABLE |
| | COMPENSATION IN 2018, THIS AMOUNT WAS REPORTED ON THE 990 IN PRIOR YEARS \$40,000 IN DEFERRED COMPENSATION WAS ACCRUED AND PAID DURING |
| | 2018 FOR JAMES SCHLOSSNAGLE, AND THIS AMOUNT IS ALSO INCLUDED IN OTHER REPORTABLE COMPENSATION IN 2018 \$40,000 IN DEFERRED |
| | COMPENSATION WAS ACCRUED BUT NOT PAID DURING 2018 FOR BRYAN LUCAS THE ACCRUED AMOUNT WILL BE VESTED AS OF 5/31/2022 IF STILL EMPLOYED |
| | AS CHIEF TECHNOLOGY OFFICER |

| Return Reference | Explanation |
|------------------|--|
| payments | NON-FIXED PAYMENTS WERE MADE, AS FOLLOWS VICTOR BOSCHINI RECEIVED A PERFORMANCE-BASED BONUS OF \$300,000 SONNY CUMBIE RECEIVED A PERFORMANCE-BASED BONUS OF \$68,667 KATHRYN CAVINS-TULL RECEIVED A PERFORMANCE-BASED BONUS OF \$100,000 JAMES DIXON RECEIVED A PERFORMANCE-BASED BONUS OF \$69,000 STUART FLYNN RECEIVED A PERFORMANCE-BASED BONUS OF \$69,000 STUART FLYNN RECEIVED A PERFORMANCE-BASED BONUS OF \$100,000 JEAN MRASEK RECEIVED A PERFORMANCE-BASED BONUS OF \$100,000 JEAN MRASEK RECEIVED A PERFORMANCE-BASED BONUS OF \$6,205 GARY PATTERSON RECEIVED A PERFORMANCE-BASED BONUS OF \$104,000 JAMES SCHLOSSNAGLE RECEIVED A PERFORMANCE-BASED BONUS OF \$2,500 |

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 8 Payments on | STUART FLYNN WAS HIRED AS DEAN OF THE MEDICAL SCHOOL IN 2016 AND ENTERED INTO A CONTRACT WITH TCU IN 2016, WHICH WAS THE FIRST CONTRACT |
| contract that is subject to the initial | THAT HE SIGNED WITH TCU HE WAS STILL UNDER THAT CONTRACT IN 2018 JEREMIAH DONATI WAS PROMOTED TO ATHLETIC DIRECTOR IN 2017 AND |
| | ENTERED INTO A CONTRACT WITH TCU IN 2017, WHICH WAS THE FIRST CONTRACT THAT HE SIGNED WITH TCU HE WAS STILL UNDER THAT CONTRACT IN |
| | 2018 |

Gary A Patterson

Head Football Coach James M Schlossnagle

Head Baseball Coach

(1)

(III)

5,286,729

1,030,665

104,000

2,500

Software ID: 18007697

Software Version: 2018v3.1

EIN: 75-0827465

Name: TEXAS CHRISTIAN UNIVERSITY Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (A) Name and Title (C) Retirement and (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation Victor J Boschini Jr 1,180,711 (1)300,000 863,594 470,125 227,761 3,042,191 720,000 Chancellor Kathryn M Cavins Tull (1) 305,009 100,000 20,420 41,225 11,032 477,686 VC Student Affairs Yohna J Chambers 243,566 31,082 14,685 21,615 310,948 VC Human Resources Raymond Nowell Donovan 631,386 59,035 50,125 23,552 764,098 Provost VC Academic Affairs Brian G Gutierrez 549,415 49,575 179,363 74,674 853,027 VC Finance & Administration 175,848 Jean M Mrasek (i)6,205 1,840 20,676 10,656 215,225 Board Secretary Tracy D Syler-Jones (1)289,257 11,359 50,125 21,592 372,333 VC Marketing & Communication Donald J Whelan Jr (1)516,367 42,712 50,125 31,603 640,807 VC University Advancement (II)740,722 Jeremiah Donati 69,000 70,005 31,625 27,121 938,473 Athletic Director James R Hille (1)612,654 184,331 158,798 418,027 74,107 1,447,917 293,627 Chief Investment Officer Bryan C Lucas 262,257 100,000 71,267 1,442 29,100 464,066 0 Chief Technology Officer (11) Todd S Waldvogel 225,359 (1)576 26,059 1,932 253,926 Assoc VC Facilities & (II)Campus Planning Cheryl K Wilson (1)237,422 24,956 1,549 28,459 292,386 Assoc VC & Controller Sonny J Cumbie 803,380 68,667 67,987 50,125 30,306 1,020,465 Assistant Football Coach (III)James P Dixon 3,214,378 (i)25,000 351,089 50,125 30,426 3,671,018 Mens Basketball Coach (11) 0 Stuart D Flynn 733,443 164,925 63,980 50,117 32,610 1,045,075 Dean of the Medical School

604,272

177,706

50,125

71,625

85,811

29,472

6,130,937

1,311,968

40,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493100000240 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) 2018 ▶ 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. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number TEXAS CHRISTIAN UNIVERSITY 75-0827465 **Bond Issues** Part I (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No RED RIVER EDUCATION 75-2791247 756872DU8 02-15-2006 80,000,000 TO FINANCE CAMPUS Х Х Х FINANCE CORPORATION S2006 CONSTRUCTION RED RIVER EDUCATION 75-2791247 756872GL5 10-27-2011 41,577,392 TO FINANCE CAMPUS HOUSING Χ Χ FINANCE CORPORATION S2011 CONSTRUCTION TO FINANCE CAMPUS RED RIVER EDUCATION 75-2791247 756872JC2 09-19-2013 103,111,809 Χ Χ Χ FINANCE CORPORATION S2013 CONSTRUCTION RED RIVER EDUCATION 75-2791247 000000000 02-11-2015 17,785,000 TO REFUND SERIES 2005 BONDS Χ Χ Х FINANCE CORPORATION S2015 Part ${f II}$ **Proceeds** С 1,941,159 2,711,539 14,145,000 83,903,941 41,577,392 103.121.019 17,785,000 4 5 3,227,336 6 7 348,933 901,243 1,566,240 126,500 8 9

80,327,672

No

Χ

Χ

No

Χ

Χ

Cat No 50193E

2008

Α

Yes

Χ

Χ

Yes

40,011,152

No

Χ

Χ

No

Χ

Х

2013

В

Yes

Χ

Χ

Yes

102,219,776

No

Χ

Χ

No

Χ

Χ

2016

C

Yes

Х

Χ

Yes

17,658,500

No

Χ

No

Χ

Yes

Х

Χ

Χ

Yes

Schedule K (Form 990) 2018

D

Were the bonds issued as part of a current refunding issue?

Were the bonds issued as part of an advance refunding issue?

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

Private Business Use

Has the final allocation of proceeds been made?

Does the organization maintain adequate books and records to support the final allocation of

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

10

11

12

13

14

15

16

17

Part 🏻

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

Χ

Χ

0 %

0 %

0 %

Χ

Χ

No

Х

Χ

Χ

Х

D

Yes

Х

Yes

Χ

Schedule K (Form 990) 2018

D

C

No

X

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

No

Χ

Х

Χ

Χ

Х

C

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Rebate not due yet?

Exception to rebate?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Yes

Χ

No

Χ

Χ

3000 %

Χ

Χ

Α

Yes

Χ

Χ

Χ

Х

Merrill Lynch Capital Services

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Χ

Х

Χ

Yes

Χ

No

Χ

Χ

Χ

Χ

X

No

Х

Χ

0 %

0 %

0 %

Χ

Х

Yes

Х

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

INCOME WAS ADDED TO THE ISSUE PRICE TO ARRIVE AT TOTAL PROCEEDS.

| | 20 | 110 |
|---|-----------------|---------|
| Were gross proceeds invested in a guaranteed investment contract (GIC)? | X | |
| Name of provider | Bayerische Land | desbank |

Schedule K (Form 990) 2018

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 3 PROCEEDS

OF ISSUE - SCHEDULE K, PART II,

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

period?

Part VI

LINE 3

160 %

Yes

Χ

Х

Х

Nο

Explanation

TOTAL PROCEEDS OF ISSUES DIFFERS FROM ISSUE PRICE AS A RESULT OF UNSPENT BOND PROCEEDS GENERATING INVESTMENT INCOME INVESTMENT

Χ

Yes

Х

No

Yes

Page 3

No

Nο

D

Yes

Х

Yes

Nο

| Return Reference | Explanation |
|-----------------------------|---|
| chedule K, Part III PRIVATE | TCU HAS ELECTED TO USE PRIVATE FUNDING OR ITS OWN FUNDING FOR ANY PORTION OF THE FACILITIES WHERE |
| USINESS USE - SCHEDULE | PRIVATE BUSINESS USE MAY OCCUR, LEAVING THE BOND PROCEEDS TO BE USED EXCLUSIVELY FOR THE |
| , PART III | CONSTRUCTION OF THE REMAINING NON-PRIVATE-USE AREAS |

Βl

| Return Reference | Explanation |
|------------------|---|
| | Issuer name RED RIVER EDUCATION FINANCE CORPORATION S2006 The calculation for computing no rebate due was performed on 02/27/2008 |

| Return Reference | Explanation | | | | | | |
|------------------------------|---|--|--|--|--|--|--|
| Schedule K, Part IV, Line 2c | Issuer name RED RIVER EDUCATION FINANCE CORPORATION S2011 The calculation for computing no rebate due | | | | | | |
| COLUMN B | was performed on 10/27/2016 | | | | | | |

| Return Reference | Explanation | | | | | | |
|------------------|---|--|--|--|--|--|--|
| · · · | Issuer name RED RIVER EDUCATION FINANCE CORPORATION S2013 The calculation for computing no rebate due was performed on 09/09/2018 | | | | | | |

| Return Reference | Explanation | | | | | | |
|------------------------------|---|--|--|--|--|--|--|
| Schedule K, Part IV, Line 2c | Issuer name RED RIVER EDUCATION FINANCE CORPORATION S2015 The calculation for computing no rebate due | | | | | | |
| COLUMN D | was performed on 03/15/2019 | | | | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493100000240 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) **2018** ▶ 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. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number TEXAS CHRISTIAN UNIVERSITY 75-0827465 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 (i) Pool behalf of financing issuer Yes No Yes No Yes No RED RIVER EDUCATION FINANCE 37,602,546 TO REFUND SERIES 2007 BONDS 75-2791247 756872KS5 01-28-2016 Χ Χ Χ **CORPORATION S2016A** RED RIVER EDUCATION FINANCE 75-2791247 35,250,000 TO REFUND SERIES 2006A BONDS Х Х 000000000 01-29-2016 Х CORPORATION S2016 RED RIVER EDUCATION FINANCE 98,500,000 To Refund Series 2010A and Series 75-2791247 000000000 07-14-2016 Х Χ Χ CORPORATION S2010A AND 2013A Bonds S2013A 31,628,000 TO REFUND S2010 BONDS RED RIVER EDUCATION FINANCE 75-2791247 12-20-2017 Χ Χ 000000000 Х **CORPORATION S2017** Part II **Proceeds** D 3,259,827 995,000 21,500,000 569,000 3 37,602,546 35,250,000 98,500,000 31,628,000 4 ol 5 6 30,206,781 7 455.737 274.973 171,237 8 9 10 11 1,249,982 37,146,809 34,975,027 98,500,000 12 13 Yes Yes No Yes No Yes No No Х Were the bonds issued as part of a current refunding issue? Χ Х 14 Were the bonds issued as part of an advance refunding issue? 15 Χ Χ Χ Χ Χ Х Х Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Х Χ Χ Part III **Private Business Use** Yes Nο No No Yes Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ

Are there any lease arrangements that may result in private business use of bond-financed Х Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E

Schedule K (Form 990) 2018

b

C

d

6

8a

Part IV

b

C

Arbitrage

Χ

Χ

0 %

0 %

0 %

Χ

Х

No

Х

Χ

Χ

Х

Page 2

D

Yes

Х

Yes

Х

Schedule K (Form 990) 2018

D

C

No

X

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

No

Χ

Χ

Х

C

Yes

Х

Х

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Χ

Х

Χ

Χ

No

Χ

Χ

Χ

Х

Α

Yes

Х

Yes

Χ

No

Χ

Χ

Χ

Х

No

Х

Χ

0 %

0 %

0 %

Χ

Χ

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

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?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Rebate not due yet?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

No

Yes

Χ

Page 3

No

No

Х

Schedule K (Form 990) 2018

Yes

Nο

Yes No Yes Χ

Yes

Χ

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

Nο

Х

Yes

| efile GRAPHI | C print - I | DO NO | T PROCES | S As Fi | led Data - | | | | | DL | N: 93 | 4931 | 00000240 |
|--------------------------------|-------------|---|-----------------------------|--|---|------------------------------|-------------------------------------|------------------------------|----------|-----------------------|---------------------------|-----------|--------------------|
| Schedule L (Form 990 or 990 | -EZ) ► C | omplet | e if the orga | anization a | ns with Ir | s" on Form 99 | 90, Part IV, I | ines 2 | 25a, 2 | 25b, 20 | | | 1545-0047 |
| | | | | ► Attac | ic, or Form 99 th to Form 990 gov/Form990 | 0 or Form 99 | 0-EZ. | | | | | 20 | 18 |
| Department of the Trea | I . | | PGO | o <u>www.ns.</u> | <u>gov/1 omisse</u> | or the lates | st illioilliatio | | | | | | o Public ection |
| Name of the org | anızatıon | | | | | | | E | mplo | yer ide | ntifica | ition n | |
| | | | | | | | | | | 7465 | | | |
| | | | | | (c)(3), section ! orm 990, Part | | | | | | ne 40b | | |
| |) Name of o | | | | Relationship be | etween disqual | | | (c) [| escript | ion of | (d) | Corrected? |
| | | | | | | organization | | + | tr | ansactı | on | Ye | es No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | + | | | | | |
| | | | | | | | | | | | | | |
| reported an a | | of the organization in amount on Form Relationship (c) Pu | | red "Yes" or Part X, line ! (d) Loan | n Form 990-EZ, | (e)Original principal amount | 8a, or Form 99 (f)Balance due | (g) In (h default? Approx | | h) ved by rd or | red by agreement? d or | | |
| | | | | То | From | - | | Yes No | | committee? Yes No | | Yes No | |
| | | | | | | | | | | | | | |
| | | | | | | | | + | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| otal | l | | | | • | <u> </u> | | | l . | I | 1 | 1 | |
| | | | | | | | | | | | | | |
| | | | | | ested Perso | | | | | | | | |
| Con (a) Name of Inter | | | nization an Relationship | | es" on Form 9 | | (d) Type | of acc | ctano | · a T | (a) Pu | rnoco o | f assistance |
| a) Name of filter | ested perst | | erested perso organizat | n and the | (c) Amount | or assistance | (d) Type | OI 4551 | Starre | .е | (e) ru | i pose o | assistance |
| 1) NONE NONE | | | 96,180 F | | FINANCIAL AID | | | erıt Sc | nolarshi | ps | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Dusiness Hunsuctions IIIV | Jiving Lincolested i Ci | 301131 | | | |
|--------------------------------|--|------------------------------|--------------------------------|---------------------------------|---------------|
| Complete if the organization a | answered "Yes" on Forn | n 990, Part IV, line 2የ | 8a, 28b, or 28c. | | |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sh o organiz reven | of ation's |
| | ! | ' | | Yes | No |
| (1) BUSINESS JET ACCESS | TRUSTEE AS OWNER | 484,577 | CHARTER AIR TRAVEL | | No |
| (2) PROFESSIONAL TURF PRODUCTS | TRUSTEE AS OWNER | 120,956 | LANDSCAPING EQUIPMENT | | No |
| (3) KELLY HART & HALLMAN | TRUSTEE AS OWNER | 173,601 | LEGAL SERVICES | | No |

| (3) KELLY HART & HALLMAN | TRUSTEE AS OWNER | 173,601 | LEGAL SERVICES | No |
|-----------------------------|------------------|---------|----------------|----|
| (4) ZACH GUTIERREZ | SON OF OFFICER | 11,394 | COMPENSATION | No |
| (5) SUBSTANTIAL CONTRIBUTOR | EMPLOYEE | 231,611 | COMPENSATION | No |

EMPLOYEE 129,125 COMPENSATION

(6) SUBSTANTIAL CONTRIBUTOR

Nο **Supplemental Information**

Explanation

Schedule L (Form 990 or 990-EZ) 2018

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

Part V

Return Reference

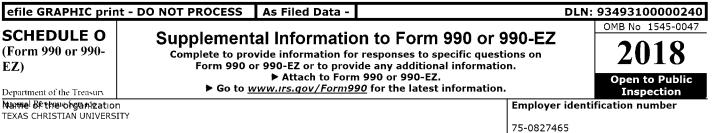
| efil | le GRAPHIC pi | rint - DO NOT PI | ROCESS | As Filed Data - | | DLN | : 93493100 | 0000 | 240 |
|----------|---|------------------------|-------------------------------|--|---|----------------|---|----------|-------|
| | IEDULE M | | | loncash Contri | hutions | | OMB No 15 | 545-00 |)47 |
| (For | m 990) | | 17 | ioncasii contri | Dutions | | 20 | 1 0 | , |
| | | ▶Complete if the | organizati | ons answered "Yes" on F | orm 990, Part IV, lines 2 | 9 or 30. | 20 1 | Ιδ | Į |
| | | ► Attach to Form | 990. | | | | | | |
| | tment of the Treasury al Revenue Service | ▶Go to <u>www.irs.</u> | gov/Form9 | 90 for the latest informat | ion. | | Open to Inspe | | |
| | e of the organizat S CHRISTIAN UNIVE | | | | | Employer iden | tification nu | mber | |
| ILAA. | 3 CHRISTIAN ONIVE | KSITI | | | | 75-0827465 | | | |
| Pa | rt 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) d of determin ontribution ar | | 5 |
| 1 | Art—Works of ar | t | | | | | | | |
| 2 | Art—Historical tr | | | | | | | | |
| 3 | Art—Fractional in | | | | | | | | |
| 4 | Books and public | | | | | | | | |
| 5 | Clothing and hou | isehold • • • • • | | | | | | | |
| 6 | Cars and other v | | | | | 1 | | | |
| 7 | Boats and planes | | | | | 1 | | | |
| 8 | Intellectual prop | | | | | | | | |
| 9 | Securities—Publi | cly traded . | Х | 127 | 4,660,702 | 2 Market value | | | |
| 10 | Securities—Close | ely held stock . | | | | | | | |
| | Securities—Partr or trust interest | s | | | | | | | |
| | Securities—Misce | | | | | | | | |
| 13 | Qualified conserv contribution—H structures | ıstorıc | | | | | | | |
| 14 | Qualified conserve contribution—O | | | | | | | | |
| 15 | Real estate—Res | | | | | | | | |
| 16 | Real estate—Cor | | | | | | | | |
| 17 | Real estate—Oth | | | | | | | | |
| 18 | Collectibles . | | | | | | | | |
| 19 | Food inventory Drugs and medic | | | | | + | | | |
| 20 21 | Taxidermy . | • • | | | | 1 | | | — |
| | Historical artifact | | | | | + | | | |
| | Scientific specim | | | | | | | | |
| | Archeological art | | | | | | | | |
| 25 | Other ▶ (| | Х | 11 | 1,650,555 | 5 Market value | | | |
| | SES) | | | | | 1 | | | |
| | Other ▶ (| | | | | 1 | | | |
| 27 | Other ► (| | | | | + | | | |
| | | | <u> </u> | | | + | | | — |
| 29 | | | | ition during the tax year for 3, Part IV, Donee Acknowled | | 29 | | V | 7 |
| 30a | | | | contribution any property refer to the contribution, a | | | : 🗆 | Yes | No |
| | | | | · · · · · · · · | | · · · | 30a | | No |
| b | If "Yes," describ | e the arrangement | ın Part II | | | | | | |
| 31 | _ | _ | | olicy that requires the review | • | | 31 | Yes | |
| | contributions? | | hird parties o | or related organizations to so | olicit, process, or sell nonca | sh · · · · | 32a | | No |
| | If "Yes," describ | | | | | | | | |
| 33 | - | · | n amount in | column (c) for a type of pro | perty for which column (a) | ıs checked, | | | |
| | describe in Part | II | | | | | | | |
| Ear D | anamuank Baduati | on Act Notice see th | o Instruction | s for Form 000 | Cat. No. 512271 | Scho | dule M (Form | 0001 (| 2018) |

Schedule M (Form 990) (2018)

Page 2

Schedule M (Form 990) (2018)

REPORTED ON THE FINANCIAL STATEMENTS OR ON THIS RETURN Schedule M, Part I, Line 1 Schedule M, In Part I, Column B, TCU is reporting the receipt of these noncash contributions based on the number of contributions, which at times also equals the number of items received Part I, Line 1, column B



990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a "INSTRUCTION AND FINANCIAL AID " | "INSTRUCTION AND FINANCIAL AID " TCU PROVIDES INSTRUCTION FOR APPROXIMATELY 10,918 STUDENT S TCU IS A DIVERSE LEARNING COMMUNITY OFFERING OVER 115 UNDERGRADUATE MAJORS AND GRADUATE EDUCATION IN MORE THAN 80 PROGRAMS, RANGING FROM THEORETICAL TO APPLIED, WITH ACADEMIC AN D PROFESSIONAL PROGRAMS OFFERED ACROSS MORE THAN 40 DISCIPLINES/DEPARTMENTS EIGHTY-SIX PE RCENT OF OUR PROFESSORS HOLD THE HIGHEST DEGREES IN THEIR FIELDS AND EQUALLY IMPORTANT, THEY CARE ABOUT UNDERGRADUATE EDUCATION TCU ROLLS ACROSS SOME 295 PICTURESQUE TREE-LINED AC RES STUDENTS BENEFIT FROM THE STRENGTHS AND RESOURCES OF LARGER INSTITUTIONS BUT IN A SMA LL COLLEGE ENVIRONMENT THEY CAN CHOOSE FROM MANY UNDERGRADUATE AREAS OF STUDY, PARTICIPATE IN INNOVATIVE PROGRAMS SUCH AS ENTREPRENEURSHIP AND NURSE ANESTHESIA, AND TAKE PART IN SERVICE LEARNING THEIR PROFESSORS ARE LEADERS IN THEIR FIELDS, AND ACADEMICS ARE RIGOROUS A GLOBAL PERSPECTIVE PERMEATES TCU, AND STUDENTS HAVE NUMEROUS OPPORTUNITIES TO STUDY ABR OAD WITH A 13 1 STUDENT/FACULTY RATIO, TCU DEMONSTRATES COMMITMENT TO HIGHLY PERSONALIZED EDUCATION AND A TEACHER-SCHOLAR MODEL THAT RESULTS IN CLOSE, MENTORING RELATIONSHIPS TCU FOSTERS DISCOVERY, CREATIVITY, AND LEADERSHIP IT'S A CULTURE THAT ENABLES THE SEARCH FOR MEANING AND SUCCESS TCU IS COMMITTED TO CREATING A CAMPUS ENVIRONMENT THAT SUPPORTS AND PROMOTES SUPERIOR RESEARCH, PREMIER CREATIVE ACTIVITIES, AND INNOVATIVE SCHOLARLY PURSUITS THE MISSION OF THE ADDRAN COLLEGE OF LIBERAL ARTS IS TO ADVANCE LIFE-LONG LEARNING AND D ISCOVERY IN THE HUMANITIES, MODERN LANGUAGES, AND SOCIAL SCIENCES TO ENHANCE OUR ENVIRONMENT THAT SUPPORTS AND PROMOTES SUPERIOR RESEARCH, PREMIER CREATIVE ACTIVITIES, AND INTERDISCIPLINARY INITIA TIVES INCLUDING THE CENTER FOR URBAN STUDIES, THE CENTER FOR DIGITAL EXPRESSIONAL AND PRE-PROFESSIONAL FOR DECEDOR THE ADDRAN COLLEGE OF LIBERAL ARTS SOCIAL SCIENCES TO ENHANCE OUR ENVIRONMENT THAT SUPPORTS AND QUAINTS IN THE HUMAN CONDITION, AND DEVELOP ETHICAL LEADERS PROFESSIONAL AND PRE-PROFESSIONAL SUPPORTS IN THE FOR |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part III, Line 4a "INSTRUCTION AND FINANCIAL AID" | ARES EDUCATORS AND LEADERS FOR DIVERSE, GLOBAL EDUCATIONAL SETTINGS THROUGH MEANINGFUL SCH OLARSHIP, PEDAGGGY AND PRACTICE THE TEACHER PREPARATION PROGRAM HAS BEEN RECOGNIZED FOR E XEMPLARY, CULTURALLY RESPONSIVE TEACHER PREPARATION STUDENTS IN THE PROGRAM CHOOSE FROM E ARLY CHILDHOOD-SIXTH GRADE EDUCATION, MIDDLE SCHOOL EDUCATION, SECONDARY EDUCATION AND YOU TH ADVOCACY, WITH A VARIETY OF CONCENTRATIONS AND CERTIFICATION AREAS IT BOASTS A NEAR 10 0 PERCENT TEACHER PLACEMENT RATE AND NEAR 100 PERCENT PASS RATE ON STATE CERTIFICATION EXA MS ADVANCED DEGREES ARE OFFERED IN CURRICULUM AND INSTRUCTION, COUNSELING, SPECIAL EDUCATION, EDUCATIONAL LEADERSHIP AND SCIENCE EDUCATION THE GRADUATE PROGRAM IS RANKED AMONG THE TOP GRAUATE PROGRAMS IN THE COUNTRY TCU IS THE ONLY UNIVERSITY IN THE NATION WITH TWO 0 N-CAMPUS SPECIAL EDUCATION LABORATORY SCHOOLS, STARPOINT AND KINDERFROGS SCHOOL The John V Roach Honors College is a learning community of approximately 1200 students of excellen ce who seek to embody the University's core mission to educate individuals to "think and act as ethical leaders and responsible citizens in the global community" By honoring the complexities of knowledge in all realms of learning, including the quest to discover one's own mind and voice, the Honors College prepares students for the world Honors students e njoy small classes that promote high levels of inquiry, engagement, and feedback along wit h unparalleled opportunities for faculty-mentored research - projects that frequently become platforms for post-undergraduate work. An Honors-enriched TCU education is truly transformative enriching students' knowledge within and beyond their majors, strengthening their commitments to intellectual honesty, courage, and dialogue, and empowering them to be ageents of respectful deliberation and positive change. Students in the Harris College of Nur sing & Health Sciences study varied health disciplines, including nursing, communication s ciences and disorders, kinesiology, social work and nurse anesthe |

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a "INSTRUCTION AND FINANCIAL AID " | CTORAL LEVEL IN BIOLOGY, CHEMISTRY & BIOCHEMISTRY, MATHEMATICS, PHYSICS & ASTRONOMY, AND P SYCHOLOGY THE ENERGY INSTITUTE AND THE INSTITUTE OF ENVIRONMENTAL STUDIES LEAD INTERDISCI PLINARY EFFORTS IN THE FIELDS OF ENERGY AND SUSTAINABILITY THE PREHEALTH PROFESSIONS INSTITUTE HAS BEEN LONG KNOWN FOR AN ACCEPTANCE RATE AT PROFESSIONAL SCHOOLS OF ABOUT TWICE THE NATIONAL AVERAGE THE COLLEGE'S KAREN PURVIS INSTITUTE OF CHILD DEVELOPMENT HAS MADE AN IMPORTANT IMPACT IN THE LIVES OF AT-RISK CHILDREN THROUGH RESEARCH, INTERVENTION, AND THER APY THE RANCH MANAGEMENT PROGRAM AND INSTITUTE ARE WORLD RECOGNIZED THE INSTITUTE FOR BE HAVIORAL RESEARCH CONDUCTS FEDERALLY FUNDED RESEARCH FOR EVALUATING AND IMPROVING TREATEME NT STRATEGIES THAT TARGET REDUCTIONS IN DRUG ABUSE RESEARCH OPPORTUNITIES ABOUND FOR UNDE RGRADUATES THROUGHOUT THE COLLEGE TCU'S College of Fine Arts has an established reputation of for offering the highest quality arts education within a liberal arts environment, drawing on our distinguished faculty's expertise and commitment to students' professional devel opment Our programs foster collaborations with the leading arts and culture organizations in the DFW Metroplex, including the Amon Carter Museum, the Cliburn, the Fort Worth Symph ony Orchestra, the Fort Worth Public Schools, the Kimbell Museum, the Modern Art Museum of Fort Worth, and Texas Ballet Theater The College hosts numerous public programs, including its distinguished PianoTexas International Academy & Festival, the biennial Latin Ameri can Music Festival, the Festival of American Song, and annually presents numerous world premieres of original compositions. THE BOB SCHIEFFER COLLEGE OF COMMUNICATION OFFERS PROGRA MS IN COMMUNICATION STUDIES, FILM-TELEVISION-DIGITAL MEDIA, JOURNALISM AND STRATEGIC COMMUNICATION THE COLLEGE'S AWARD-WINNING STUDENT ACTIVITIES INCLUDE ADVERTISING AND PUBLIC R ELATIONS CAMPAIGN TEAMS, KTCU CAMPUS RADIO STATION, NEWS GROUPS AND PUBLICATIONS, SPEECH A ND DEBATE TEAM, AND TWO STRATEGIC COMMUNICATION AGENCIES THAT |

Return

| Reference | Explanation |
|----------------|---|
| Form 990, | TEXAS CHRISTIAN UNIVERSITY OPERATES AUXILIARY ACTIVITIES THAT EXIST TO FURNISH GOODS OR SERVICES TO |
| Part III, Line | STUDENTS, FACULTY, AND STAFF, AND THAT CHARGE A FEE DIRECTLY RELATED TO, ALTHOUGH NOT NECESSARILY |
| 4b | EQUAL TO, THE COST OF THE GOODS OR SERVICES AUXILIARY ACTIVITIES AT TEXAS CHRISTIAN UNIVERSITY |
| "AUXILIARY | CONSIST PRIMARILY OF RESIDENCE HALLS, DINING SERVICES, INTERCOLLEGIATE ATHLETICS, THE UNIVERSITY |
| ACTIVITIES " | BOOKSTORE, THE LABORATORY SCHOOL FOR LEARNING DISABLED STUDENTS, EARLY CHILDHOOD EDUCATION |
| | PROGRAMS, AND MUSIC PREPARATORY PROGRAMS TEXAS CHRISTIAN UNIVERSITY IS PRIMARILY A RESIDENTIAL |
| | CAMPUS, WITH ALMOST ONE HALF OF THE UNDERGRADUATE POPULATION LIVING ON CAMPUS |

Explanation

Return

| Reference | |
|----------------|--|
| Form 990, | TEXAS CHRISTIAN UNIVERSITY OFFERS STUDENT SERVICES IN WHICH THE PRIMARY PURPOSE IS TO CONTRIBUTE |
| Part III, Line | TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING AND TO HIS OR HER INTELLECTUAL, CULTURAL, AND |
| 4c | SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE FORMAL INSTRUCTION PROGRAM STUDENT SERVICES |
| "STUDENT | CONSISTS PRIMARILY OF THE HEALTH AND COUNSELING CENTER, OFFICE OF ADMISSIONS, REGISTRAR, STUDENT |
| SERVICES " | DEVELOPMENT SERVICES, CAREER CENTER, CAMPUS LIFE, CAMPUS RECREATION, CAMPUS MINISTRY, STUDENT |
| | GOVERNMENT, STUDENT ACTIVITIES, COMMUNITY INVOLVEMENT, INTERCULTURAL AND OUTREACH SERVICES, I D |
| | CARD OFFICE. AND ORIENTATION |

Explanation

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4d FORM 990, PART III, LINE 4D | ALL OTHER PROGRAM SERVICES INCLUDES RESEARCH AND ACADEMIC SUPPORT RESEARCH CONSISTS OF EXPENDITURES FOR RESEARCH AND DEVELOPMENT ACTIVITIES THAT ARE FUNDED BY GRANTS OR CONTRACTS FROM FEDERAL, STATE OR LOCAL GOVERNMENTS, FOUNDATIONS OR OTHER OUTSIDE PARTIES ACADEMIC SUPPORT CONSISTS OF THE OPERATION OF THE UNIVERSITY'S CENTRAL LIBRARY SYSTEM, WRITING CENTER, INSTRUCTIONAL AND ACADEMIC SERVICES, ACADEMIC AFFAIRS, AND THE OPERATION OF TECHNOLOGY RESOURCES FOR THE CAMPUS COMMUNITY THE CENTRAL LIBRARY SYSTEM OFFERS STUDENTS AND FACULTY ACCESS TO OVER 2 MILLION BOOKS AND AUDIO-VISUAL MATERIALS, AND A NUMBER OF COLLECTIONS |

| Return Reference FORM 990, Part III, Line 4a III, Line 4a III SOLVED USING THE TOOLS FROM ANY ONE AREA OF EXPERTISE TOU'S SCHOOL OF INTERDISCIPLINARY TO BE SOLVED USING THE TOOLS FROM ANY ONE AREA OF EXPERTISE TOU'S SCHOOL OF INTERDISCIPLINARY STUDIES TACKLES SUCH CHALLENGES THROUGH INTEGRATING MULTIPLE PERSPECTIVES AND METHODS THE SCHOOL OF INTERDISCIPLINARY STUDIES OFFERS UNDERGRAPOUATE MAJORS IN COMPARATIVE RACE AND FINANCIAL AID" INANCIAL AID" THE WORLD'S MOST PRESSING PROBLEMS-FROM CLIMATE CHANGE TO GLOBAL INEQUALITY ARE TOO COMPLEX TO BE SOLVED USING THE TOOLS OF HER STUDIES (PERS) WOMEN & GENDER STUDIES (WIGST), AND INTERDISCIPLINARY INQUIRY (A DESIGN YOUR OWN MAJOR) THE SCHOOL ALSO OFFERS MINORS IN CRES, WOST, ARD INTERDISCIPLINARY INQUIRY (A DESIGN YOUR OWN MAJOR) THE SCHOOL ALSO OFFERS MINORS IN CRES, WOST, ARD INTERDISCIPLINARY INQUIRY (A DESIGN YOUR OWN MAJOR) THE SCHOOL ALSO OFFERS MINORS IN CRES, WOST, ARD INTERDISCIPLINARY INQUIRY (A DESIGN YOUR OWN MAJOR) THE SCHOOL, THE SCHOOL THE AFICKAM STUDIES, LATINX STUDIES AND GRADUATE CERTIFICATES IN CRES AND WGST THE INTENSIVE ENGLISH PROGRAM IS NATIONALLY RENOWNED, DRAWING STUDENTS, FACULTY AND STAFF FROM ALL ACADEMIC UNITY SHATE EQUIPS ITS PARTICIPANTS WITH THE TOOLS OF HUMAN-CENTERED DESIGN THINKING TOL AND UNTHISC SCHOOL OF MEDICINE IS REDEFINING MEDICAL EDUCATION, BY ABANDONING AN OUTDATED LECTURE MODEL AND TRANSFORMING THE CLINICAL EXPERIENCE OUR MISSION IS TO TRANSFORM HEALTH CARE BY INSPIRING EMPATHETIC SCHOLARS THIS IS ACCOOMPLISHED THROUGH SEVERAL NOVEL MODALITIES COMMUNICATION IS EMBEDDED THROUGHOUT THE CURRICULUM TO CREATE EXCEPTIONAL COMMUNICATORS AND ACTIVE LISTENERS THE CURRICULUM IS WHOLLY CENTERED ON THE PATIENT, ALLOWING STUDENTS OR AND ACTIVE LISTENERS THE CURRICULUM IS WHOLLY CENTERED ON THE PATIENT, ALLOWING STUDENTS FROM THEIR FIRST WEEK IN MEDICAL SCHOOL AND HAVE ONE-ON-ON-ON-ON-ON-ON-ON-ON-ON-ON-ON-ON-ON- | | |
|--|--|--|
| Form 990, Part III, Line 4a III | | Explanation |
| | Reference Form 990, Part III, Line 4a 'INSTRUCTION AND FINANCIAL | THE WORLD'S MOST PRESSING PROBLEMS-FROM CLIMATE CHANGE TO GLOBAL INEQUALITY-ARE TOO COMPLEX TO BE SOLVED USING THE TOOLS FROM ANY ONE AREA OF EXPERTISE TCU'S SCHOOL OF INTERDISCIPLINARY STUDIES TACKLES SUCH CHALLENGES THROUGH INTEGRATING MULTIPLE PERSPECTIVES AND METHODS THE SCHOOL OF INTERDISCIPLINARY STUDIES OFFERS UNDERGRADUATE MAJORS IN COMPARATIVE RACE AND ETHNIC STUDIES (CRES), WOMEN & GENDER STUDIES (WGST), AND INTERDISCIPLINARY INQUIRY (A DESIGN YOUR OWN MAJOR) THE SCHOOL ALSO OFFERS MINORS IN CRES, WGST, AFRICAN AMERICAN AND AFRICANA STUDIES, LATINX STUDIES AND GRADUATE CERTIFICATES IN CRES AND WGST, AFRICAN AMERICAN AND AFRICANA STUDIES, LATINX STUDIES AND GRADUATE CERTIFICATES IN CRES AND WGST, THE INTENSIVE ENGLISH PROGRAM IS NATIONALLY RENOWNED, DRAWING STUDENTS FROM ALL OVER THE WORLD THE IDEAFACTORY IS AN INNOVATION HUB AVAILABLE TO STUDENTS, FACULTY AND STAFF FROM ALL ACADEMIC UNITS THAT EQUIPS ITS PARTICIPANTS WITH THE TOOLS OF HUMAN-CENTERED DESIGN THINKING TCU AND UNTHSC JOINED TOGETHER IN JULY 2015 TO FORM A NEW ALLOPATHIC MEDICAL SCHOOL, THE TCU AND UNTHSC SCHOOL OF MEDICINE IS REDEFINING MEDICAL EDUCATION, BY ABANDONING AN OUTDATED LECTURE MODEL AND TRANSFORMING THE CLINICAL EXPERIENCE OUR MISSION IS TO TRANSFORM HEALTH CARE BY INSPIRING EMPATHETIC SCHOLARS THIS IS ACCOOMPLISHED THROUGH SEVERAL NOVEL MODALL'ITES COMMUNICATION IS EMBEDDED THROUGHOUT THE CURRICULUM TO CREATE EXCEPTIONAL COMMUNICATORS AND ACTIVE LISTENERS THE CURRICULUM IS WHOLLY CENTERED ON THE PATIENT, ALLOWING STUDENTS TO RETAIN THE EMPATHY WHICH THEY START MEDICAL SCHOOL STUDENTS BEGIN SEEING PATIENTS FROM THEIR FIRST WEEK IN MEDICAL SCHOOL AND HAVE ONE-ON-ONE MENTORING RELATIONSHIPS WITH CLINICAL FACULTY PHYSICIAN DEVELOPMENT COACHES WILL FOSTER A PERSONAL RELATIONSHIP THAT WILL CONTRIBUTE TOWARD STUDENT'S ACADEMIC SUCCESS AND WELLNESS STUDENTS LEARN IN AN ADULT-LEARNING MODEL WITH NO LECTURES AND FLIPPED CLASSROOMS WE ALSO UTILIZE ARTIFICIAL INTELLIGENCE AND MIXED REALITY TO ADVANCE HOW STUDENTS LEARN AS WE PREPARE THEM |

Return Explanation

Form 990,
Part III, Line
2 New
program
services

Return Explanation

| Form 990, Part III, Line | (Expenses \$ 56,880,090 including grants of \$)(Revenue \$ 6,551,903) SEE SCHEDULE O |
|-----------------------------|--|
| 4d | |
| Description | |
| of other | |
| program | |
| services | |

| Return Reference | Explanation |
|--------------------|---|
| Form 990, Part VI, | TCU'S WHISTLEBLOWER POLICY IS INCLUDED IN ITS WRITTEN CODE OF CONDUCT POLICY THAT POLICY |
| Line 13 | ADDRESSES HOW TO REPORT SUSPECTED VIOLATIONS OR CONCERNS, INCLUDING IDENTIFICATION OF STAFF |
| WHISTLEBLOWER | MEMBERS AND OUTSIDE PARTIES TO WHOM SUCH INFORMATION CAN BE REPORTED, AS WELL AS |
| POLICY | DISCIPLINARY ACTION FOR ACTS OF RETALIATION THE CODE OF CONDUCT POLICY HAS BEEN ADOPTED BY |
| | THE GOVERNING BOARD OF THE UNIVERSITY AS THE UNIVERSITY'S WHISTLEBLOWER POLICY |
| j | |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 2 Family/business relationships amongst interested persons | BRENDA CLINE & LUTHER KING - Business relationship, BRENDA CLINE & KIMBELL FORTSON WYNNE - Business relationship, MARK JOHNSON, BRYAN KING, AND LUTHER KING - Business relationship, G Malcolm Louden, F Howard Walsh III - Business relationship, Luther King, Bryan King - Family relationship |

| Reference | |
|---|--------|
| Form 990, Part VI, Line 11b Review of form 990 by governing body FORM 990 IS REVIEWED INTERNALLY BY TCU'S FINANCIAL MANAGEMENT, INCLUDING THE UNIVERSITY'S CHIEF FINANCIAL OFFICER, BEFORE BEING PRESENTED TO THE UNIVERSITY'S AUDIT, RISK, AND COMPLIANCE COMMIT FOR REVIEW TCU MANAGEMENT PROVIDES SPECIFIC DISCLOSURES RELATING TO INDIVIDUAL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES TO THE AFFECTED INDIVIDUALS FOR THE REVIEW THE UNIVERSITY'S AUDIT, RISK, AND COMPLIANCE COMMITTEE AND CHANCELLOR REVIEW FORM 990 BEFORE IT IS DISTRIBUTED TO ALL OTHER TRUSTEES AFTER REVIEW AT ITS SPRING MEETING, THE AUDIT, RISK AND COMPLIANCE COMMITTEE AUDIT, RISK, AND COMPLIANCE COMMITTEE AND DISTRIBUTION TO ALL TRUSTEES HAS BEEN FORMALLY INCORPORATED INTO TCU'S AUDIT, RISK, AND COMPLIANCE COMMITTEE CHARTER | R O |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 12c Conflict of interest policy | TCU HAS WRITTEN CONFLICT OF INTEREST POLICIES FOR ALL EMPLOYEES AS WELL AS FOR TRUSTEES OFFICERS, TRUSTEES, AND KEY EMPLOYEES RECEIVE A WRITTEN COPY OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS, ALONG WITH A LIST OF THE NAMES OF OTHER OFFICERS, TRUSTEES, AND KEY EMPLOYEES THEY ALSO RECEIVE A CONFLICT OF INTEREST STATEMENT THAT MUST BE COMPLETED AND SIGNED, AND RETURNED TO THE CHANCELLOR THE STATEMENT REQUIRES EACH INDIVIDUAL TO DISCLOSE WHETHER THEY HAVE ANY CONFLICTS OF INTEREST AND TO DESCRIBE THE NATURE OF ANY SUCH CONFLICTS THE STATEMENT ALSO REQUIRES THE INDIVIDUAL TO DISCLOSE FAMILY RELATIONSHIPS AND BUSINESS RELATIONSHIPS WITH TCU AS WELL AS WITH OTHER OFFICERS, TRUSTEES, OR KEY EMPLOYEES THE CHANCELLOR'S OFFICE FOLLOWS UP TO ENSURE THAT A SIGNED CONFLICT OF INTEREST STATEMENT IS RECEIVED FROM EACH AFFECTED INDIVIDUAL THE CHANCELLOR AND THE CHAIR OF THE BOARD OF TRUSTEES REVIEW EACH STATEMENT ANY POTENTIAL CONFLICTS ARE ALSO REVIEWED WITH TCU'S LEGAL COUNSEL AND FOLLOW UP UNDERTAKEN AS NEEDED TO ADDRESS ANY IDENTIFIED CONCERNS THE STATEMENTS ARE ALSO PROVIDED TO THE FINANCE DEPARTMENT FOR REVIEW AND FOR FORM 990 DISCLOSURE PURPOSES WITH RESPECT TO SPECIFIC TRANSACTIONS INVOLVING AN EXISTING OR POTENTIAL CONFLICT OF INTEREST, THE POLICY REQUIRES DISCLOSURE TO BE MADE AT THE EARLIEST POSSIBLE TIME AND ANNUALLY AFTER THAT IN ACCORDANCE WITH THE POLICY, TRUSTEES OR OFFICERS CANNOT VOTE ON, NOR PARTICIPATE IN DISCUSSING, ANY MATTER IN WHICH THEY HAVE A CONFLICT OF INTEREST DISCLOSURE FORM IN ACCORDANCE WITH THE CONFLICT OF INTEREST DISCLOSURE FORM IN ACCORDANCE WITH THE CONFLICT OF INTEREST DISCLOSURE FORM IN ACCORDANCE WITH THE CONFLICT OF INTEREST DISCLOSURE FORM IN ACCORDANCE WITH THE CONFLICT OF INTEREST DISCLOSURE FORM IN ACCORDANCE WITH THE CONFLICT OF INTEREST DISCLOSURE FORM FOR EMPLOYEES ARE SUBMITTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER AND ARE REVIEWED BY TCU'S FINANCIAL MANAGEMENT IF A CONFLICT OR POTENTIAL CONFLICT OF INTEREST AND EXPLAIN HOW THE CONFLICT WILL BE MANAGED, REDUCED |
| , | 1 · · · · · · · · · · · · · · · · · · · |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | TCU HAS ESTABLISHED THE FOLLOWING PROCEDURE FOR DETERMINING EXECUTIVE COMPENSATION FOR THE CHANCELLOR AND TO ASSURE THAT THE COMPENSATION MEETS THE REBUTTABLE PRESUMPTION OF REASON ABLENESS STANDARD TCU'S HUMAN RESOURCES DEPARTMENT ANNUALLY REVIEWS DATA FROM ONE NATIONAL SALARY SURVEY AND PROVIDES ANNUAL SALARY SURVEY COMPENSATION AND BENEFITS DATA TO THE EX ECUTIVE COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE FOR USE IN DETERMINING THE CHA ANCELLOR'S SALARY IN ACCORDANCE WITH THE EXECUTIVE COMMITTEE FOR USE IN DETERMINING THE CHA ANCELLOR'S SALARY IN ACCORDANCE WITH THE EXECUTIVE COMMITTEE FOR USE IN DETERMINING THE CHA ANCELLOR'S SALARY IN ACCORDANCE WITH THE EXECUTIVE COMMITTEE FOR USE IN DETERMINING THE CHA ANCELLOR'S SALARY IN ACCORDANCE WITH THE EXECUTIVE COMMITTEE FOR USE THE BOARD OF TRUS TEES, THE CHAIR OF THE BOARD APPOINTS A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUS TEES, THE CHAIR OF THE BOARD APPOINTS A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD AND ANNUALLY TO EVALUATE PERFORMANCE AND TO ASSURE THAT COMPENSATION FOR THE CHANCELLOR IS REASONABLE AND THAT ADEQUATE DOCUMENTATION IS MAINTAINED FOR SUPPORTING THE CHANCELLOR IS REASONABLE AND THE CHAIR OF THE BOARD SERVES AS THE CHAIR OF THE SUBCOMMITTEE; CHARGE INCLUDES REVIEWING THE CHANCELLOR THE SUBCOMMITTEE SELF-EVALUATION, REVIEWING ANY OTHER MATERIALS SUBMITTED BY THE CHANCELLOR AS PART OF THE EVALUATION, AND REVIEWING THE C OMPENSATION PARAMETERS CURRENTLY APPLIED TO THE CHAIR OF THE EVALUATION, AND REVIEWING THE C COMPENSATION PARAMETERS CURRENTLY APPLIED TO THE CHAIR OF THE SUBCOMMITTEE MEETS WITH THE CHANCELLOR FOR THE COMING ACADEMIC YEAR THE RECOMMENDATION OF COMPENSATION FOR THE CHANCELLOR FOR THE COMING ACADEMIC YEAR THE RECOMMENDATION OF COMPENSATION OF THE CHANCELLOR FOR THE COMING ACADEMIC YEAR THE RECOMMENDATION OF THE REASONABLENESS OF THE RECOMMENDED COMPENSATION AND INDEPENDENT COMPENSATION AND DENEFITS PROVIDED TO THE OHANCELLOR SO COMPENSATION OF THE REASONABLE PRIVATE UNIVERSITIES, AND ALSO R |

990 Schedule O, Supplemental Information

Return

| Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management | IVE COMMITTEE CHARTER THIS PROCESS WAS LAST UNDERTAKEN FOR THE CHANCELLOR'S COMPENSATION IN 2019 |
| official | |

Explanation

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | TCU HAS ESTABLISHED THE FOLLOWING PROCEDURES FOR DETERMINING EXECUTIVE COMPENSATION FOR OT HER OFFICERS AND EXECUTIVE LEVEL EMPLOYEES IN ACCORDANCE WITH THE EXECUTIVE COMMITTEE CHA RTER OF THE BOARD OF TRUSTEES, THE CHANCELLOR IS RESPONSIBLE FOR PERFORMING ANNUAL EVALUATIONS AND SETTING SALARIES AND OTHER COMPENSATION COMPONENTS FOR SENIOR ADMINISTRATIVE OFFI CERS, SUBJECT TO LIMITATIONS SET IN THE BUDGET APPROVED BY THE FULL BOARD THE CHANCELLOR PROVIDES A SUMMARY OF THE ANNUAL EVALUATIONS AND COMPENSATION DETERMINATIONS TO THE EXECUT IVE COMMITTEE DURING A SCHEDULED MEETING AND CITES RELIABLE AND INDEPENDENT COMPARABILITY DATA UPON WHICH COMPENSATION DETERMINATIONS ARE BASED THE CHANCELLOR MAINTAINS RELEVANT D OCUMENTATION USED FOR COMPENSATION DETERMINATIONS ARE BASED THE CHANCELLOR MAINTAINS RELEVANT D OCUMENTATION USED FOR COMPENSATION DETERMINATIONS ARE BASED THE CHANCELLOR SRESPONSI BILITIES, TCU'S HUMAN RESOURCES DEPARTMENT ANNUALLY REVIEWS TWO SOURCES OF SALARY SURVEY D ATA FOR SALARY COMPARISON PURPOSES WITH TCU'S EXECUTIVE LEVEL POSITIONS EACH SPRING WHEN THE NEW SURVEY DATA IS RELEASED, TCU'S HUMAN RESOURCES DEPARTMENT REVIEWS THE DATA AND SUM MARIZES THE RESULTS INTO A REPORT IDENTIFYING SALARY INFORMATION FOR THE FOLLOWING POSITION SC CHANCELLOR, VICE CHANCELLORS, DEANS, AND UNIT HEADS WHOSE JOBS CAN BE MATCHED TO SURVE Y DATA EACH YEAR THE SUPERVISING ADMINISTRATOR MEETS WITH SUBGRDINATES AND EVALUATES THEIR PERFORMANCE THIS EVALUATION BECOMES THE BASIS FOR DETERMINING THE AMOUNT OF THE MERIT INCREASE TO BE AWARDED USING THE SALARY SURVEY SUMMARY OF DATA AS A GUIDELINE FOR MAKING THIS DECISION THIS PROCESS WAS LAST UNDERTAKEN FOR OFFICERS AND OTHER SENIOR EMPLOYEES IN 2 019 AN INDEPENDENT COMPENSATION CONSULTING FIRM WAS USED BY THE SUBCOMMITTEE AND THE CHAN CELLOR TO ASSIST IN EVALUATION AND ESTABLISHING THE COMPENSATION FOR DISQUALIFIED PERSONS FOR FISCAL YEAR 2019 THE INDEPENDENT COMPENSATION AND DETERMINED THE APPROPRIATE PEER GROUP FOR BENCHMARKING PURPOSES, GATHERED COMPENSATION AND ESTERMI |

| Form 990, Part VI, Line 15b Process to establish compensation of other RELIABLE AND INDEPENDENT COMPARABILITY DATA UPON WHICH COMPENSATION DETERMINATIONS ARE BAS E THE VICE CHANCELLOR MAINTAINS RELEVANT DOCUMENTATION USED FOR COMPENSATION DETERMINATIONS THE VICE CHANCELLOR MAINTAINS RELEVANT DOCUMENTATION USED FOR COMPENSATION DETERMINATIONS THE VICE CHANCELLOR MAINTAINS RELEVANT DOCUMENTATION USED FOR COMPENSATION DETERMINATIONS ARE BAS E THE VICE CHANCELLOR MAINTAINS RELEVANT DOCUMENTATION USED FOR COMPENSATION DETERMINATIONS ARE BAS E THE VICE CHANCELLOR MAINTAIN ONS FACILITATE THE VICE CHANCELLOR'S RESPONSIBILITIES, THE HUMAN RESOURCES DEPARTMENT ANNUALLY EXECUTIVE LEVEL INVESTMENT STAFF THE HUMAN RESOURCES DEPARTMENT ALSO ANNUALLY USE S A CALCULATION THAT INCLUDES A QUANTITATIVE AND QUALITATIVE ANALYSIS BASED ON THE PERFORM ANCE OF | Return Reference | — · · · · · · · · · · · · · · · · · · · | |
|---|--|--|---------------------------|
| employees THE ENDOWMENT THE HUMAN RESOURCES DEPARTMENT REVIEWS THE DATA AND SUMMARIZES THE RESULTS INTO A REPORT INDENTIFYING COMPENSATION INFORMATION FOR THE CHIEF INVESTMENT OFFIC ER THIS REPORT BECOMES THE BASIS FOR DETERMINING THE AMOUNT OF MERIT INCREASE TO BE AWARD ED THIS PROCESS WALLAST UNDERTAKEN FOR THE CHIEF INVESTMENT OFFICER IN 2019 | Part VI, Line 15b Process to establish compensation of other | THE VICE CHANCELLOR MAINTAINS RELEVANT DOCUMENTATION USED FOR COMPENSATION DETERMINATION FACILITATE THE VICE CHANCELLOR'S RESPONSIBILITIES, THE HUMAN RESOURCES DEPARTMENT ANNUALLY REVIEWS TWO SOURCES OF COMPENSATION DATA FOR COMPENSATION COMPARISON PURPOSES WITH TCU EXECUTIVE LEVEL INVESTMENT STAFF. THE HUMAN RESOURCES DEPARTMENT ALSO ANNUALLY USE S A CALCULATION THAT INCLUDES A QUANTITATIVE AND QUALITATIVE ANALYSIS BASED ON THE PERFORM ANCE THE ENDOWMENT. THE HUMAN RESOURCES DEPARTMENT REVIEWS THE DATA AND SUMMARIZES THE RESULTIVE ANALYSIS THE DATA AND SUMMARIZES THE RESULT INTO A REPORT INDENTIFYING COMPENSATION INFORMATION FOR THE CHIEF INVESTMENT OFFICER. THIS RECOMES THE BASIS FOR DETERMINING THE AMOUNT OF MERIT INCREASE TO BE AWARD ED. THIS PROCESS | NS TO J'S OF TS EPORT |

Return

Explanation Reference Form 990. TCU DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC TCU MAKES ITS FINANCIAL

Part VI. Line STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST TCU'S CONFLICT OF INTEREST POLICY IS AVAILABLE TO 19 Required THE PUBLIC VIA TCU'S HUMAN RESOURCES WEBSITE documents available to the public

| Return Reference | Explanation |
|---|--|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | All Other Program Services Revenue - Total Revenue 14769582, Related or Exempt Function Revenue 14729684, Unrelated Business Revenue 39898, Revenue Excluded from Tax Under Sections 512, 513, or 514, - Total Revenue, Related or Exempt Function Revenue, Unrelated Business Revenue, Revenue Excluded from Tax Under Sections 512, 513, or 514, |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | All Other Revenue - Total Revenue 751780, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 751780, - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

Paturn

| Reference | Ехріанацон |
|--|---|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | OTHER MISC CHANGES - 838, Post Retirement Benefit Actuarial Change17214594, Rounding - 0, Officer Compensation of Assoc VC for Facilities Capitalized - 229842, |

Evolanation

efile GRAPHIC print - DO NOT PROCESS //
SCHEDULE R

(Form 990)

Department of the Treasury

TEXAS CHRISTIAN UNIVERSITY

Internal Revenue Service

Name of the organization

As Filed Data -

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

DLN: 93493100000240

Open to Public Inspection

Employer identification number

| | | | | 75-0827465 | | | |
|---|---------------------------------|---|----------------------------|--|---|---------------------------|-------------------|
| Part I Identification of Disregarded Entities Complete | ıf the organızatıon answe | ered "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) | | (e) End-of-year assets | (f) Direct controllin entity | g | |
| (1) BELLAIRE ACQUISITIONS LLC 777 MAIN STREET SUITE 1300 FORT WORTH, TX 76102 81-4806107 | REAL ESTATE | TX | 11,070 | 2,820,173 | TCU | | - |
| (2) DASHROSE LLC 1401 ETHRIDGE AVENUE AUSTIN, TX 78703 82-3189162 | REAL ESTATE | TX | 82,290 | 13,655,140 | тси | | |
| (3) NEBRASKA REALTY PARTNERS IV LLC 211 E 7th STREET SUITE 620 AUSTIN, TX 787013218 82-3291409 | REAL ESTATE | TX | 1,674 | 7,221,532 | тси | | |
| (4) WEXLER MCCOY LLC 408 W 17TH STREET 101 AUSTIN, TX 787011293 83-0826180 | REAL ESTATE | TX | 147,935 | 2,733,482 | TCU | | |
| | | | livelle e Ferre 200 | D-1-7/ 1-2-24 | | | _ |
| Part II Identification of Related Tax-Exempt Organizati related tax-exempt organizations during the tax year. | ons Complete if the orga | inization answered | 'Yes" on Form 990 | , Part IV, line 34 t | ecause it had one or | more | |
| (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 | Section (13) co ent | ontrolle tity? |
| (1)William C Conner Foundation TCU Box 298530 Neeley School of Business Fort Worth, TX 761290001 75-6036724 | Investments | TX | 501(c)(3) | Type III-FI | TCU | Yes Yes | No |
| (2)Texas Christian University VEBA TCU Box 298200 | welfare benefit plan | TX | 501(c)(9) | | TCU | Yes | |
| Fort Worth, TX 76129 82-6769204 | | | | | | | _ |
| | | | | | | \perp | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form | 990. | Cat No 5013 | 5Y | | Schedule R (Form | 1 990) 2 | 018 |

| (a) | ated as a partne | (b) | (c) | (d) | (e) | (f) | (g) | (I | | (i) | (|) | (k) |
|---|---|---------------------|--|---------------------------------|--|--|---|-------------------|---|---|----------------------------------|---------------------------|---|
| Name, address, and EIN of related organization | | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Predominan | d, income n | | Disprop alloca | tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | eral or aging ener? | Percentage ownership |
| (1) GCM GROSVENOR - TCU INVESTMENT FUND LP | | INVESTMENTS | DE | NONE | Excluded | 2,976,097 | 9,133,594 | Yes | No No | 311,233 | | No No | 94 41 % |
| 767 FIFTH AVE 14TH FLOOR NEW YORK, NY 10153 26-3345349 | | | | | | | .,===, | | | | | | 3, 11, 10 |
| (2) TRITIUM I-A LP | | INVESTMENTS | DE | NONE | Excluded | 30,293 | 17,564,469 | | No | 0 | | No | 51 05 % |
| 303 COLORADO STREET SUITE 2075 AUSTIN, TX 78701 47-0990592 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Part IV Identification of Related Organizate because it had one or more related or | | ı as a Corporati | on or 1 | rust Com | nlete if the o | rganization ai | L neworod "Voi | " on E | orm C | I IOO Dart IV | /. line | e 34 | |
| (a) Name, address, and EIN of related organization | rganizations trea (b) Primary activity | , (stat | (c) Legal domicile te or forei | trust duri | | | (f) Share of total Income | Shar | (g) e of end year assets | l-of- Per | (h) centag | e | (i) Section 512 (b)(13) controlled |
| Name, address, and EIN of related organization | (b) Primary activity | , (stat | (c) Legal domicile e or foreicountry) | trust duri | ng the tax you (d) Irect controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | Shar | (g) e of end year assets | i-of- Peri | (h) centag nershij | e | Section 512 (b)(13) controlled entity? Yes No |
| Name, address, and EIN of related organization | (b) | , (stat | (c) Legal domicile te or forei | trust duri | ng the tax you (d) Irect controlling entity | (e) Type of entity (C corp, S corp, | (f) Share of total | Shar | (g) e of end year | i-of- Peri | (h) centag | e | Section 512 (b)(13) controlled entity? |
| Name, address, and EIN of related organization (1)LOVP I FEEDER LP 805 Las Cimas Pkwy Suite 125 Austin, TX 78746 98-1167915 | (b) Primary activity | , (stat | (c) Legal domicile e or foreicountry) | trust duri | ng the tax you (d) street controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | Shar | (g) e of end year assets 8,431, | d-of- Person ow 264 71.4 | (h) centag nershij | e | Section 512 (b)(13) controlled entity? Yes No |
| Name, address, and EIN of related organization (1)LOVP I FEEDER LP 805 Las Cimas Pkwy Suite 125 Austin, TX 78746 98-1167915 (2)FIR TREE RE FUND III AIV SOLAR FEEDER (USTE II) V LTD 505 5TH AVENUE 23RD FLOOR NEW YORK, NY 10017 | (b) Primary activity INVESTMENTS | , (stat | (c) (c) Legal domicile is or forei country) | pn N | ng the tax you (d) spect controlling entity | (e) Type of entity (C corp, S corp, or trust) C Corporation | (f) Share of total Income 7,167,66 | Shar | (g) e of end year assets 8,431, | d-of- Person ow 264 71.4 | (h) centag nership 13 % | e | Section 512 (b)(13) controlled entity? Yes No Yes |
| Name, address, and EIN of related organization (1)LOVP I FEEDER LP 805 Las Cimas Pkwy Suite 125 Austin, TX 78746 98-1167915 (2)FIR TREE RE FUND III AIV SOLAR FEEDER (USTE II) V LTD 505 5TH AVENUE 23RD FLOOR NEW YORK, NY 10017 98-1227763 (3)CHARITABLE REMAINDER TRUSTS (15) | (b) Primary activity INVESTMENTS INVESTMENTS | , (stat | (c) Legal domicile se or forei country) CJ | pn N/ | ng the tax you (d) street controlling entity | (e) Type of entity (C corp, S corp, or trust) C Corporation | (f) Share of total Income 7,167,66 | Shar | (g) e of end year assets 8,431, | d-of- Person ow 264 71.4 | (h) centag nership 13 % | e | Section 512 (b)(13) controlled entity? Yes No Yes |
| Name, address, and EIN of related organization (1)LOVP I FEEDER LP 805 Las Cimas Pkwy Suite 125 Austin, TX 78746 98-1167915 (2)FIR TREE RE FUND III AIV SOLAR FEEDER (USTE II) V LTD 505 5TH AVENUE 23RD FLOOR NEW YORK, NY 10017 98-1227763 (3)CHARITABLE REMAINDER TRUSTS (15) | (b) Primary activity INVESTMENTS INVESTMENTS SUPPORT | , (stat | (c) Legal domicile se or forei country) CJ TX | D NA | ng the tax you (d) street controlling entity | (e) Type of entity (C corp, S corp, or trust) C Corporation | (f) Share of total Income 7,167,66 | Shar | (g) e of end year assets 8,431, | d-of- Person ow 264 71.4 | (h) centag nership 13 % | e | Section 512 (b)(13) controlled entity? Yes No Yes |
| Name, address, and EIN of related organization (1) LOVP I FEEDER LP 805 Las Cimas Pkwy Suite 125 Austin, TX 78746 98-1167915 (2) FIR TREE RE FUND III AIV SOLAR FEEDER (USTE II) V LTD 505 5TH AVENUE 23RD FLOOR NEW YORK, NY 10017 98-1227763 | (b) Primary activity INVESTMENTS INVESTMENTS SUPPORT | , (stat | (c) Legal domicile se or forei country) CJ TX | D NA | ng the tax you (d) street controlling entity | (e) Type of entity (C corp, S corp, or trust) C Corporation | (f) Share of total Income 7,167,66 | Shar | (g) e of end year assets 8,431, | d-of- Person ow 264 71.4 | (h) centag nership 13 % | e | Section 512 (b)(13) controlled entity? Yes No Yes |

Sale of assets to related organization(s). .

Purchase of assets from related organization(s).

Name of related organization

(1)GCM GrosvenorTCU Investment Fund LP (CS TCU Inv Fund)

(2)GCM GrosvenorTCU Investment Fund LP (CS TCU Inv Fund)

(3)LOVP I Feeder LP

(4)Tritium I-A LP

(5)Tritium I-A LP

(6)LOVP I Feeder LP

No

No No No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

1g

1h

1i

1j

1k

11

1m

1n 10

1p **1**a

1r

1s

Schedule R (Form 990) 2018

Method of determining amount involved

Yes

Page 3

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?

| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | l |
|---|--|------------|-----|---|
| b | Gift, grant, or capital contribution to related organization(s) | 1 b | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d | Loans or loan guarantees to or for related organization(s) | 1 d | | Γ |
| | | (a-7 | | т |

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

В

S

В

(b)

Transaction type (a-s)

(c) Amount involved

412,217

10,383,861

5,631,111

4.589.294

243,822

2,000,241

2018 K-1

2018 K-1

2018 K-1

2018 K-1

2018 Tax Reporting Information

2018 Tax reporting information

1f

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | 01 | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | ate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (1) General o managin partner | g | (k) Percentage ownership |
|---|-------------------------|---|---|-----|---|------------------------------------|--|--------------------------------------|-----|--|--|------|---------------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | • | | | | | | | | • | Schedul | e R (Forn | 1 99 | 0) 2018 |



Additional Data

LOVP I Feeder LP

Tritium I-A LP

Tritium I-A LP

LOVP I Feeder LP

(1)

(1)

(2)

(3)

(4)

(5)

Software ID: 18007697 **Software Version:** 2018v3.1 **EIN:** 75-0827465 Name: TEXAS CHRISTIAN UNIVERSITY

| Form 990 | , Schedule R, Part V - Transactions With Related Organizations | |
|----------|--|---|
| | (5) | Т |

GCM GrosvenorTCU Investment Fund LP (CS TCU Inv Fund)

GCM GrosvenorTCU Investment Fund LP (CS TCU Inv Fund)

| - Transactions With Related Or | ganizations |
|--------------------------------|-------------|
| (a) | |
| Name of related organization | |

| ount Involved | (d) Method of determining amount involv |
|---------------|--|
| 412,217 | 2018 K-1 |
| 10,383,861 | 2018 K-1 |
| 5,631,111 | 2018 Tax Reporting Information |

2018 Tax reporting information

| Method of determining amount involved |
|---------------------------------------|
| 2018 K-1 |
| 2018 K-1 |
| 2018 Tax Reporting Information |
| 2018 K-1 |

- 4,589,294 2018 K-1
- (b) (c) Amount I Transaction type(a-s) В 412, S 10,383

243,822

2,000,241

В

В

S

S