DLN: 93493104013231

2019

OMB No. 1545-0047

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

A F	or the	2019 c		ning 06-01-2019 , and ending 05-	31-2020			
		plicable:	C Name of organization TEXAS CHRISTIAN UNIVERSITY			D Employe	r identi	fication number
	dress c me cha	-				75-0827	465	
	tial retu	-	Doing business as					
		/terminated	N 1 1 1 1 7 5 6 1 16		.,	E Telephone	numbe	r
	nended plicatio	return n pending	TCU BOX 297011	ail is not delivered to street address) Room/	suite	(817) 25	7-612)
	pirodeio	ponanig	City or town, state or province, cour	ntry, and ZIP or foreign postal code		(017) 23	7 0122	=
			FORT WORTH, TX 761290001			G Gross rec	eipts \$ 1	1,993,780,689
			F Name and address of principa	l officer:	H(a) Is	this a group ret	urn for	
			VICTOR J BOSCHINI TCU BOX 297011			ıbordinates?		□Yes ☑No
			FORT WORTH, TX 761290001			re all subordinate cluded?	es	☐ Yes ☐No
I Ta:	x-exem	npt status:	✓ 501(c)(3)	(insert no.) \square 4947(a)(1) or \square 527		"No," attach a li	st. (see	e instructions)
J W	ebsite	e:► WW	W.TCU.EDU		H(c) G	roup exemption i	numbei	•
				🗖	L Year of f	ormation: 1889	M State	of legal domicile: TX
K Forr	n of or	ganization:	Corporation Trust Asso	ciation □ Other ►		5aas 1905		or regar dermaner tri
Pa	art I	Sum	mary		_	<u>'</u>		
			cribe the organization's mission o	r most significant activities: ITUTION OF HIGHER EDUCATION WHIO	CH INCLUDE	S TEN MAIOD AC	ADEMI	CUNITC
e e			ION IS FOR 11,024 STUDENTS.	THORION OF HIGHER EDUCATION WHIC	.n INCLUDE:	5 TEN MAJOR AC	ADEMI	C UNITS.
SE E	=							
Ĕ								
Governance	, ,	Check thi	s box $\triangleright \square$ if the organization dis	scontinued its operations or disposed of	more than 2	25% of its net as	sets.	
ত স				ng body (Part VI, line 1a)			3	48
Activities &	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	45
Ě	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .			5	6,229
Ş	6	Total nun	nber of volunteers (estimate if neo	cessary)			6	10,500
⋖	7a -	Total unr	elated business revenue from Part	: VIII, column (C), line 12			7a	-2,631,870
	b	Net unrel	ated business taxable income fror	n Form 990-T, line 39			7b	0
						Prior Year		Current Year
Qı	8 (Contribut	ions and grants (Part VIII, line 1h)			84,732,9	62	74,954,614
Ravenue	9	Program	service revenue (Part VIII, line 2g)			630,622,1	81	638,539,276
è	10	Investme	nt income (Part VIII, column (A), l	ines 3, 4, and 7d)		172,483,0	57	166,706,382
_	11 (Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		16,323,0	49	14,884,645
	12	Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		904,161,2	49	895,084,917
	13 (Grants ar	nd similar amounts paid (Part IX, c	column (A), lines 1–3)		188,071,2	62	199,812,788
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4)			0	(
&	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5–10)		303,872,4	90	321,558,093
Expenses	16 a	Professio	nal fundraising fees (Part IX, colur	mn (A), line 11e)		341,9	81	157,930
Ġ.	l		aising expenses (Part IX, column (D),	· - · · · · · · · · · · · · · · · · · ·				
ш	l		penses (Part IX, column (A), lines	•		264,790,5	41	285,593,583
	18	Total exp	enses. Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)		757,076,2	74	807,122,394
/8	19	Revenue	less expenses. Subtract line 18 fro	om line 12		147,084,9		87,962,523
2 Q					Beginr	ning of Current Ye	ar	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			3,318,638,9	77	3,496,000,306
A A	l		ilities (Part X, line 26)			914,354,4	_	1,139,571,674
ξŝ	l		s or fund balances. Subtract line 2			2,404,284,4	95	2,356,428,632
Pa	rt II	Sign	ature Block					
Under	pena	lties of p	erjury, I declare that I have exam	ined this return, including accompanying	g schedules	and statements,	, and to	the best of my
	eage . nowle		f, it is true, correct, and complete	. Declaration of preparer (other than of	ficer) is base	ed on all informa	tion of	which preparer has
		l k						
		Signati	re of officer			2021-04-14 Date		
Sign		,						
Here	•		GUTIERREZ VC FINANCE AND ADMINIS r print name and title	STRATION				
		17	rint/Type preparer's name	Preparer's signature	Date	1 15-	TIN	
Paid	1		imy type preparer a name	Troparer 5 Signature	Julio	Check L if Po	0036962	23
		, ⊢	irm's name PRICEWATERHOUSECO	DOPERS LLP		self-employed Firm's EIN ► 13-4	1008324	
	oare Onl	ï.						
use	UIII	' y F	irm's address ► 600 THIRTEENTH STRE	ET NW SUITE 1000		Phone no. (202) 4	14-1000)
			WASHINGTON, DC 20	005				
May t	he IRS	5 discuss	this return with the preparer show	wn above? (see instructions)			✓	Yes 🗆 No

	n 990 (2019)					Page 2
Pa	art III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission:				
SCIE INTE THIN VALU	NCE AND ENGINEERIN RDISCIPLINARY STUD IK AND ACT AS ETHICA JES-CENTERED UNIVER	G, BUSINESS, EDUCA ES AND THE TCU & U L LEADERS AND RESI SITY EXPERIENCE FO	TION, FINE ARTS NTHSC SCHOOL PONSIBLE CITIZE R OUR STUDENT	S, COMMUNICATION, H OF MEDICINE. TCU'S M ENS IN THE GLOBAL CO 'S. OUR CORE VALUES	CLUDES TEN MAJOR ACADEMIONORS, NURSING AND HEALT ISSION STATEMENT IS "TO EDMMUNITY." OUR VISION IS TO ARE ACADEMIC ACHIEVEMENT LUSIVENESS, TOLERANCE, AN	TH SCIENCES, SCHOOL OF DUCATE INDIVIDUALS TO O CREATE A WORLD-CLASS, T, PERSONAL FREEDOM AND
2	the prior Form 990 o	r 990-EZ?		vices during the year w	hich were not listed on	. □Yes ☑No
3	•	se new services on So		changes in how it cond	uete any program	
3	services?	cease conducting, or i	nake significant	changes in now it condi	ucts, any program	. □Yes ☑No
		se changes on Schedu				. Lies Lies
4	Describe the organization 501(c)(3) an	ation's program servic	e accomplishmer ions are required	to report the amount of	largest program services, as of grants and allocations to oth	
4a	(Code: See Additional Data) (Expenses \$	408,500,867	including grants of \$	199,812,788) (Revenue \$	514,841,173)
4b	(Code: See Additional Data) (Expenses \$	145,774,638	including grants of \$	0) (Revenue \$	57,885,036)
	-					
4c	(Code: See Additional Data) (Expenses \$	73,465,317	including grants of \$	0) (Revenue \$	57,355,657)
4c	`) (Expenses \$) (Expenses \$	73,465,317 67,556,976	including grants of \$ including grants of \$		
4c 4d	See Additional Data (Code: SEE SCHEDULE O		67,556,976		0) (Revenue \$	57,355,657)
	See Additional Data (Code: SEE SCHEDULE O) (Expenses \$	67,556,976	including grants of \$	0) (Revenue \$	57,355,657)

Par	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right	5		
7	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
,	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Vac	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	n (2019)

rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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	
	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
	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
	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
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
	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	
4	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15,757		Yes	No
				ì

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

1c

Yes

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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 expansionation or educational institution subject to the section 4968 excise tax on not investment income?	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	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	•	onse to	lines
Se	ection A. Governing Body and Management	<u> </u>	• •	
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a 48			
	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 45			
2	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?	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7Ь		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection 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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	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
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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?	16h		
50	ection C. Disclosure	16b		
<u> </u>	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	— - F			
	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.			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's force current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations or the order in which to list the persons above. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per box unless person is both an officer and a director/trustee) Average hours per box unless person is both an officer and a director/trustee) Average hours per box unless person is both an officer and a director/trustee) Average hours per box unless person is both an officer and a director/trustee) Average hours per box unless person is both an officer and a director/trustee) Average hours per box unless person is both an officer and a director/trustee) Average hours per box unless person is both an officer and a director/trustee) Average hours per box unless person is both an officer and a director/trustee) Average hours person person person per	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organ	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

	rt VII Section A. Officers, Direct	tors. Trustees	. Kev	Emp	love	ees.	and	Hiak	nest Co	mpensat	ed Employees	(conti	nued)	rage o	
	(A) Name and title	Name and title Average hours per week (list any hours For related Average hours per than one box, unless person is both an officer and a director/trustee) Organiza							ortable Reportable ensation compensation from related		n a	(F) Estima amount o compens from prganizati	ated of other sation the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		ISC)	(W-2,1033 MISC)		related organizations		
See	Additional Data Table										+				
	Sub-Total						<u> </u>				<u>'</u>				
	Total from continuation sheets to P Total (add lines 1b and 1c)	•					▶		22,	133,807		0	2,576,485		
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos					rece	eived mo	ore than \$	100,000			<u> </u>	
													Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .										d employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$	150,00	0? <i>If</i>	"Yes	s," c	omplet	te Sc	hedule J	for such		4	Yes		
5	Did any person listed on line 1a recei services rendered to the organization									ition or inc	lividual for	5		No	
Se	ection B. Independent Contract													_	
1	Complete this table for your five high from the organization. Report compe											mpens	ation		
	Name a	(A) and business addre	ess							Des	(B) cription of services		(C Comper		
TURN	IER CONSTRUCTION COMPANY										TION SRVS			,620,229	
	0 N CENTRAL EXPY SUITE 600 AS, TX 75231														
LINB	ECK GROUP LLC									CONSTRUC	TION SRVS		26	,691,409	
	W ROSEDALE SUITE 202 WORTH, TX 76104														
	ECK LTD									CONSTRUC SRVS	TION & ARCHITECT	JRE	23	,981,929	
DALL	ROSS AVENUE SUITE 500 AS, TX 75201														
SODEXO INC & AFFILIATES DINING SERVICES DINING SERVICES						21	,588,611								
ATLA	OX 536922 NTA, GA 30353														
	SHN CONSTRUCTION GROUP									CONSTRUC	TION SRVS		20	,910,037	
HOUS	5 WESTPARK DRIVE STON, TX 77042	, i ii ·					10.00		<u> </u>	<u> </u>	.,				
	Total number of independent contractor compensation from the organization ▶		not lim	iited t	o th	iose	ıısted	abov	/e) who i	received m	nore than \$100,00	JU of			

Form 9 Part		(2019) Statement	of E	Povonuo						Page 9
Part	VII				respo	nse or note to any	line in this Part VIII			🗆
					·		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1	a Federated campa	igns		1a	0		revenue		512 - 514
Gifts, Grants illar Amounts		b Membership dues	s .	. [1 b	38,426				
60 m		c Fundraising even	ts .	. [1c	733,738				
ifts, ar A		d Related organizat	tions	; <u> </u>	1d	0				
 m.:		e Government grants		· L	1e	10,820,929				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above		L	1f	63,361,521				
trib Ott		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	13,009,047				
Cont and		h Total. Add lines 1	la-1	f		•	74,954,614			
						Business Code				
	2a	TUITION AND FEES				611310	514,798,173	514,798,173	0	0
Program Service Revenue	b	RESIDENTIAL ADMIN	ISTR	ATION		611710	33,006,625	33,006,625	0	0
Se P&	c	DINING SERVICES				611710	20,508,498	20,508,498	0	0
Servio	d	ATHLETICS AND CAM	PUS	REC		611710	56,638,543	56,029,457	609,086	
ogran	e	UNIVERSITY BOOKST	ORE			611710	1,618,407	1,618,407	0	0
₫.	f	All other program	serv	ice revenue.			11,969,030	11,928,031	40,999	0
	g	Total. Add lines 2	2a-2	f	•	638,539,276				
	3	Investment income	(inc	luding divide	nds, i	nterest, and other	40,871,924		14,218	40,857,706
		similar amounts). Income from invest		 it of tax-exen		ond proceeds	(
	5	Royalties				•	9,701,907	C	C	9,701,907
				(i) Real		(ii) Personal	-			
	6a	6a Gross rents b Less: rental expenses c Rental income		75	52,648	345,789	,			
	b				0	(
	С						-			
			6c		52,648		1,098,437	, '	o	1,098,437
	•	d Net rental income	OF	(i) Securit	· ·	(ii) Other	1,030,437			1,090,437
	7 <i>a</i>	Gross amount from sales of assets other	7a	1,223,72		. ,	-			
	b	than inventory Less: cost or other basis and sales expenses	7b	1,098,24	14,498	62,101	-			
	С	Gain or (loss)	7c	125,47	77,165	357,293	-			
	(d Net gain or (loss)	•				125,834,458	C	-3,296,173	129,130,631
Other Revenue	8 <i>a</i>	Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	733,738 of line 1c).						
Rev		·			8a 8b	310,732 256,673	-			
er		Less: direct expen Net income or (los					J 54,059	,	C	54,059
	_					·				
	Уa	Gross income from See Part IV, line 19		ing activities.	9a	0				
	ŀ	Less: direct expen	ses		9b	0]			
	•	Net income or (los	s) fr	om gaming a	ctiviti	es >	7	C	C	0
	10	aGross sales of inve returns and allowa			10a	224,135				
	ŀ	Less: cost of good	s so	ld	10 b	132,500				
	(Net income or (los Miscellaneo	_		nvent	ory ► Business Code	91,635	5 C	C	91,635
	11	LaBRITE ADMINISTE MAINTENANCE FE	RATI			611710	1,091,751		C	1,091,751
	ŀ	ANNUITY INCOME				611710	1,421,619	C	C	1,421,619
	(ALUMNI EVENTS				611710	216,304	C	C	216,304
		d All other revenue					1,208,933	; c	0	1,208,933
		d All other revenue e Total. Add lines 1:			. l	>				1,200,933
		2 Total revenue. Se					3,938,607			
			11			• • •	895,084,917	637,889,191	-2,631,870	184,872,982

Forr	n 990 (2019)				Page 10
Pi	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must contain a response or note to an				ımn (A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	184,841	184,841		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	199,600,455	199,600,455		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	27,492	27,492		_
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	10,995,586	1,177,311	9,154,346	663,929
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	228,375,103	204,339,193	16,574,012	7,461,898
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,550,210	17,552,381	3,153,945	843,884
9	Other employee benefits	45,042,823	40,507,741	2,944,807	1,590,275
10	Payroll taxes	15,594,371	12,463,083	2,547,154	584,134
11	Fees for services (non-employees):				
a	Management	0	0	0	0
Ŀ	Legal	1,278,769	378,387	893,060	7,322
C	Accounting	551,134	0	551,134	0
	Lobbying	1,187	0	1,187	0
	Professional fundraising services. See Part IV, line 17	157,930			157,930
	Investment management fees	42,737,957	0	42,737,957	0
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,984,796	29,394,320	401,613	1,188,863
	Advertising and promotion	3,683,042	1,546,402	2,130,616	6,024
	Office expenses	22,765,254	19,678,912	2,222,775	863,567
	Information technology	4,756,603	3,722,616	999,791	34,196
	Royalties	23,722,195	22,535,841	1,147,606	38,748
	Occupancy	23,825,031	22,399,149	874,345	551,537
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,381,584	1,164,477	165,985	51,122
	Interest	18,313,122	16,815,469	1,495,455	2,198
	Payments to affiliates	0	0	0	0
	Depreciation, depletion, and amortization	69,593,410	64,599,804	4,194,645	798,961
23	Insurance	3,193,061	3,077,591	112,112	3,358
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a DUES AND SUBSCRIPTIONS	7,948,160	7,291,142	558,513	98,505
	b FOOD SERVICES	18,410,039	17,566,394	544,813	298,832
	c INSTR., RESEARCH, & LAB	1,908,541	1,870,451	34,205	3,885
	d INDIRECT COST	853,282	853,282	0	0
	e All other expenses	9,686,416	6,551,064	3,125,641	9,711
25	Total functional expenses. Add lines 1 through 24e	807,122,394	695,297,798	96,565,717	15,258,879
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).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Other assets. See Part IV, line 11 .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Page 11

86,353,815

93,565,494

26,350,400

181.970.529

711,765,315

125,919,936

1.139.571.674

1,528,774,426

2,356,428,632

3,496,000,306

Form 990 (2019)

827,654,206

3,496,000,306

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

		Beginning of year		End of year
1	Cash-non-interest-bearing	16,059,604	1	16,278,058
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	52.175.935	3	49.998.974

2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net	52,175,935	3	49,998,974
4 Accounts receivable, net	24,529,478	4	28,025,885
5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).			

Notes and loans receivable, net 607.653 Inventories for sale or use . 5,018,850

Assets 753.417 Prepaid expenses and deferred charges . 4,663,620 10a Land, buildings, and equipment: cost or other 10a 2,103,403,291 basis. Complete Part VI of Schedule D 10b 612,262,925 1,392,151,622 10c 1,491,140,366

b Less: accumulated depreciation 11 Investments—publicly traded securities . 582,036,785 11 586,401,781 1,129,441,984 1,232,384,390 12 Investments—other securities. See Part IV, line 11 . 12 0 13 13 Investments-program-related. See Part IV, line 11 14 14 Intangible assets .

116,617,066

91,451,355

33,744,210

393.591.304

274,907,311

120,660,302

914.354.482

1,531,034,319

873,250,176

2,404,284,495

3,318,638,977

3,318,638,977

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3b

Yes Form 990 (2019)

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.

Additional Data

SEE SCHEDULE O

Form 990, Part III, Line 4a:

Software Version: 2019v5.0

Software ID: 19010655

Form 990 (2019)

EIN: 75-0827465

Name: TEXAS CHRISTIAN UNIVERSITY

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 amount of other hours per than one box, unless person compensation compensation wook (list is both an officer and a from the from related compensation from the

organization and related organizations

0

0

694,757

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

	any hours		otn a direct			and a ee)	à	organization (W-	organizations
	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)
Victor J Boschini Jr	40.0	х		x				1,879,462	
Chancellor									
Alan D Friedman	2.0	×						0	
Trustee		'`							

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and Independent Contractors

Allie Beth McMurtry Allman

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Dee J Kelly Jr

Barry E Davis

Bruce W Hunt

Charles L Geren

Charlotte Scharbauer French

Amy Roach Bailey

Brenda Almes Cline

(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 any hours director/trustee) organization (Worganizations from the

Officer

Institutional

Trustee

Key employee

Highest compensated employee

Former

Individual trustee or director

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2/1099-MISC)

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organization and

related

organizations

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

	any hours for related organizations below dotted line)
Duer Wagner III	2.0
Trustee	
Edgar H Schollmaier	2.0
Trustee	
Edward A Clark	2.0

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

J Kelly Cox

J Luther King Jr

J Bryan King

G Hunter Enis

G Malcolm Louden

Elliott J Hill

F Howard Walsh III

(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 from related week (list from the compensation from the

organization and related organizations

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

	any hours	۰	direct	or/tr	ruste	ee)		organization (W-	organizations
	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)
Jan Tucker Scully	2.0	×						0	
Trustee		^						0	
Joan Glusing Rogers	2.0	×						0	
Trustee		^						0	
Joe D Briggs	2.0	×						0	

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and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Vice Chair

Trustee

Trustee

Leanne S Acuff

John H Pinkerton

Kade L Matthews

Kathryn Thompson Farmer

Kimbell Fortson Wynne

Kit Tennison Moncrief

LaDainian T Tomlinson

(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) any hours organization (Worganizations from the

Officer

Institutional

Truste

Key employee

Individual trustee or director

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Highest compensated employee

Former

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2/1099-MISC)

(W- 2/1099-

MISC)

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organization and

related

organizations

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

	any hours for related organizations below dotted line)
Marcia Fuller French	2.0
Trainer Trener	
Trustee	
Marilyn E Davies	2.0
,	

and Independent Contractors

Trustee

Chair

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Mark L Johnson

Mary Ralph Lowe

Matthew K Rose

Michael G Wright

Michael K Berry

Nick A Giachino

Rafael G Garza

Nancy Tartaglino Richards

(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 from the

organization and related organizations

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784,285

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313,631

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

	any hours	0	direct	or/t	ruste	ee)		organization (W-	organizations	l
	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)	C
Richard Lee Stuart II Trustee	2.0	х						0	0	
	2.0									\vdash
Rick L Wittenbraker	2.0	l x						0	0	
Trustee									-	
Roger A Ramsey	2.0									
Trustee		X						0	0	l

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Ronald C Parker

Sheryl L Adkins-Green

Thomas F Meagher Jr

Trevor D Rees-Jones

William E Rosenthal

Brian G Gutierrez

VC Finance & Administration

		l x			l o	0	ı
Trustee					_	_	l
Rick L Wittenbraker	2.0						
Trustee		_ ×			l o	0	
Roger A Ramsey	2.0	V					
Trustee	••••••	X			0	0	
Roger Williams	2.0						Γ

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

432,791

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

	any hours	1.5 5	direct	or/tı		,		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
Donald J Whelan Jr	40.0			x				751,986	0	81,075
VC University Advancement				^				751,500		01,073
Jean M Mrasek	40.0			· ·				227.257		22.222
Board Secretary				Х				227,357	0	33,222
Kathryn M Cavins Tull	40.0			· ·				F01 177	0	70.210
VC Student Affairs				Х				501,177	0	70,219

and Independent Contractors

James R Hille

Jeremiah Donati

Athletic Director

Kimberly K Adams

Chief Investment Officer

Interim Assoc. VC & Controller

Donald J Whelan Jr	40.0				==		
VC University Advancement			Х		751,986	0	
Jean M Mrasek	40.0		.,		227.257		
Board Secretary			Х		227,357	0	3
Kathryn M Cavins Tull	40.0		.,		504 477		_
VC Student Affairs			Х		501,177	0	•

Board Secretary		×			22/,35/	0	33,222
Kathryn M Cavins Tull	40.0				F01 177		70.210
VC Student Affairs					501,177	0	70,219
Teresa Abi-Nader Dahlberg	40.0				623,264	0	20,077
Provost VC Academic Affairs		^			623,264	0	20,077
Tracy D Syler-Jones	40.0	V			310.006		54.762
		_ X		l	319,096	l o	54,762

Kathryn M Cavins Tull	40.0		x		E01 177	,	70.210
VC Student Affairs			^		501,177	0	70,219
Teresa Abi-Nader Dahlberg	40.0		V		622.264		20.077
Provost VC Academic Affairs			Х		623,264	0	20,077
Tracy D Syler-Jones	40.0		, l		210.005		54.762
VC Marketing & Communication			Х		319,096	U	54,762
Yohna J Chambers	40.0		х		271,884	0	52,743

Provost ve Academic Arians								
Tracy D Syler-Jones	40.0		V			310.006	0	E4.762
VC Marketing & Communication			^			319,096	0	54,762
Yohna J Chambers	40.0		V			271.004	0	F2 742
VC Human Resources			^			271,884	0	52,743
Bryan C Lucas	40.0			x		450,999	0	102,471

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1,014,489

1,078,351

185,644

Tracy D Syler-Jolles			v			319,096	Λ.	
VC Marketing & Communication			^			319,090		
Yohna J Chambers	40.0		· ·			271 004	0	
VC Human Resources			Х			271,884	J	
Bryan C Lucas	40.0							_
Chief Technology Officer				Х		450,999	0	1

40.0

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40.0

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and

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

and Independent Contractors

Sonny J Cumbie

Dean of the Medical School

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	2) 1033 Fil3C)	MISC)	related organizations
Raymond Nowell Donovan	40.0				V			600.941	0	75.60
Provost Emeritus/Professor					X			699,841		75,68
Todd S Waldvogel	40.0									

		Î Î		n ed			
Raymond Nowell Donovan	40.0		v		500.044		7.
Provost Emeritus/Professor			X		699,841	0	75
Todd S Waldvogel	40.0		V		231,092	0	28
Assoc. VC Facilities & Campus Planning			^		231,092	0	20
Gary A Patterson	40.0						
				- V	E 002 040		1 444

,		l	х		699,841	l n	75,687
Provost Emeritus/Professor			^		033,011		75,007
Todd S Waldvogel	40.0		٧.		224 002		20.607
Assoc. VC Facilities & Campus Planning			Х		231,092	U	28,697
Gary A Patterson	40.0			V	F 062 646	0	140.007
Head Football Coach				Α	5,962,646	0	140,897
	40.0						

Assoc. VC Facilities & Campus Planning					,		,
Gary A Patterson	40.0			v	5,962,646	0	140,897
Head Football Coach				_ ^	3,962,646	0	140,897
James M Schlossnagle	40.0						
				Ιx	1.163.472	l o	102.671

Head Football Coach						-	
James M Schlossnagle	40.0				1,163,472	0	102,671
Head Baseball Coach				^	1,103,472	0	102,871
James B Divon	40.0						

James M Schlossnagle	40.0			v	1,163,472	0	102,671
Head Baseball Coach				^	1,163,472		102,671
James P Dixon	40.0				4,264,883	0	83,092
Mens Basketball Coach				^	4,204,003		05,092

40.0

Assistant Football Coach							1	
Stuart D Flynn	40.0							-
,			1	X	828,645	o	85,110	j

895,234

ol

82,748

efil	e GR/	<u>APHIC pri</u> i	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493104013231
SCI		ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.ii</u>	<u>rs.gov/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service he organiza STIAN UNIVERS					Employer identific	ation number
ILAA	CHINIS	TIAN ONIVERS					75-0827465	
	rt I		for Public Charity Sta				See instructions.	
1 1	rganiz		a private foundation becaus	•	•		(A)(:)	
		•	onvention of churches, or a					
2	✓		scribed in section 170(b)		,			
3		·	or a cooperative hospital se	-			-	
4		A medical r name, city,	esearch organization opera and state:	ted in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the bene (iv). (Complete Part II.)	fit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government o	or governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7			ation that normally receives ' 0(b)(1)(A)(vi). (Complet		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization or rant college of agriculture.					ege or university or a
10		from activit	ation that normally receives ties related to its exempt fu income and unrelated busi See section 509(a)(2). (0	inctions—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operate	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operate ly supported organizations through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and E	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	pervised or controlled i zation vested in the sar				
С		Type III f	unctionally integrated. A organization(s) (see instruc	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization of the complete Particles in	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		Check this	box if the organization rece or Type III non-functionall	ived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-		<u> </u>	
g			ing information about the s		т'		<u> </u>	
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))	on in your governing document? monetary support other support (see instructions) instructions			
					Yes	No		
Tota		l. P. '	tion Act Notice, see the	<u> </u>	Cat. No. 11285		 Schedule A (Form 9	

Page 2

Р	Support Schedule for (Complete only if you ch							
	If the organization failed						. ,	
S	ection A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	71,766,996	72,698,981	78,076,337	74,990,745	64,	133,685	361,666,744
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
ľ	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	0
	Total. Add lines 1 through 3	71,766,996	72,698,981	78,076,337	74,990,745	64,	133,685	361,666,744
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							1,057,170
	Public support. Subtract line 5 from line 4.							360,609,575
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
7	Amounts from line 4	71,766,996	72,698,981	78,076,337	74,990,745	64,	133,685	361,666,744
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,979,276	39,804,159	56,448,128	55,470,941	51,	672,268	238,374,772
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	0
10	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	595,561	659,603	574,832	720,146		534,867	3,085,009
11	Total support. Add lines 7 through 10							603,126,525
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		2,905,031,269
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	tion 501(c)(3) or <u>ga</u>	nization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$. ▶ 🗆	
	ection C. Computation of Publi							
	Public support percentage for 2019 (li					14		59.79 %
	Public support percentage for 2018 So					15		57.13 %
16a	33 1/3% support test—2019. If the							
b	and stop here. The organization qua 33 1/3% support test—2018. If the	ne organization did	I not check a box c	on line 13 or 16a, a	and line 15 is 33 $_{1}$	/3% or mo	re, check	this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t— 2019. If the or on meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	ie 13, 16a, or 16b, s box and stop he	and line 1 re. Explair	լ4 ո	. ▶ ⊔
b	organization	st—2018. If the o	rganization did not facts-and-circumst	t check a box on li tances" test, check	ne 13, 16a, 16b, c this box and sto	or 17a, and o here.	line	▶□
18	supported organization							▶□

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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.

3a 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.

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

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Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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 the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
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	-		
2	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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?	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			
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.	ſ	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		
ı	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? <i>Provide details in Part VI</i> .	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		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	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-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form	n 990 or 990-EZ) 2	019 P	age 8
Sect Part Sect	tion A, lines 1, 2, 3 t IV, Section D, line	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part Bb, 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 es 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	
<u> </u>			
990 Schedule	A, Supplement	tal Information	
Return R	Reference	Explanation	
Schedule A, Part	t II, Line 10	DESCRIPTION - FUND RAISING & SALES, COLUMN A - 595561.0, COLUMN B - 659603.0, COLUMN C - 5	

74832.0, COLUMN D - 720146.0, COLUMN E - 534867.0, COLUMN F - 3085009.0;

Other Income

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493104013231

Inspection

Department of the Treasury Internal Revenue Service

EZ)

1

3

SCHEDULE C (Form 990 or 990-

▶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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 527 organizations: Complete Part I-A only.

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. (Proxy Tax) (see separate instructions), then **Employer identification number**

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization TEXAS CHRISTIAN UNIVERSITY 75-0827465 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3

Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955

Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? ☐ Yes ☐ No

If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......

Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received

funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

Pa	complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	•	a)		(b)	
activ	169.	Yes	No	1	Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				1,187
j	Total. Add lines 1c through 1i					1,187
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A			501(c	:)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
Pro	ovide 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); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II	-A, lines	1 an	d 2 (se	ee
	Return Reference Explanation					
DES	edule C, Part II-B, Line 1 DETAILED THIS ORGANIZATION PAID MEMBERSHIP DUES TO THE INDEPENDENT COLLE CRIPTION OF THE LOBBYING IVITY TEXAS (ICUT) OF \$ 114,697 AND THE NATIONAL ASSOCIATION OF INDEPENDENT UNIVERSITIES (NAICU) IN THE AMOUNT OF \$16,950 DURING THE FISCAL YE	DENT C	OLLEGE	S AN	D	

NAICU, 7% OF THESE DUES WERE ATTRIBUTABLE TO LOBBYING EFFORTS, OR \$ 1,187. OF THE AMOUNT

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

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493104013231

OMB No. 1545-0047

2019

(Form 990)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

		ne organization STIAN UNIVERSITY				Emp	oloyer identifica	tion number
1 []	H3 CHKI3	THAN UNIVERSITY				75-0	0827465	
Pa	rt I	Organizations Maintaining Donor Advi	sed Funds or Oth	er Sim	ilar Funds o	r Acc	counts.	
		Complete if the organization answered "Ye						
			(a) Donor	advised	funds		(b) Funds and of	her accounts
•	Total nu	umber at end of year						
2	Aggreg	ate value of contributions to (during year)						
3	Aggreg	ate value of grants from (during year)						
ŀ	Aggreg	ate value at end of year						
;	organi	e organization inform all donors and donor advisc zation's property, subject to the organization's ex	clusive legal control?					☐ Yes ☐ No
•	charita	e organization inform all grantees, donors, and do ble purposes and not for the benefit of the donor benefit?	r or donor advisor, or	for any	other purpose o	be use conferi	ed only for ring impermissible	☐ Yes ☐ No
Par	t II	Conservation Easements.	- II F 000 B	TV /				
		Complete if the organization answered "Ye						
L		e(s) of conservation easements held by the orga	•	_ `` ``				
	⊔ P	reservation of land for public use (e.g., recreatio	n or education)	□ Pre □	servation of an	histor	ically important la	and area
	☐ P	rotection of natural habitat		☐ Pre	servation of a c	ertifie	d historic structur	e
	□ P	reservation of open space						
2	Comple	ete lines 2a through 2d if the organization held a ent on the last day of the tax year.	qualified conservatio	n contril	oution in the for	m of a		nd of the Year
а		umber of conservation easements				2a	Tield de tile 2	
b	Total a	creage restricted by conservation easements				2b		
c	Numbe	r of conservation easements on a certified histori	ic structure included i	n (a).		2c		
d	Numbe	r of conservation easements included in (c) acqu		• •		2d		
2		re listed in the National Register er of conservation easements modified, transferre	ad released extingui	shed or	terminated by t	the or	ganization during	the
•	tax yea		ed, released, extiligal	sileu, oi	terminated by	tile of	gamzadon during	u ie
ı	Numbe	er of states where property subject to conservation	on easement is locate	d ►			_	
5		he organization have a written policy regarding t forcement of the conservation easements it hold			ction, handling o	of viola	ations,	s 🗆 No
5	Staff a	nd volunteer hours devoted to monitoring, inspec	cting, handling of viol	ations, a	and enforcing co	nserv	ation easements o	during the year
7	Amour ▶ \$	nt of expenses incurred in monitoring, inspecting,	handling of violation	s, and e	nforcing conserv	vation	easements during	g the year
3		each conservation easement reported on line 2(d) ction 170(h)(4)(B)(ii)?				70(h)(4)(B)(i) ☐ Ye	s 🗆 No
•	balanc	: XIII, describe how the organization reports cons e sheet, and include, if applicable, the text of the ganization's accounting for conservation easemen	footnote to the orga				atement, and	
ar	t III	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica			er Si	milar Assets.	
La	art, his	organization elected, as permitted under SFAS 11 storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar	L6 (ASC 958), not to public exhibition, ed	report in ucation,	its revenue sta or research in f			
b	histori	organization elected, as permitted under SFAS 11 cal treasures, or other similar assets held for pub ng amounts relating to these items:						
(nue included on Form 990, Part VIII, line 1					▶ \$	95,000
		included in Form 990, Part X						3,793,303
2	If the	organization received or held works of art, historing amounts required to be reported under SFAS	ical treasures, or othe	r similaı	assets for final			
а	Reven	ue included on Form 990, Part VIII, line 1					. > \$	
b	Assets	included in Form 990, Part X					. ▶\$	

 ${f c}$ Leasehold improvements

d Equipment .

e Other .

Jene	dule D (10111 330) 2013									Page
Par	t IIII	Organizations Ma	intaining Collections	of Art, His	storic	al Tr	easure	s, or Other	Similar As	sets (cor	ntinued)
3		the organization's acqu (check all that apply):	uisition, accession, and othe	r records, ch	neck aı	ny of t	:he follo	wing that are a	significant u	ise of its co	ollection
а	V	Public exhibition			d		Loan or	exchange pro	grams		
b	~	Scholarly research			е		Other				
c		Preservation for future	generations								
4	Provide Part XI		organization's collections an	d explain ho	w they	furth	er the o	rganization's e	xempt purpo	se in	
5			anization solicit or receive do ds rather than to be mainta							☐ Yes	☑ No
Pai	rt IV		odial Arrangements. panization answered "Yes	s" on Form	990,	Part	IV, line	9, or report	ed an amou	nt on For	rm 990, Part
1a			trustee, custodian or other							☐ Yes	□ No
b	If "Yes	s," explain the arrange	ment in Part XIII and comp	lete the follo	wing t	able:			Α	mount	
c	Beginn	ning balance						1c			
d	Additio	ons during the year						. 1d			
e											
f								4.5			
2a	Did the	e organization include a	an amount on Form 990, Pa	art X, line 21	, for e	scrow	or custo	dial account li	ability?	☐ Yes	□ No
b	If "Yes	" explain the arranger	ment in Part XIII. Check hei	re if the expl	lanatio	n has	been pr	ovided in Part	XIII	П	
	rt V	Endowment Fund		- 11 - 11 - 11 - 11					/		
			anization answered "Yes	s" on Form	990,	Part	IV, line	10.			
		<u> </u>	(a) Curre		(b) Pri			Two years back	(d) Three yea	ars back (e) Four years back
1 a	Beginnir	ng of year balance .	1,62	0,663,695	1,59	95,947	,026	1,471,789,593	1,407,	057,002	1,486,003,520
b	Contribu	utions	1'	9,415,827	1	16,922	168	15,574,425	19,	579,000	17,127,930
c	Net inve	estment earnings, gain	s, and losses	4,685,921	-	76,856	,639	176,446,720	111,	041,393	-35,128,139
d	Grants o	or scholarships	. 1	5,569,518	1	14,701	.948	13,427,659	12,	757,522	11,281,25
		xpenditures for facilitie	·s 5	5,037,971	ţ	54,360	.190	54,436,053	53,	130,280	49,665,05
f	Adminis	trative expenses .		0			0	(0	(
g	End of y	ear balance	1,58	4,157,954	1,62	20,663	.695	1,595,947,026	1,471,	789,593	1,407,057,00
2	Provid	e the estimated nercer	 ntage of the current year en	d halance (li	ine 1a	colur	on (a)) h	neld as:	l		
a		designated or quasi-er	-	a balance (ii	inc 19,	colui	iiii (a)) i	icia as.			
		nent endowment ►	29.73 %								
b		*******									
С		orarily restricted endow	***************************************	00/							
٠.		-	2b, and 2c should equal 10				14 1	d	41		
3a	organi	zation by:	not in the possession of the	organization	i that	are ne	eid and a	iaministerea ro	or the		Yes No
	(i) uni	related organizations				•				3a(i	
		lated organizations .								3a(i	
		` ,,	ated organizations listed as	•						3b	
4 Pai	Descrii rt VI	Land, Buildings, a	nded uses of the organization	on's endown	nent fu	nas.					
			janization answered "Yes	s" on Form	990,	Part	IV <u>, lin</u> e	11a. See Fo	rm 990, Pa	rt X <u>,</u> line	10.
	Descrip	tion of property	(a) Cost or other basis (investment)	(b) Cost or				c) Accumulated			Book value
1 a	Land .		21,097,607	'		95,78	9,221				116,886,82
b	Buildina	s	0		1,!	593,12	0,092		423,666,800		1,169,453,29

0

0

0

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

192,728,979

200,667,392

63,656,326

141,143,920

1,491,140,366

129,072,653

59,523,472

Part VII	Complete if the organization answered "Yes" on	Form 990. Part IV. line 1	1b.See Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: year market value
.) Financial	(including name of security)		Cost of end-of-	year market value
2) Closely-l 3) Other	held equity interests			
	ELD IN TRUST BY OTHERS	87,912,177		F
B) LIMITED	PARTNERSHIPS	858,141,180		F
C) HEDGE F	UNDS	286,331,033		F
≣)				
-)				
G)				
H)				
	(1)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	, , ,		
	Complete if the organization answered 'Yes' on (a) Description of investment	Form 990, Part IV, line 1	.1c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
1)				12.2
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Columi Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		<u> </u>	
	Complete if the organization answered 'Yes' on F (a) Descriptio		1d. See Form 990, Par	t X, line 15. (b) Book value
1)	(a) become	··		(5) 555% 15.00
2)				
3)				
4)				
5)				
(6)				
(7)				
(8)				
(9)				
	mn (h) must equal Form 990. Park V and (D) line 45.			
	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			<u>▶</u>
	Complete if the organization answered 'Yes' on F (a) Description of		1e or 11f.See Form	990, Part X, line 25. (b) Book
1) Federal i	ncome taxes	палису		value
	ELD IN TRUST			12,301,662
	MENT LOANS			4,747,948
	TIREMENT BENEFITS T RATE SWAP LIABILITY			67,406,486 41,463,840
6)				
7)				
8)				
(9)				
10)				
otal. (Columi	n (b) must equal Form 990, Part X, col.(B) line 25.)			125,919,936
•	or uncertain tax positions. In Part XIII, provide the text of		zation's financial stater	ments that reports the organiz
ncertain tax	positions under FIN 48 (ASC 740). Check here if the te	xt of the footnote has been	provided in Part XIII	V I

2

а

b

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-336,918,752

852,735,722

42,349,195

895,084,917

563,672,545

389,173

563,283,372

243,839,022

807.122.394

Schedule D (Form 990) 2019

2c d Other (Describe in Part XIII.) 2d -198,890,476 e 2e Subtract line **2e** from line **1** 3 3

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

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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.

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

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

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 .

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

Subtract line 2e from line 1

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

Supplemental Information

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 . . .

Total expenses and losses per audited financial statements

Net unrealized gains (losses) on investments

Donated services and use of facilities

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

Donated services and use of facilities . .

Prior year adjustments Other losses

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

4a

-138,028,276

42,349,195

389,173

243.839.022

4c

5

2e

3

4c

5

2a

2b

4b

2a 2b

2c

2d

4a

4b

Explanation

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0

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 WAS CATALOGED BY THE AMERICAN METEORITE LABORATORY, DENV ER, COLORADO, AND WAS DONATED TO TEXAS CHRISTIAN UNIVERSITY FROM 1978 TO 1986 AND WAS OPEN ED FOR THE PUBLIC ON FEBRUARY 1, 2003. THE COLLECTION CONTAINS OVER 2,300 DIFFERENT METEOR ITES. THIS 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 ENDOW MENT CONSISTS OF INDIVIDUAL ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDIN G BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO F UNCTION AS ENDOWMENTS. ENDOWMENT FUNDS PRIMARILY SUPPORT THE UNIVERSITY'S UNRESTRICTED SUP PORT, RESEARCH AND EDUCATION PROGRAMS, SCHOLARSHIPS, ENDOWED CHAIRS, PROPERTY AND EQUIPMEN T, AND OTHER PROGRAMS.

Return Reference	Explanation
	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

DDITIONAL DISCLOSURES HAVE BEEN MADE ON THE FINANCIAL STATEMENTS REGARDING UNCERTAIN TAX P ROVISIONS. AS OF MAY 31, 2020, THE UNIVERSITY'S TAX YEARS ENDED MAY 31, 2017 THROUGH 2020,

GENERALLY, REMAIN SUBJECT TO EXAMINATION.

Supplemental Information	
Return Reference	Explanation
, , (,	STUDENT FINANCIAL AID199600455 POST RETIREMENT BENEFIT ACTUARIAL CHANGE - 1977014 OFFI CER COMPENSATION OF CIO - INVESTMENT INCOME1267035

Supplemental Information	
Return Reference	Explanation
	OTHER - 411 TCU PRESS COST OF GOODS SOLD132500 SPECIAL EVENTS EXPENSES256673 INVESTMENT FEES, GROSS UP - 42737957

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	TCU PRESS COST OF GOODS SOLD - 132500 SPECIAL EVENTS EXPENSES - 256673

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Supplemental Information	
Return Reference	Explanation
II	STUDENT FINANCIAL AID - 199600455 OFFICER COMPENSATION OF CIO AS REDUCTION TO INVESTMENT I NCOME - 1267035 MISC. DIFFERENCE - 1434 OFFICER COMPENSATION OF ASSOC. VC FOR FACILITIES C APITALIZED - 232141 INVESTMENT FEES. GROSS UP - 42737957

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104013231 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **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, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)	dule E (Form 990 or 990EZ) (2019)				
Part II Supplemental Information. Provide the explain any other additional information. See instructions.	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide				
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 ASSISTANCE FROM A GOVERNMENT	TEXAS CHRISTIAN UNIVERSITY FUNCTIONS AS AN ADMINISTRATOR FOR 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) (2019)

SCHEDULE F	State	ement of	Activities (Outside the Un	ited States	OMB No. 1545-0047
Form 990)	► Comp	lete if the organi		Yes" to Form 990, Part IV, to Form 990.	line 14b, 15, or 16.	2019
Department of the Treasury Internal Revenue Service	•	► Go to <i>www.irs.</i>	gov/Form990 for i	nstructions and the latest i	nformation.	Open to Public Inspection
lame of the organization EXAS CHRISTIAN UNIVER	RSITY				Employer ide	ntification number
					75-0827465	
	nformation Part IV, line		Outside the U	Jnited States. Comple	ete if the organization a	answered "Yes" on
1 For grantmakers	. Does the o	rganization mai	intain records to	substantiate the amoun	t of its grants and	
,	•	,	_	stance, and the selection		
to award the grant	s or assistan	ce?				☑ Yes 🗌 No
2 For grantmakers outside the United		Part V the org	anization's proce	dures for monitoring the	e use of its grants and o	ther assistance
3 Activites per Region	. (The followin	ng Part I, line 3	table can be dupli	icated if additional space i	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data						
3a Sub-total		(540,761,49
b Total from continuati Part I	on sheets to					
c Totals (add lines 3a	and 3h)	(-			540,761,49
	/	`	<u> </u>	i	L	

Schedule F (Form 990)	2019							Page 2
				es Outside the Unit .000. Part II can be				on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Wildlife conservation programs	27,492	wire	0	N/A	N/A
				nized as charities by t ection 501(c)(3) equiv			•	1
3 Enter total number	er of other org	anizations or entities						0
							Schedule	F (Form 990) 2019

Type of grant or assistance	uplicated if addit (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
		recipients	Cash grant	aisbui sement	assistance	assistance	(book, FMV, appraisal, other

Sched		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

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, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Evolunation

990 Schedule F, Supplemental Information

Return

Ехріанаціон
DRGANIZATION'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 NFORMATION 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.
グラグライ こへがら B アグ

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: 19010655 Software Version: 2019v5.0

EIN: 75-0827465

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

Name: TEXAS CHRISTIAN UNIVERSITY

athletic competition,

conferences, research, study abroad

148,550

Form	990	Schedule	F Part	I - /	Activities	Outside	The	United State	S

(a) Region	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		conferences, research, service learning, study abroad, recruitment, field work	129,023

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 agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the reaion) Europe (Including Iceland and 0 Program Services 2,307,430 conferences, recruitment, Greenland) research, study abroad, music performance, athletic competition, field work Middle East and North Africa 0 Program Services conferences, field work, 15,781 research

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 agents in fundraising, program describe specific type of reaion service(s) in region region services, grants to recipients located in the reaion) North America (Canada & 0 Program Services 199,549 conferences, research, Mexico only) study abroad, recruiting, athletic competition South America 0 Program Services conferences, research, 31,152 study abroad, recruiting

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 in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) South Asia 0 | Program Services 39,300 recruitment, research, study abroad, conferences Russia and Neighboring States 9,680 0 Program Services lconferences

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 region agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 0 |Program Services 133,675 lconferences, research, study abroad, field work Central America and the 0 Investments 513,774,897 Caribbean

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 region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 linvestments 13,166,834 Greenland) North America (Canada & 0 Investments 10.778.128 Mexico only)

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 reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) Sub-Saharan Africa 0 |Grantmaking 27,492

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493104013231

2019

OMB No. 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Open to Public Inspection

Employer identification number Name of the organization TEXAS CHRISTIAN UNIVERSITY 75-0827465 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (v) Amount paid to (vi) Amount paid to (ii) Activity (iii) Did (iv) Gross receipts fundraiser have (or retained by) or entity (fundraiser) from activity (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No FUND RAISING ZURI GROUP STRATEGY 328 NW Bond Street Suite 200 0 57,810 No -57,810 Bend, OR 97703 ADVANCEMENT WASHBURN AND CONSULTING MCGOLDRICK INC 24 N BRYN MAWR AVENUE Nο 0 26,742 -26,742 BRYN MAWR, PA 19010 STRATEGIC MARTS AND LUNDY PLANNING 1200 WALL STREET WEST 5TH Νo 0 33,630 -33,630 FI OOR LYNDHURST, NJ 07071 ADVANCEMENT DIFFSTRAT COMPANY CONSULTING 3349 SOUTHGATE COURT SW Nο 0 7,325 -7,325 CEDAR RAPIDS, IA 52404 ADVANCEMENT CONSULTING 1920 EAST PARNHAM ROAD 0 32,423 -32,423RICHMOND, VA 23228 0 157,930 Total . -157,930

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

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

licensing.

	rt II Fundraising Events. Comple than \$15,000 of fundraising e	vent contributions and			
Revenue	gross receipts greater than \$5	(a)Event #1 Leapfrogs for Kinderfrogs (event type)	(b) Event #2 HF Classic Golf Tournament (event type)	(c)Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus	330,450 240,050	·		1,125,187 814,455
	Gross income (line 1 minus line 2)	90,400	,	124,587 0	310,732 0
sesued	5 Noncash prizes	0 0 21,863	0 0 34,685	0 0 42,720	
Direct Expenses	8 Entertainment	579 15,212	1,134 84,182	17,686 38,612	19,399
Pai	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 III Gaming. Complete if the organon Form 990-EZ, line 6a.	from line 3, column (d)	es" on Form 990, Part I	▶ V, line 19, or reported	256,673 54,059 more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
<u>~</u>	1 Gross revenue				
t Expenses	2 Cash prizes				
Direct	4 Rent/facility costs				
	6 Volunteer labor	☐ Yes <u>%</u> ☐ No	☐ Yes <u>%</u> ☐ No	☐ Yes <u>%</u> ☐ No	
	7 Direct expense summary. Add lines 2 t8 Net gaming income summary. Subtract		n (d)		
9 a b	Enter the state(s) in which the organization licensed to conduct gas If "No," explain:	ming activities in each of			Yes No
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspende	d or terminated during the		☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3						
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио							
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes								
13	Indicate the percentage of gam	ning activity conducted in:											
а	The organization's facility .			13a			%						
b	An outside facility			13b			%						
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:									
	Name •												
	Address >												
15a			m the organization receives gaming		· 🗆 Yes	Пио							
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ \$	anization 🕨 \$ and	the									
c	If "Yes," enter name and addre	ss of the third party:											
	Name •												
	Address ▶												
16	Gaming manager information:												
	Name ▶												
	Gaming manager compensation ▶ \$												
	Description of services provided ▶												
	☐ Director/officer	☐ Employee	☐ Independent contractor										
17	Mandatory distributions:												
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио							
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3								
		pt activities during the tax year											
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.						
	Return Reference		Explanation										

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLI	N: 93493104013231
Note: To capture the full c	ontent of this do	ocument, please se	lect landscape mode	e (11" x 8.5") whe	n printing.			MB N 4545 0045
Schedule I		Grants and O	ther Assistand	e to Organiz	ations			MB No. 1545-0047
(Form 990)	(and Individuals		•			2019
			tion answered "Yes," o					
Department of the			► Attach to Form	990.	•			Open to Public Inspection
Treasury Internal Revenue Service		▶ Go to <u>wwt</u>	<u>v.irs.gov/Form990</u> for	the latest information	on.			
Name of the organization TEXAS CHRISTIAN UNIVERSITY							Employer identifica	ation number
							75-0827465	
Part I General Inform								
Does the organization main the selection criteria used t						ce, and		
Describe in Part IV the organic	_							☑ Yes ☐ No
<u> </u>					ganization answered "Yes	" on Forn	n 990, Part IV, line	21, for any recipient
		can be duplicated if add			<u> </u>	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of cash assistance	(h) Purpose of grant or assistance
(1) FORT WORTH CHAMBER OF COMMERCE 777 TAYLOR STREET SUITE 900 FORT WORTH, TX 761024997	72-0275060	501(C)(6)	50,000	0	N/A	NONE		ECONOMIC DEVELOPMENT GRANT
(2) Tomlinson's Touching Lives Foundation 8951 Cypress Waters Blvd Suite 160 Coppell, TX 75019	20-1414221	501 (c)(3)	134,841	0	N/A	NONE		DONATION
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				>	1
3 Enter total number of other	r organizations listed	d in the line 1 table					>	1
For Panerwork Reduction Act Notic	e. see the Instruction	ns for Form 990.		Cat No. 50055	iP		Schr	edule I (Form 990) 2019

(5) TUITION EQUALIZATION GRANTS

(4) STIPENDS

(5)

(6)

grant funds.

Page 2

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 6798 159,352,667 ol N/A NONE (1) FINANCIAL AID EXPENSE 1093 0 N/A NONE (2) GRADUATE FINANCIAL AID 24,522,456 473 5,201,725 ol N/A NONE (3) GRANTS IN AID

44

73

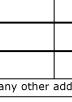
3,894,572

6,629,035

O N/A

O N/A

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 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



NONE

NONE



Schedule I (Form 990) 2019

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

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. Procedures for monitoring use of 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

aid office for review.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a - D	LN: 934931	04013	3231
Sch	edule J	C	ompensat	ion Information	OMB No.	1545-	0047
(For	n 990)	For certain Offic	ers, Directors, 1	Frustees, Key Employees, and Highest			
		Complete if the ore		ated Employees vered "Yes" on Form 990, Part IV, line 23.	2()19	•
		·	► Attacl	n to Form 990. instructions and the latest information.	Open		
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.go</u>	101	instructions and the latest information.		pectio	
	ne of the organiza AS CHRISTIAN UNIV			Employer id	entification n	umber	
I E A	AS CHRISTIAN UNIV	ENSTIT		75-0827465			
Pa	rt I Questi	ons Regarding Compensa	ition				
						Yes	No
1a				f the following to or for a person listed on Form y relevant information regarding these items.			
		s or charter travel	\square	Housing allowance or residence for personal use			
	_	companions		Payments for business use of personal residence			
		nification and gross-up payment	ts 🔽	Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
	☐ Discretion	ary spending account					
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b		No
2				or allowing expenses incurred by all	2	Yes	
	airectors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on Line 1a?			
3				ed to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Part III.			
	, 	-	· •				
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study			
	·	of other organizations	<u> </u>	Approval by the board or compensation committee	e		
_		-					
4	related organiza		990, Part VII, Se	ection A, line 1a, with respect to the filing organizat	ion or a		
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .		4a		No
b				lified retirement plan?	. 4b	Yes	110
c	Participate in, o	r receive payment from, an equ	ity-based compe	nsation arrangement?	. 4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-0			
5	, ,,,		, ,	the organization pay or accrue any			
		ontingent on the revenues of:		,			
а	The organization	1?			5a		No
b				$(\mathbf{r}_{i}, \mathbf{r}_{i}, r$	5b	<u> </u>	No
	,	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any			
а	-	n?			6a	↓	No
b	-				6b	₩	No
_	•	6a or 6b, describe in Part III.					
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed art III	7	Yes	
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe			
					8	Yes	<u> </u>
9				presumption procedure described in Regulations s	ection 9	Yes	
For F		iction Act Notice, see the Ins					2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Part IIII 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 Schedule J. Part II, Column (B)(iii)

Schedule J (Form 990) 2019

Explanation OTHER REPORTABLE COMPENSATION FOR VICTOR BOSCHINI, KATHRYN CAVINS TULL, SONNY CUMBIE, JAMES DIXON, JEREMIAH DONATI, RAYMOND NOWELL SCHEDULE J PART II, COLUMN B(III) DONOVAN, STUART FLYNN, BRIAN GUTIERREZ, JAMES HILLE, BRYAN LUCAS, GARY PATTERSON, JAMES SCHLOSSNAGLE, TRACY SYLER JONES, AND DONALD

> WHELAN INCLUDES PENSION RESTORATION STIPEND PAYMENTS SPECIFIED IN THEIR CONTRACTS FOR AMOUNTS IN EXCESS OF 403(B) MAXIMUM LIMITS. OTHER REPORTABLE COMPENSATION FOR TERESA ABI-NADER DAHLBERG INCLUDES MOVING EXPENSES PAID ON HER BEHALF. OTHER REPORTABLE

THE CHANCELLOR RECEIVES LIMITED PERSONAL HOUSEKEEPING SERVICES AND WAS TAXED AS A PERSONAL FRINGE BENEFIT FOR THE VALUE OF THE

CHARTER TRAVEL AND SOCIAL CLUB DUES ARE APPROVED IN ACCORDANCE WITH THE PERSON'S POSITION. THE VICE CHANCELLOR FOR FINANCE AND

EMPLOYED AS CHANCELLOR. \$197,737 IN DEFERRED COMPENSATION WAS ACCRUED BUT NOT PAID DURING 2019 FOR BRIAN GUTIERREZ. THE ACCRUED

ADMINISTRATION AND THE INTERIM ASSOCIATE VICE CHANCELLOR AND CONTROLLER REVIEW THE CHANCELLOR'S EXPENSES. OTHER BENEFITS LISTED IN LINE

\$420,000 IN DEFERRED COMPENSATION WAS ACCRUED BUT NOT PAID DURING 2019 AS PART OF THE ARRANGEMENT FOR THE FISCAL YEAR ENDING 5/31/2020 FOR VICTOR BOSCHINI. \$360,000 OF THE ACCRUED AMOUNT WILL BE VESTED AS OF 05/31/20 AND \$60,000 WILL BE VESTED AS OF 5/31/2021 IF STILL

AMOUNT WILL BE VESTED AS OF 1/1/2023 IF STILL EMPLOYED AS VICE CHANCELLOR FOR FINANCE AND ADMINISTRATION. BASED UPON THE CALENDAR YEAR 2019 PERFORMANCE PERIOD, JAMES HILLE EARNED \$327,111 INCENTIVE COMPENSATION THAT WAS NOT PAID DURING 2019. THE \$327,111 DEFERRED INCENTIVE COMPENSATION WILL BE PAID IN CALENDAR YEARS 2020, 2021, AND 2022. THE ACCRUED AMOUNT WILL BE VESTED IN FUTURE CALENDAR YEARS IF EMPLOYED AS CHIEF INVESTMENT OFFICER. HE RECEIVED \$183,951 PAYMENT OF PREVIOUSLY EARNED INCENTIVE COMPENSATION DURING CALENDAR YEAR

NON-FIXED PAYMENTS WERE MADE. AS FOLLOWS: VICTOR BOSCHINI RECEIVED A \$500,000 PERFORMANCE BONUS. TERESA ABI-NADER DAHLBERG RECEIVED A \$20,000 PERFORMANCE BONUS. KATHRYN CAVINS-TULL RECEIVED A \$161,055 PERFORMANCE BONUS. JAMES DIXON RECEIVED A \$564,051 BONUS FOR

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

Page 3

Schedule J. Part I. Line 1a First-class or charter travel

social club dues or initiation fees

CHARTER TRAVEL WAS PROVIDED TO CHANCELLOR VICTOR BOSCHINI, VICE CHANCELLORS, ATHLETIC DIRECTOR, AND COACHES FOR PURPOSES OF TRAVEL TO 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 FOR FINANCE AND ADMINISTRATION AND THE INTERIM ASSOCIATE VICE CHANCELLOR AND CONTROLLER REVIEW THE CHANCELLOR'S EXPENSES. OTHER BENEFITS LISTED IN LINE 1A WERE PROVIDED FOLLOWING WRITTEN POLICIES AND EMPLOYMENT CONTRACTS.

COMPENSATION FOR JEAN MRASEK INCLUDES A CELL PHONE STIPEND.

1A WERE PROVIDED FOLLOWING WRITTEN POLICIES AND EMPLOYMENT CONTRACTS.

TRAVEL FOR COMPANIONS WAS PROVIDED TO JEREMIAH DONATI AND WAS TAXED TO HIM AS A PERSONAL FRINGE BENEFIT. Schedule J, Part I, Line 1a Travel for companions 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 \$194,505. TERESA ABI-NADER DAHLBERG RECEIVED A HOUSING ALLOWANCE DURING 2019 OF \$24,000

Schedule J, Part I, Line 1a Health or 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 SOCIAL CLUB DUES FOR BUSINESS PURPOSES WERE PROVIDED FOR VICTOR BOSCHINI, JAMES HILLE, JAMES SCHLOSSNAGLE, AND DONALD WHELAN. ADDITIONALLY, THE PERSONAL VALUE OF THE CLUB DUES WAS TAXED AS A FRINGE BENEFIT. SOCIAL CLUB DUES FOR BUSINESS PURPOSES WERE PROVIDED FOR KATHRYN CAVINS TULL, SONNY CUMBIE, TERESA ABI-NADER DAHLBERG, JAMES DIXON, RAYMOND NOWELL DONOVAN, JEREMIAH DONATI, RAYMOND NOWELL DONOVAN, STUART FLYNN, AND GARY PATTERSON.

PERSONAL SERVICES

2019.

Schedule J. Part I. Line 1a Personal

services Schedule J. Part I. Line 1b Written policy regarding payment or reimbursement of expenses Schedule J. Part I. Line 4b

Supplemental nonqualified retirement plan

2019. THE PAYMENT IS INCLUDED IN BONUS & INCENTIVE COMPENSATION IN 2019. THE ACCRUAL OF THIS DEFERRED COMPENSATION WAS REPORTED IN FORM 990 IN PRIOR YEARS. HE ALSO RECEIVED \$149,787 PAYMENT OF PREVIOUSLY EARNED DEFERRED COMPENSATION DURING CALENDAR YEAR 2019. PAYMENT OF THIS AMOUNT IS INCLUDED IN OTHER REPORTABLE COMPENSATION IN 2019. THE ACCRUAL OF \$147,754 OF THIS AMOUNT WAS REPORTED IN FORM 990 IN PRIOR YEARS. DURING 2019, \$40,000 IN DEFERRED COMPENSATION WAS ACCRUED BUT NOT PAID FOR JAMES SCHLOSSNAGLE. THIS AMOUNT WILL BE PAID DURING 2020, IF HE IS STILL EMPLOYED AS HEAD BASEBALL COACH. \$40,000 IN DEFERRED COMPENSATION WAS ACCRUED BUT NOT PAID DURING 2019 FOR BRYAN LUCAS. THE ACCRUED AMOUNT WILL BE VESTED AS OF 5/31/2022 IF STILL EMPLOYED AS CHIEF TECHNOLOGY OFFICER.

Schedule J. Part I. Line 7 Non-fixed

payments

PERFORMANCE BASED CONTRACT STIPULATIONS. JEREMIAH DONATI RECEIVED A \$275,561 BONUS FOR MEETING CONTACT STIPULATIONS. BRIAN GUTIERREZ RECEIVED A \$154,507 PERFORMANCE BONUS. BRYAN LUCAS RECEIVED A \$158,183 PERFORMANCE BONUS. JEAN MRASEK RECEIVED A BONUS OF \$39,153. GARY PATTERSON RECEIVED A \$72,000 BONUS FOR PERFORMANCE BASED CONTRACT STIPULATIONS. JAMES SCHLOSSNAGLE RECEIVED A \$7,500 BONUS FOR PERFORMANCE BASED CONTRACT STIPULATIONS. DON WHALEN RECEIVED A PERFORMANCE BONUS OF \$155,273.

Schedule J, Part I, Line 8 Payments on contract that is subject to the initial

contract exception

THAT HE SIGNED WITH TCU. HE WAS STILL UNDER THAT CONTRACT IN 2019. 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 Schedule J (Form 990) 2019 **Software ID:** 19010655 **Software Version:** 2019v5.0

EIN: 75-0827465

Name: TEXAS CHRISTIAN UNIVERSITY

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

form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990				
1Victor J Boschini Jr	(i)	1,243,481	500,000	135,981	471,200	223,557	2,574,219	0				
Chancellor	(ii)	0	0	0	0	0	0	0				
1 Brian G Gutierrez	(i)	582,209	154,507	47,569	229,937	83,694	1,097,916	0				
VC Finance & Administration	(ii)	0	0	0	0	0	0	0				
2 Donald J Whelan Jr	(i)	550,769	155,273	45,944	51,200	29,875	833,061	0				
VC University Advancement	(ii)	0	0	0	0	0	0	0				
3 Teresa Abi-Nader Dahlberg	(i)	507,656	20,000	95,608	0	20,077	643,341	0				
Provost VC Academic Affairs	(ii)	0	0	0	0	0	0	0				
4 Kathryn M Cavins Tull	(i)	316,401	161,055	23,721	51,200	19,019	571,396	0				
VC Student Affairs	(ii)	0	0	0	0	0	0	0				
5 Tracy D Syler-Jones	(i)	304,387	0	14,709	32,200	22,562	373,858	0				
VC Marketing & Communication	(ii)	0	0	0	0	0	0	0				
6 Yohna J Chambers	(i)	254,545	0	17,339	30,226	22,517	324,627	0				
VC Human Resources	(ii)	0	0	0	0	0	0	0				
7 Jean M Mrasek	(i)	186,307	39,153	1,897	21,916	11,306	260,579	0				
Board Secretary	(ii)	0	0	0	0	0		0				
8 James R Hille	(i)	633,791	183,951	196,747	378,311	54,480	1,447,280	331,705				
Chief Investment Officer	(ii)	0	0	0	0	0		0				
9 Jeremiah Donati	(i)	733,601	275,561	69,189	41,200	28,974	1,148,525	0				
Athletic Director	(ii)	0	0	0	0	0	0	0				
10 Raymond Nowell Donovan	(i)	639,857	0	59,984	50,700	24,987	775,528	0				
	(ii)	0	0	0	0	0	0	0				
11Bryan C Lucas	(i)	291,944	158,182	873	72,200	30,271	553,470	0				
Chief Technology Officer	(ii)	0	0	0	0			0				
12Todd S Waldvogel	(i)	229,673	0	1,419	26,586	2,111	259,789	0				
Assoc. VC Facilities & Campus Planning	(ii)	0	0	0	0	0		0				
13Kimberly K Adams	(i)	175,726	0	9,918	9,439	42,222	237,305	0				
Interim Assoc. VC & Controller	(ii)	0	0	n	0							
14Gary A Patterson	(i)	5,285,887	72,000	604,759	50,700	90,197	6,103,543	0				
Head Football Coach	(ii)	0		0		0						
15James P Dixon	(i)	3,336,887	564,051	363,945	51,200	31,892	4,347,975	0				
Mens Basketball Coach	(ii)	0										
16James M Schlossnagle	(i)	1,061,895	7,500	94,077	72,200	30,471	1,266,143	0				
Head Baseball Coach	(ii)	0		0								
17Sonny J Cumbie	(i)	824,554	0	70,680	50,700	32,048	977,982	0				
Assistant Football Coach	(ii)	0		n		,						
18 Stuart D Flynn	(i)	756,504	0	72,141	50,692	34,418	913,755	0				
Dean of the Medical School	(ii)	0										
	` '		٥	0	٥	0	·	<u> </u>				

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Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2019

DLN: 93493104013231

Schedule K

(Form 990)

▶ 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

Inte	partment of the Treasury ernal Revenue Service	▶G	o to <u>www.irs.gov/</u>	► Attach to Form 99 Form990 for instruc		e latest	information.	Open to Public Inspection						
	ne of the organization (AS CHRISTIAN UNIVERSITY								Employer identification number 75-0827465					
P	art I Bond Issues								1,3 00	, .05				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	(e) Issue price (f) Description of purpose ((g) D	(g) Defeased		(h) On behalf of issuer		Pool ncing	
											Yes	No	Yes	No
Α	RED RIVER EDUCATION FINANCE CORPORATION S2006	75-2791247	756872DU8	02-15-2006	80,0	000,000	TO FINANCE CAN CONSTRUCTION	1PUS		X		X		X
В	RED RIVER EDUCATION FINANCE CORPORATION S2013	75-2791247	756872JC2	09-19-2013	103,	111,809	TO FINANCE CAN	1PUS	Х			Х		Х
С	RED RIVER EDUCATION FINANCE CORPORATION S2016A	75-2791247	756872KS5	01-28-2016	37,0	502,546	TO REFUND SERIES 2007 BONDS		;	X		Х		Х
D	RED RIVER EDUCATION FINANCE CORPORATION S2016	75-2791247	00000000	01-29-2016	35,7	250,000	TO REFUND SER	IES 2006A BOND)S	X		Х		Х
P	art II Proceeds	<u> </u>	L	1			l							
						Α		В	(0			D	
1	Amount of bonds retired						0	7,416,019		4,471	.697	1,340,000		
2	Amount of bonds legally defease						0	88,455,000			0			0
3	Total proceeds of issue					83,903	3,941	103,121,019		37,602	.546	· ' '		
4	Gross proceeds in reserve funds				0 0			0			0			
5	Capitalized interest from procee				3,227,336 0				0				0	
6	Proceeds in refunding escrows.				0 0		0			0				
7	Issuance costs from proceeds .				348,933		3,933	933 901,243		455,73		7 274		274,973
8	Credit enhancement from proce						0	0	0			0		
9	Working capital expenditures from					0 0					0			0
10						80,327	7,672	102,219,776			0			0
11							0	0		37,146	.809		34,9	975,027
12	* *						0	0			0			0
13	Year of substantial completion .			• •	_	008		016						
					Yes	No	Yes	No	Yes	No	_	Yes		No
14	Were the bonds issued as part of bonds (or, if issued prior to 201	or a current refunding 8, a current refundin	g issue of tax-exemp g issue)?	t 		Х		Х		Х		Х		
15	Were the bonds issued as part obonds (or, if issued prior to 201	s part of an advance refunding issue of taxable to 2018, an advance refunding issue)?				Х		Х	Х					Х
16	Has the final allocation of proce	on of proceeds been made?					Х		Χ			Χ		
17	Does the organization maintain proceeds?				Х		Х		Х			Х		
P	art Ⅲ Private Business Us	se												
ĺ					V	A		B		C N =	+	V	D	N -
ı					Yes	No	Yes	No	Yes	No		Yes		No

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

Χ

Χ

Χ

Χ

Χ

Χ

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

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 nongualified bonds of

Are there any management or service contracts that may result in private business use of

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

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 management or service contracts relating to the financed property?

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

Private Business Use (Continued)

hedge with respect to the bond issue?

Was the hedge superintegrated?

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

Page 2

No

Χ

Χ

0 %

0 %

0 %

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

D

Yes

Χ

Yes

Χ

Schedule K (Form 990) 2019

D

В

No

Х

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

Yes

Χ

Νo

Χ

Χ

3000 %

Χ

Χ

Α

Yes

Χ

Χ

Χ

Х

Merrill Lynch Capital Services

C

No

Χ

Χ

0 %

0 %

0 %

Χ

Χ

Yes

Χ

No

Х

Χ

Χ

Х

C

Schedule K (Form 990) 2019

Part III

За

b

C

d

6

8a

Part IV

b

C

Arbitrage

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

Page 3

No

D

D

Nο

Yes

Yes

Х

Nο

В

No

Explanation

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

No

Yes

Yes

Nο

No

Yes

Χ

Yes

Nο

Χ

160 %

Yes

Χ

Bayerische Landesbank

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.

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

LINE 3:

Arbitrage (Continued)

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?

Term of GIC

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 3 PROCEEDS

OF ISSUE - SCHEDULE K, PART II,

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

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
, ,	Issuer name: RED RIVER EDUCATION FINANCE CORPORATION S2013 The calculation for computing no rebate due was performed on 09/19/2018

Return Reference	Explanation
, ,	Issuer name: RED RIVER EDUCATION FINANCE CORPORATION S2016 The calculation for computing no rebate due was performed on 05/31/2016

Return Reference	Explanation
, ,	Issuer name: RED RIVER EDUCATION FINANCE CORPORATION S2017 The calculation for computing no rebate due was performed on 05/31/2020

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104013231 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) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** TEXAS CHRISTIAN UNIVERSITY 75-0827465 Part I **Bond Issues** (f) Description of purpose (b) Issuer EIN (c) CUSIP # (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No Χ RED RIVER EDUCATION FINANCE 75-2791247 000000000 12-20-2017 31,628,000 TO REFUND S2010 BONDS Χ Χ CORPORATION S2017 **Proceeds** Part ${f II}$ C В D Α 807,000 2 3 31,628,000 5 6 7 171,237 8 9 10 11 31,456,763 12 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

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

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?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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 nongualified bonds of

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2019

No

Yes

В C Α Yes Nο Yes No Yes No Yes Are there any management or service contracts that may result in private business use of Χ

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Х

0 %

0 %

0 %

В

No

Yes

Χ

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

C

No

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

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? . . .

	res	NO	res	NO	res
gross proceeds invested in a guaranteed investment contract		Х			

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

No

Yes

No

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

No

Yes

Nο

efile GRAPHI	C print - C	00 NO	T PROCES	S As F	iled Data -			DLN: 93493104013					L3231		
Schedule L			Tran	sactio	ns with li	ntereste	d Persor	าร			10	1B No.	1545	-0047	
Form 990 or 990	-EZ) ▶ Co	Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.						5,	2019						
			27, 28a,		8c, or Form 99 ch to Form 99			40b.				4 U	1	7	
Department of the Trea		▶G	o to <u>www.i</u>		<u>rm990</u> for inst			formati	on.		C	pen i Insp			
Name of the org								Em	ploy	er ide	ntifica	tion n	umbe	er	
TEXAS CHRISTIAN	UNIVERSITY							75-	0827	7465					
					l(c)(3), section										
	ete if the or Name of d				Form 990, Part Relationship be					rt V, lir escript			1 Com	o oto d?	
1 (a) Name or d	iisquaiii	ied person	(6)		etween disquai organization	iiried person ar	na (•	escript ansacti			es	ected?	
												†	-	-110	
												+			
4958 3 Enter the ar					managers or dis hbursed by the c	· • • •		year un	der •		s —				
Con	nplete if the	organi	From Inter zation answe n Form 990,	red "Yes" o	on Form 990-EZ	, Part V, line 3	8a, or Form 99	90, Part	IV,	line 26	; or if	the org	aniza	tion	
(a) Name of nterested person	(b) Relations	lationship (c) Purpose ganization of loan	(d) Loan	an to or from the ganization?	(e) Original principal amount	(f) Balance due	(g) I defau	default? App		Approved by board or		? Approved by		d by agreement or	
				То	From	-		Yes	No	Yes	No	Yes		No	
				- 10	110			1.00							
					+										
Гotal .					J	\$									
				_	rested Perso										
Con (a) Name of inter	•		inization an Relationshir		(c) Amount		(d) Type o	of againt		.	(e) Pu		f acci	c+ - n c c	
(a) Name of miter	ested perso		rested perso organizat	n and the	(c) Amount	or assistance	(u) Type (UI 655151	ance		(e) rui	pose c	ii assi	stance	
(1) NONE NOI		NON	E			62,075	FINANCIAL A	ID		М	ERIT S	CHOLA	RSHIF	PS .	
	uction Act N														

(2)	between interested person and the organization	transaction	(4, 2000, p. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	organiz reven	f ation's
				Yes	No
(1) BUSINESS JET ACCESS	TRUSTEE AS OWNER	389,945	CHARTER AIR TRAVEL		No
(2) PROFESSIONAL TURF PRODUCTS	TRUSTEE AS OWNER	195,257	LANDSCAPING EQUIPMENT		No

(2) PROFESSIONAL TURF PRODUCTS	TRUSTEE AS OWNER	195,257	LANDSCAPING EQUIPMENT	No
(3) KELLY HART & HALLMAN	TRUSTEE AS OWNER	213,507	LEGAL SERVICES	No
(4) ZACH GUTIERREZ	SON OF OFFICER	17,792	COMPENSATION	No

Supplemental Information Part V

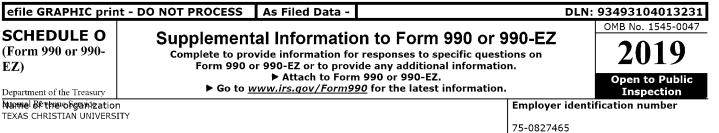
Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference Explanation

Schedule I. (Form 990 or 990-F7) 2019

DLN: 93493104013231 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** TEXAS CHRISTIAN UNIVERSITY 75-0827465 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 95,000 Market value 1 Art-Works of art . . Χ Art-Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 11,375,653 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ (HORSES) Χ 13 1,478,394 Market value 26 Other ► (Equipment) Χ 1 60,000 Market value 27 Other ► (_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Page 2 Schedule M (Form 990) (2019) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation Schedule M, Part I, Line 33 Explanation DURING THE UNIVERSITY'S FISCAL YEAR, MULTIPLE CHARITABLE AUCTIONS WERE HELD BY DIFFERENT of Revenues not Reported DEPARTMENTS OF THE UNIVERSITY. WHERE APPROPRIATE, THE REVENUES AND EXPENSES FOR THESE EVENTS HAVE BEEN REPORTED ON SCHEDULE G. NONCASH ITEMS WERE DONATED BY PATRONS OF THE UNIVERSITY AND THESE ITEMS WERE THEN SOLD DURING THE AUCTIONS; HOWEVER, THE VALUE OF THE DONATED ITEMS RECEIVED IS NOT REFLECTED ON TCU'S FINANCIAL STATEMENTS. TCU ALSO RECEIVED OTHER MISCELLANEOUS NONCASH ITEMS DURING THE YEAR OF NOMINAL AMOUNTS THAT HAVE NOT BEEN 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 Part I, Line 1, column B contributions, which at times also equals the number of items received. Schedule M, Part I Explanations of Other - HORSES NUMBER OF ITEMS CONTRIBUTED Art - Works of art - NUMBER OF ITEMS CONTRIBUTED reporting method for number of Other - Equipment Number of items contributed contributions Schedule M (Form 990) (2019)



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a "INSTRUCTION AND FINANCIAL AID:"	"INSTRUCTION AND FINANCIAL AID." THE MISSION OF THE ADDRAN COLLEGE OF LIBERAL ARTS IS TO A DVANCE LIFE-LONG LEARNING AND DISCOVERY IN THE HUMANITIES, LANGUAGES, AND SOCIAL SCIENCES TO ENHANCE OUR SOCIETY, ELEVATE THE HUMAN CONDITION, AND DEVELOP ETHICAL LEADERS, PROFESSI ONAL AND PRE-PROFESSIONAL CURRICULA ARE DELIVERED THROUGH 11 ACADEMIC DEPARTMENTS AND INTER DISCIPLINARY INITIATIVES, INCLUDING, THE CENTER FOR DIGITAL EXPRESSION, THE CENTER FOR TE XAS STUDIES, THE CENTER FOR URBAN STUDIES, AND THE CENTER FOR LANGUAGES AND CULTURES. THE TOU Neeley School of Business has been nationally ranked in several outlets, including 26t h by Poets and Quants in their recent rankings of Best Undergraduate Business Programs. Ca reers and Employment Opportunities was ranked at #10 in the U.S. and #1 in Texas. TCU Neel ey was ranked 15th Best Undergraduate Schools for Entrepreneurial Studies according to The Princeton Review and Entrepreneur magazine. The MBA program has been ranked 8th for best administrated MBA program was ranked 16th in North America by Gartner. The Executive MBA program was ranked 12th in the world, 5th in the U.S. and 1st in Texas by The Economist. TCU's accounting graduates regularly achieve the #1 C PA exam pass rate in Texas. The accounting program was ranked 20th in the U.S. for undergraduate programs with 17-23 faculty and the graduate program was ranked 21st for programs with 17-23 faculty by the Public Accounting Report. THE COLLEGE OF EDUCATION PREPARES EDUCA TORS AND LEADERS FOR DIVERSE, GLOBAL EDUCATIONAL SETTINGS THROUGH MEANINGFUL SCHOLARSHIP, PEDAGOGY AND PRACTICE. THE TEACHER PREPARATION. STUDENTS IN THE PROGRAM CHOOSE FROM EARLY CHILD HOOD TO SIXTH GRADE EDUCATION, MIDDLE SCHOOL EDUCATION, SECONDARY EDUCATION AND YOUTH ADVO CACY, WITH A VARIETY OF CONCENTRATIONS AND CERTIFICATION AREAS. IT BOASTS A NEAR 100 PERCE NT TEACHER PLACHER PREPARATION, STUDENTS IN THE PROGRAM CHOOSE FROM EARLY CHILD HOOD TO SIXTH GRADE EDUCATION AND SCIENCE EDUCATION, COUNSELING, SPECIAL EDUCATION, AND COUNSELING

Return Reference	Explanation
Form 990, Part III, Line 4a "INSTRUCTION AND FINANCIAL AID:"	that promote high levels of inquiry, engagement, and feedback along with unparalleled opportunities for faculty-mentored research - projects that frequently become platforms for po st-undergraduate work. An Honors-enriched TCU education is truly transformative: enriching students' knowledge within and beyond their majors, strengthening their commitments to in tellectual honesty, courage, and dialogue, and empowering them to be agents of respectful deliberation and positive change. Students in the Harris College of Nursing & Health Scien ces study varied health disciplines, including nursing, communication sciences and disorders, kinesiology, social work and nurse anesthesia. All are "helping professions" dedicated to improving people's lives and transforming global health care. Harris graduates consist ently score higher than the national average on their licensing and certification exams. E ach academic unit has external accreditation requirements and consistently performs well in these external measures. Faculty members are involved in significant research areas such as pharmacogenetics, obesity prevention, voice disorders, homelessness and patient safety. U.S. News & World Report also ranked TCU # 28 in the 2021 Best Doctor of Nursing Practic e programs, #29 in Best Nursing Anesthesia programs, and #72 in Best Speech-Language Patho logy programs. THE COLLEGE OF SCIENCE & ENGINEERING OFFERS UNDERGRADUATE MAJORS IN ASTRONO MY & PHYSICS, BIOCHEMISTRY, BIOLOGY, BIOPHYSICS, CHEMISTRY, CHILD DEVELOPMENT, COMPUTER SCIENCES, PSYCHOLOGY, AND RANCH MANAGEMENT. THE COLLEGE ALSO OFFERS GRADUATE DEGREES, IN CLUDING AT THE DOCTORAL LEVEL IN BIOLOGY, CHEMISTRY & BIOCHEMISTRY, MATHEMATICS, PHYSICS & ASTRONOMY, AND PSYCHOLOGY. THE INSTITUTE OF ENVIRONMENTAL STUDIES LEADS INTERDISCIPLINARY EFFORTS IN THE FIELD OF 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 HA

Return

Reference	
Form 990, Part	Museum, the Modern Art Museum of Fort Worth, and Texas Ballet Theater. The College hosts numerous public programs,
III, Line 4a	including its distinguished PianoTexas International Academy & F estival, the biennial Latin American Music Festival, the
"INSTRUCTION	Festival of American Song, and an nually presents numerous world premieres of original compositions. THE BOB SCHIEFFER
AND	COLLE GE OF COMMUNICATION OFFERS PROGRAMS IN COMMUNICATION STUDIES, FILM-TELEVISION-DIGITAL
FINANCIAL	MEDIA, JOURNALISM AND STRATEGIC COMMUNICATION. THE COLLEGE'S AWARD-WINNING STUDENT ACTIVITIES
AID:"	NCLUDE: ADVERTISING AND PUBLIC RELATIONS CAMPAIGN TEAMS, KTCU CAMPUS RADIO STATION, NEWS
	GROUPS AND PUBLICATIONS, SPEECH AND DEBATE TEAM, AND TWO STRATEGIC COMMUNICATION AGENCIES
	THAT SERVE EXTERNAL (ROXO) AND INTERNAL (SCHIEFFER ASSOCIATES) CLIENTS.

Explanation

Return

Reference	·
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, CONFERENCE SERVICES, THE UNIVERSITY
ACTIVITIES:"	BOOKSTORE, TCU PRESS, EXECUTIVE EDUCATIONAL 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	Explanation
	TEXAS CHRISTIAN UNIVERSITY OFFERS STUDENT SERVICES, AND THE PRIMARY PURPOSE IS TO CONTRIBUTE TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING AND TO HIS OR HER INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE FORMAL INSTRUCTION PROGRAM. STUDENT SERVICES CONSISTS PRIMARILY OF INTERCOLLEGIATE ATHLETICS, THE HEALTH AND COUNSELING CENTER, OFFICE OF ADMISSIONS, REGISTRAR, STUDENT 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.

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, THE LABORATORY SCHOOL FOR LEARNING DISABLED STUDENTS, EARLY CHILDHOOD EDUCATION PROGRAMS, 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a 'INSTRUCTION AND FINANCIAL AID"	THE SCHOOL OF INTERDISCIPLINARY STUDIES (SIS) IS A KEY SPACE COMMITTED TO INTERDISCIPLINARY APPROACHES TO ADDRESS CRITICAL SOCIAL ISSUES OF OUR DAY. SIS IS AN INTELLECTUAL AND INNO VATIVE SPACE THAT NURTURES SCHOLARSHIP THAT EXAMINES RACE, GENDER, SEXUALITY, CLASS, EQUIT Y, CULTURE, AND COMMUNITY IN AN INTERSECTIONAL FRAMEWORK. SIS IS A PIVOTAL SITE TO ADVANCE INCLUSIVE EXCELLENCE AT TOU THAT OFFERS UNDERGRADUATE MAJORS IN COMPARATIVE RACE AND ETHN IC STUDIES (CRES), WOMEN & GENDER STUDIES (WGST), AND INTERDISCIPLINARY INQUIRY (A DESIGN YOUR OWN MAJOR); MINORS IN CRES, WGST, AFRICAN AMERICAN AND AFRICANA STUDIES, LATINX STUDIE S; AND GRADUATE CERTIFICATES IN CRES AND WGST. THE IDEAFACTORY EQUIPS TOU AND THE COMMUNI TY WITH THE TOOLS OF HUMAN-CENTERED DESIGN THINKING, AND UNIVERSITY LIFE (UNLF) IS A STUDE NT SUCCESS SEMINAR FOR INCOMING TOU STUDENTS. TOU AND UNTHES COINDED TOGETHER IN JULY 2015 TO FORM A NEW ALLOPATHIC MEDICAL SCHOOL; THE TOU AND UNTHSC SCHOOL OF MEDICINE IS REDEFINI NG MEDICAL EDUCATION, BY ABANDONING AN OUTDATED LECTURE MODEL AND ELEVATING THE CLINICAL EXPERIENCE. OUR MISSION IS TO TRANSFORM HEALTH CARE BY INSPIRING EMPATHETIC SCHOLARS. THIS IS ACCOMPLISHED THROUGH SEVERAL NOVEL MODALITIES. COMMUNICATION IS EMBEDDED THROUGHOUT THE CURRICULUM TO CREATE EXCEPTIONAL COMMUNICATORS AND ACTIVE LISTENERS. THE CURRICULUM IS WHO LLY CENTERED ON THE PATIENT, ALLOWING STUDENTS TO RETAIN THE EMPATHY WHICH THEY STAR T MEDICAL SCHOOL. STUDENTS BEGING SEEING PATIENTS FROM THEIR FIRST WEEK IN MEDICAL SCHOOL A ND HAVE ONE-ON-ONE MENTORING RELATIONSHIPS WITH CLINICAL FACULTY. PHYSICIAN DEVELOPMENT CO ACHES FOSTER A PERSONAL RELATIONSHIP THAT CONTRIBUTES TO STUDENT PROFESSIONAL IDENTITY FOR MATION WHILE PROVIDING AN ADDITIONAL LAYER OF SUPPORT TOWARD OUR STUDENTS' ACADEMIC SUCCES S AND WELLNESS. STUDENTS LEARN IN AN ADDULTLEARNER MODEL USING FLIPPED CLASSROOMS AND NO L ECTURES. WE ALSO UTILIZE AUGMENTED INTERLIBED CLASSROOMS AND NO L ECTURES. WE ALSO UTILIZE AUGMENTED INTERLIBED CLASSROOMS AND NO L ECTURES. WE A

990 Schedule O, Supplemental Information

Return Reference	Explanation
III, Line 4a	atform for the remainder of the academic year, but returned in the Fall 2020 semester with a mixture of in-person and online courses. The dormitory closure resulted in a decision to refund a pro-rated amount of housing fees and meal plans to students no longer living on campus. The university continues to make appropriate adjustments to our ongoing operation s, which allow us to protect our students and campus community from the significant impact s COVID-19.

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 67,556,976 including grants of \$ 0)(Revenue \$ 7,807,325) SEE SCHEDULE O

Deturn Deference

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

Evolopotion

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 COMMITTEE FOR REVIEW. TCU MANAGEMENT PROVIDES SPECIFIC DISCLOSURES RELATING TO INDIVIDUAL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES TO THE AFFECTED INDIVIDUALS FOR THEIR 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 AUTHORIZES THE ONLINE DISTRIBUTION OF FORM 990 TO ALL TRUSTEES PRIOR TO FILING WITH THE IRS. THE FORM 990 REVIEW PROCESS BY THE AUDIT, RISK, AND COMPLIANCE COMMITTEE AND DISTRIBUTION TO ALL TRUSTEES HAS BEEN FORMALLY INCORPORATED INTO TCU'S AUDIT, RISK, AND COMPLIANCE COMMITTEE CHARTER.

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, EXCEPT TO PROVIDE INFORMATION. THE CONFLICT OF INTEREST POLICY FOR TCU EMPLOYEES IS AVAILABLE ON TCU'S HUMAN RESOURCES WEBSITE, IN ADDITION TO THE RELATED CONFLICT OF INTEREST DISCLOSURE FORM. IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EMPLOYEES MUST DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE AFTER THEY REALIZE THAT A CONFLICT OF INTEREST AND EXPLAIN HOW THE CONFLICT WILL BE MANAGED, REDUCED, OR ELIMINATED. CONFLICT OF INTEREST AND ARE REVIEWED BY TCU'S FINANCIAL MANAGEMENT. IF A CONFLICT OR PO

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	TOU 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 NATIONA L 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 CH ANCELLOR'S SALARY. IN ACCORDANCE WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUS TEES, THE CHAIR OF THE BOARD APPOINTS A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY TO EVALUATE PERFORMANCE AND TO ASSURE THAT COMPENSATION FOR THE CHANCELLOR IS REASONABLE AND THAT ADEQUATE DOCUMENTATION IS MAINTAINED FOR SUPPORTING THE REASONABLENESS OF COMPENSATION PAID. THE CHAIR OF THE BOARD SERVES AS THE CHAIR OF THE SUBCOMMITTEE. THE SUBCOMMITTEE SCHARGE INCLUDES REVIEWING THE CHANCELLOR SELF-EVALUATION, REVIEWING ANY OTHER MATERIALS SUBMITTED BY THE CHANCELLOR AS PART OF THE EVALUATION, AND REVIEWING ANY OTHER MATERIALS SUBMITTED BY THE CHAIR OF THE SUBCOMMITTEE MEETS WITH THE CHANCELLOR TO DISCUSS PERFORMANCE AND THE CHAIR OF THE SUBCOMMITTEE BOARD SERVIEWING THE CHAIR OF THE SUBCOMMITTEE BOARD SERVIEWING THE CHAIR OF THE BOARD OF THE SUBCOMMITTEE TO THE CHAIR OF THE SUBCOMMITTEE MEETS WITH THE CHANCELLOR TO DISCUSS PERFORMANCE AND THE CHAIR OF THE SUBCOMMITTEE TROAD AND SESCUENTLY A DVISES THE SECRETARY OF THE BOARD OF THE SUBCOMMITTEE'S COMPENSATION AND BENEFITS RECOMMEND ATION FOR THE CHAIR OF THE RECOMMENDATION OF COMPENSATION FOR THE CHAIR OF THE SUBCOMMITTEE TO ASSIST IN EVALUATING AND ESTABLISHING THE CHAIRCELLOR FOR THE COMING ACADEMIC YEAR. THE RECOMMENDATION OF COMPENSATION TO FOR THE CHANCELLOR FOR THE COMING ACADEMIC YEAR. THE RECOMMENDATION OF COMPENSATION OF DETECRATION OF PERFORMANCE AS WELL AS CURRENT MARKET COMPENSATION DATA TO ENSUR E THE REASONABLENESS OF THE RECOMMENDED COMPENSATION OF THE FORMANCE AND ALSO REVIEWED TO COMPENSATION OF THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	IVE COMMITTEE CHARTER. THIS PROCESS WAS LAST UNDERTAKEN FOR THE CHANCELLOR'S COMPENSATION IN 2020.

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 LEWPLOYEES. IN ACCORDANCE WITH THE EXECUTIVE COMMITTEE CHA RTER OF THE BOARD APPROVED 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. TO FACILITATE THE CHANCELLOR RESPONSI 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 POSITIONS: CHANCELLOR, VICE CHANCELLOR, DEANS, AND UNIT HEADS WHOSE JOBS CAN BE MATCHED TO SURVE Y DATA. EACH YEAR THE SUPERVISING ADMINISTRATOR MEETS WITH SUBORDINATES AND EVALUATES THEIR PERFORMANCE. THIS EVALUATION BECOMES THE BASIS FOR DETERMINING THE AMOUNT OF THE MERT! I NOREASE 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 2 020. AN INDEPENDENT COMPENSATION CONSULTING FIRM WAS USED BY THE SUBCOMMITTEE AND THE CHANCELLOR TO ASSIST IN EVALUATION AND BESTABLISHING THE COMPENSATION FOR DISQUALIFIED PERSONS FOR FISCAL YEAR 2020. THE INDEPENDENT COMPENSATION FOR DISQUALIFIED PERSONS FOR FISCAL YEAR 2020. THE INDEPENDENT COMPENSATION FOR DISQUALIFIED PERSONS FOR FISCAL YEAR 2020. THE INDEPENDENT COMPENSATION FOR DISQUALIFIED PERSONS FOR FISCAL YEAR 2

Return

Reference		ı
Form 990,	RELIABLE AND INDEPENDENT COMPARABILITY DATA UPON WHICH COMPENSATION DETERMINATIONS ARE BAS ED.	ı
Part VI, Line	THE VICE CHANCELLOR MAINTAINS RELEVANT DOCUMENTATION USED FOR COMPENSATION DETERMINATIONS. TO	1
15b Process	FACILITATE THE VICE CHANCELLOR'S RESPONSIBILITIES, THE HUMAN RESOURCES DEPARTMENT ANNUALLY	ı
to establish	REVIEWS TWO SOURCES OF COMPENSATION DATA FOR COMPENSATION COMPARISON PURPOSES WIT H TCU'S	1
compensation	EXECUTIVE LEVEL INVESTMENT STAFF. THE HUMAN RESOURCES DEPARTMENT ALSO ANNUALLY USE S A	1
of other	CALCULATION THAT INCLUDES A QUANTITATIVE AND QUALITATIVE ANALYSIS BASED ON THE PERFORM ANCE OF	1
employees	THE ENDOWMENT. THE HUMAN RESOURCES DEPARTMENT REVIEWS THE DATA AND SUMMARIZES THE RESULTS	ı
	INTO A REPORT INDENTIFYING COMPENSATION INFORMATION FOR THE CHIEF INVESTMENT OFFIC ER. THIS REPORT	1
	BECOMES THE BASIS FOR DETERMINING THE AMOUNT OF MERIT INCREASE TO BE AWARD ED. THIS PROCESS WAS	1
	LAST UNDERTAKEN FOR THE CHIEF INVESTMENT OFFICER IN 2020.	ı

Explanation

Return

Reference	
Form 990,	TCU DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. TCU MAKES ITS FINANCIAL
Dort VI Line	STATEMENTS AVAILABLE TO THE BUBLIC LIBON BEOLIEST, TOUS CONFLICT OF INTEREST BOLICY IS AVAILABLE TO

Explanation

Form 990,
Part VI, Line
19 Required
documents
available to
the public

TCU DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. TCU MAKES ITS FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. TCU'S CONFLICT OF INTEREST POLICY IS AVAILABLE TO
THE PUBLIC VIA TCU'S HUMAN RESOURCES WEBSITE.

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program	All Other Program Services Revenue - Total Revenue: 11969030, Related or Exempt Function Revenue: 11928031, Unrelated Business Revenue: 40999, Revenue Excluded from Tax Under Sections 512, 513, or 514: 0;
Service Revenue	

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	

D -4.....

Reference	Explanation
Form 990, Part X, Line 20 TAXABLE AND TAX- EXEMPT BOND LIABILITIES	THE AMOUNT REPORTED ON LINE 20 INCLUDES TAX-EXEMPT BOND DEBT; REMAINING BOND LIABILITIES ARE REPORTED ON LINE 23.

Funlamation

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	OTHER MISC. CHANGES - 735; Post Retirement Benefit Actuarial Change - 1977014; Officer Compensation of Assoc. VC for Facilities Capitalized - 232141;

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

Related Organizations and Unrelated Partnerships

As Filed Data -

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

DLN: 93493104013231

Open to Public Inspection

Employer identification number

75-0827465

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS CHRISTIAN UNIVERSITY

(Form 990)

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets Direct controlling or foreign country) entity REAL ESTATE TX 7,165 2,820,173 TCU (1) BELLAIRE ACQUISITIONS LLC 777 MAIN STREET SUITE 1300 FORT WORTH, TX 76102 81-4806107 (2) DASHROSE LLC REAL ESTATE TX 75,960 13,655,140 TCU 1401 ETHRIDGE AVENUE AUSTIN, TX 78703 82-3189162 (3) NEBRASKA REALTY PARTNERS IV LLC REAL ESTATE ΤX 0 7,221,532 TCU 211 E 7th STREET SUITE 620 AUSTIN, TX 787013218 82-3291409 (4) WEXLER MCCOY LLC REAL ESTATE ΤX 149,532 2,733,482 TCU 408 W 17TH STREET 101 AUSTIN, TX 787011293 83-0826180 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (d) (f) (c) (e) (g) Section 512(b) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)William C Conner Foundation TX 501(c)(3) TCU Investments Type III-FI Yes TCU Box 298530 Neeley School of Business Fort Worth, TX 761290001 75-6036724 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Schedule R (Form 990) 2019								Page 2
Part III Identification of Related Organizations Taxable a one or more related organizations treated as a partner		e organization	answered '	"Yes" on For	m 990, Part	IV, line 34	, because	it had
		 	(6)	, ,				(1.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		General or managing		(k) Percentage ownership
				,			Yes	No		Yes								
(1) GCM GROSVENOR - TCU INVESTMENT FUND LP 767 FIFTH AVE 14TH FLOOR NEW YORK, NY 10153 26-3345349	INVESTMENTS	DE	NONE	Excluded		7,702,098		No	15,098		No	94.35 %						
(2) TRITIUM I-A LP 303 COLORADO STREET SUITE 2075 AUSTIN, TX 78701 47-0990592	INVESTMENTS	DE	NONE	Excluded	2,098,132	17,608,152		No	0		No	51.05 %						
(3) Jadian Real Estate Fund I 1114 AVENUE OF THE AMERICAS 38TH FLOOR NEW YORK, NY 10036 83-0951879	INVESTMENTS	DE	NONE	Excluded		3,876,864		No	0		No	74.97 %						
Part IV Identification of Related Organizations Taxable a because it had one or more related organizations trea						nswered "Ye	s" on F	orm '	990, Part I\	√, lin	e 34							

because it had one of more related organizations treated as a corporation of trust during the tax year.										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(b)(contr ent	ity?	
								Yes	No	
(1)LOVP I FEEDER LP 805 Las Cimas Pkwy Suite 125	INVESTMENTS	СЈ	NA	C Corporation	-516,160	9,271,371	71.43 %	Yes		
Austin, TX 78746 [*] 98-1167915										
(2)CHARITABLE REMAINDER TRUSTS (15)	SUPPORT	ТХ	NA	Trust						
						Sch	edule R (Form	990) 20	19	

No

1e

1f

1g

1h

1j

1k

11

1m

1n

10

1p **1**a

1r

1s

Schedule R (Form 990) 2019

Method of determining amount involved

Yes

Page 3

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Yes **1**b

В

S

В

В

S

(b)

Transaction type (a-s)

Amount involved

498,265

2,530,227

1,170,000

2.708.355

4,655,622

4,692,308

2019 K-1

2019 K-1

2019 K-1

2019 K-1

2019 K-1

2019 Tax Reporting Information

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.

1c 1d Loans or loan guarantees to or for related organization(s)

Sale of assets to 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) Jadian Real Estate Fund I

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) i organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
	1		1							Schedul	e R (Forn	199	0) 2019						

Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation		

Additional Data

LOVP I Feeder LP

Tritium I-A LP

Tritium I-A LP

Jadian Real Estate Fund I

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 75-0827465

Name: TEXAS CHRISTIAN UNIVERSITY

Form 990	, Schedule R,	Part V -	Transactions	With	Related	Organizations	
			(a)				

GCM GrosvenorTCU Investment Fund LP (CS TCU Inv Fund)

(a) Name of related organization	
GCM GrosvenorTCU Investment Fund LP (CS TCU Inv Fund)	

(b) Transaction type(a-s) В

S

В

В

S

В

(c) Amount Involved 498,265

2,530,227

1,170,000

2,708,355

4,655,622

4,692,308

2019 K-1

2019 K-1

Method of determining amount involved

2019 K-1

(d)

2019 K-1

2019 Tax Reporting Information 2019 K-1