

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">SOUTHWESTERN UNIVERSITY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">1001 E. UNIVERSITY AVE.</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">GEORGETOWN, TX 78626</p> F Name and address of principal officer: LAURA SKANDERA TROMBLEY SAME AS C ABOVE	D Employer identification number <p align="center">74-1233796</p> E Telephone number <p align="center">(512) 863-1956</p> G Gross receipts \$ 218,419,030. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SOUTHWESTERN.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1875
		M State of legal domicile: TX

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1285
	6	Total number of volunteers (estimate if necessary)	6	2414
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	65,168.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 9,972,050.	Current Year 22,550,257.
	9	Program service revenue (Part VIII, line 2g)	74,017,725.	75,326,651.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,288,644.	22,035,808.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	972,571.	632,603.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,250,990.	120,545,319.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,296,600.	39,172,172.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,341,118.	36,441,410.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,003,493.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,191,990.	33,489,073.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,829,708.	109,102,655.
	19	Revenue less expenses. Subtract line 18 from line 12	18,421,282.	11,442,664.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 460,999,765.
21		Total liabilities (Part X, line 26)	57,894,398.	60,278,233.
22		Net assets or fund balances. Subtract line 21 from line 20	403,105,367.	485,165,396.

Part II Signature Block

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

Sign Here	Signature of officer <p align="center">LENORA CHAPMAN, VP FOR FINANCE & ADMIN</p> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <p align="center">AMANDA ADAMS</p> Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <p align="right">P00748038</p> Firm's name ▶ CHERRY BEKAERT LLP Firm's EIN ▶ 56-0574444 Firm's address ▶ 1075 PEACHTREE STREET NE, SUITE 2200 <p align="center">ATLANTA, GA 30309</p> Phone no. 404-209-0954	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SOUTHWESTERN UNIVERSITY, UNDER THE AUSPICES OF THE UNITED METHODIST CHURCH, IS COMMITTED TO UNDERGRADUATE LIBERAL EDUCATION INVOLVING BOTH THE STUDY OF AND PARTICIPATION IN SIGNIFICANT ASPECTS OF OUR CULTURAL HERITAGE, EXPRESSED PRIMARILY THROUGH THE ARTS, THE SCIENCES, THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 65,878,972. including grants of \$ 38,565,447.) (Revenue \$ 46,364,329.) INSTRUCTIONAL SERVICES AND FINANCIAL ASSISTANCE: THE UNIVERSITY'S PRIMARY MISSION IS FOSTERING A LIBERAL ARTS EDUCATIONAL COMMUNITY OF THE HIGHEST CALIBER. THE UNIVERSITY SEEKS TO DEVELOP A COMMUNITY OF SCHOLARS IN BOTH ITS FACULTY AND STUDENT BODY THAT IS SELF-CRITICAL AND TOUGH-MINDED, AND THAT MAINTAINS RIGOROUS ACADEMIC STANDARDS. THROUGH ITS PAIDEIA PROGRAM, THE UNIVERSITY TRANSCENDS CONVENTIONAL APPROACHES TO TEACHING AND LEARNING THROUGH A STUDENT-DRIVEN, FACULTY-LED EXPERIENCE. THE PROGRAM EMPHASIZES INTELLECTUAL CURIOSITY, PROMOTES CONNECTIONS BETWEEN ACADEMIC COURSES, OFFERS INTERCULTURAL AND DIVERSITY EXPERIENCES, ENCOURAGES CIVIC ENGAGEMENT, AND SUPPORTS COLLABORATIVE OR GUIDED RESEARCH AND CREATIVE WORKS. FOR THE YEAR, THE UNIVERSITY PROVIDED SERVICES TO 1,548 STUDENTS IN ITS ACADEMIC

4b (Code:) (Expenses \$ 11,726,057. including grants of \$) (Revenue \$ 20,112,270.) STUDENT SERVICES: THE UNIVERSITY SEEKS TO SUPPORT ITS PRIMARY ACADEMIC MISSION THROUGH ROBUST STUDENT SERVICES FOR ITS PRIMARILY RESIDENTIAL LIBERAL ARTS CAMPUS. STUDENT SERVICES INCLUDE THE POLICE DEPARTMENT, STUDENT ACTIVITIES, RESIDENTIAL LIFE ADMINISTRATION, CAREER COUNSELING SERVICES, STUDENT HEALTH AND COUNSELING SERVICES, NCAA III ATHLETICS, INTRAMURAL SPORTS, AND OTHER SERVICES VITAL TO SUPPORT A RESIDENTIAL ACADEMIC COMMUNITY OF THE HIGHEST CALIBER AND QUALITY.

4c (Code:) (Expenses \$ 8,904,018. including grants of \$) (Revenue \$ 9,477,842.) AUXILIARY ENTERPRISES, INCLUDE STUDENT RESIDENTIAL CENTER OPERATIONS AND FOOD SERVICE OPERATIONS. FOR THIS ACADEMIC YEAR, APPROXIMATELY 52.10% OF THE STUDENT BODY LIVED ON CAMPUS IN RESIDENTIAL CENTERS. RESIDENTIAL CENTERS INCLUDE LIVING/LEARNING CENTERS WHICH INTEGRATE CLASSROOM AND OTHER EXPERIENCES INTO THE RESIDENTIAL ENVIRONMENT. FOOD SERVICES IS PROVIDED PRIMARILY FOR RESIDENTIAL AND NONRESIDENTIAL STUDENT USAGE, FACULTY, STAFF, AND GUESTS OF THE UNIVERSITY. AUXILIARY ENTERPRISES EXPENSES INCLUDE DEPRECIATION, INTEREST, AND PHYSICAL PLANT EXPENSE ALLOCATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 606,725. including grants of \$ 606,725.) (Revenue \$)

4e Total program service expenses 87,115,772.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2512	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		1285
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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	X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (37), 1b (34), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records BRENDA THOMPSON - (512) 863-1956 1001 E. UNIVERSITY AVE., GEORGETOWN, TX 78626

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA SKANDERA TROMBLEY TRUSTEE & PRESIDENT 7/1/20-12/31/20	40.00 0.10	X		X				329,162.	0.	69,897.
(2) DALE T. KNOBEL TRUSTEE & INTERIM PRES TO 6/2020	1.70 0.00	X						261,762.	0.	15,348.
(3) CRAIG ERWIN VP FOR FINANCE & ADMINISTRATION	40.00 0.10			X				221,650.	0.	27,367.
(4) THOMAS DELAHUNT VP FOR STRATEGIC RECRUITMENT & ENROL	40.00 0.00				X			210,725.	0.	36,295.
(5) ALISA MCALISTER GAUNDER DEAN OF THE FACULTY	40.00 0.00				X			198,046.	0.	28,986.
(6) J. PAUL SECORD VP FOR UNIVERSITY RELATIONS	40.00 0.00				X			187,843.	0.	30,665.
(7) SCARLETT MOSS VP FOR INTEGRATED COMMUNICATIONS	40.00 0.00					X		189,299.	0.	23,344.
(8) JAIME J. WOODY VP FOR STUDENT LIFE	40.00 0.00				X			180,388.	0.	24,462.
(9) DR. EDWARD BURGER FORMER PRESIDENT	0.10 0.00					X		199,222.	0.	4,085.
(10) KENT HUNTSMAN AVP FOR DEVELOPMENT	40.00 0.10					X		138,556.	0.	32,033.
(11) JULIE A. COWLEY AVP FOR ACADEMIC AFFAIRS	40.00 0.00					X		143,310.	0.	26,013.
(12) ELMA F. BENAVIDES AVP FOR HUMAN RESOURCES	40.00 0.00					X		145,516.	0.	20,754.
(13) STEPHEN G. TIPPS TRUSTEE & CHAIR	3.90 0.10	X		X				0.	0.	0.
(14) HENRY C. JOYNER TRUSTEE & VICE CHAIR	2.90 0.00	X		X				0.	0.	0.
(15) R. GRIFFIN LORD TRUSTEE & SEC/TREAS	2.20 0.10	X		X				0.	0.	0.
(16) MELISSA T. ANDERSON TRUSTEE	2.10 0.00	X						0.	0.	0.
(17) L. JAMES BANKSTON TRUSTEE	1.50 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUZANNE BLAKE TRUSTEE	1.50 0.00	X						0.	0.	0.
(19) PAM SLAUGHTER BUSH TRUSTEE	1.40 0.00	X						0.	0.	0.
(20) CHRISTOPHER CRAGG TRUSTEE	2.00 0.00	X						0.	0.	0.
(21) LARRY J. HAYNES TRUSTEE	1.40 0.00	X						0.	0.	0.
(22) CAROL C. HERDER TRUSTEE	1.40 0.00	X						0.	0.	0.
(23) LAURA K. HINSON TRUSTEE	1.50 0.00	X						0.	0.	0.
(24) BRIAN JACKSON TRUSTEE	1.50 0.00	X						0.	0.	0.
(25) JEAN T. JANSSEN TRUSTEE	1.70 0.00	X						0.	0.	0.
(26) SYLVIA KERRIGAN TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								2,405,479.	0.	339,249.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,405,479.	0.	339,249.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **33**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO SERVICES TEXAS, LLP, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD SERVICE	1,838,767.
APOGEE TELECOM, INC. P.O. BOX 95541, GRAPEVINE, TX 76099	INTERNET	963,953.
TEXAS AIRSYSTEMS, LLC, 6026 W. CAMPUS CIRCLE DRIVE, STE 100, IRVING, TX 75063	EQUIPMENT REPAIRS	362,026.
JOHNSON CONTROLS INC 5757 N GREEN BAY AVE, MILWAUKEE, MI 53209	EQUIPMENT REPAIRS	336,233.
CARNEGIE DARTLET LLC, 210 LITTLETON RD, STE 100, WESTFORD, MA 01886	MARKETING	312,333.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **19**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) COURTNEY A. KING TRUSTEE	1.60 0.00	X						0.	0.	0.
(28) FRANK P. KRASOVEC TRUSTEE	2.00 0.00	X						0.	0.	0.
(29) JOSEPH H. MARSHALL TRUSTEE	1.50 0.00	X						0.	0.	0.
(30) CAMILLE MARTIN TRUSTEE	1.40 0.00	X						0.	0.	0.
(31) MICHAEL MCKEE TRUSTEE	1.40 0.00	X						0.	0.	0.
(32) CRAIG MCKINNEY TRUSTEE	1.40 0.00	X						0.	0.	0.
(33) KEVIN G. MCMAHON TRUSTEE	1.40 0.00	X						0.	0.	0.
(34) AMANDA M. MCMILLIAN TRUSTEE	1.80 0.00	X						0.	0.	0.
(35) CASSANDRA M. MCZEAL TRUSTEE	1.40 0.00	X						0.	0.	0.
(36) MARY E. MEDLEY TRUSTEE	1.70 0.00	X						0.	0.	0.
(37) LYNN PARR MOCK TRUSTEE	1.90 0.00	X						0.	0.	0.
(38) CLAIRE PEEL TRUSTEE	1.40 0.00	X						0.	0.	0.
(39) REX L. PREIS TRUSTEE	1.50 0.00	X						0.	0.	0.
(40) STEVEN A. RABEN TRUSTEE	1.70 0.00	X						0.	0.	0.
(41) RICKY A. RAVEN TRUSTEE	1.50 0.00	X						0.	0.	0.
(42) THOMAS V. SHOCKLEY, III TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) KENNETH SNODGRASS TRUSTEE	2.40 0.00	X						0.	0.	0.
(44) H. BLAKE STANFORD TRUSTEE	1.80 0.00	X						0.	0.	0.
(45) VERONICA V. STIDVENT TRUSTEE	2.00 0.00	X						0.	0.	0.
(46) K. ELIZABETH YEAGER TRUSTEE	1.70 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	21,845.				
	d Related organizations	1d	7,723,206.				
	e Government grants (contributions)	1e	3,390,351.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,414,855.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,401,342.				
	h Total. Add lines 1a-1f			22,550,257.			
Program Service Revenue	2 a TUITION & FEES	Business Code					
		611310	66,476,599.	66,476,599.			
	b AUXILIARY ENTERPRISES	611710	8,850,052.	8,850,052.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			75,326,651.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,465,748.		65,168.	10,400,580.	
	4 Income from investment of tax-exempt bond proceeds		21.			21.	
	5 Royalties		6,141.			6,141.	
	6 a Gross rents	6a	(i) Real	14,188.			
			(ii) Personal				
	b Less: rental expenses	6b	13,152.				
	c Rental income or (loss)	6c	1,036.				
	d Net rental income or (loss)			1,036.		1,036.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	108,525,594.	902,640.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	96,584,441.	1,273,754.			
	c Gain or (loss)	7c	11,941,153.	-371,114.			
d Net gain or (loss)			11,570,039.		11,570,039.		
8 a Gross income from fundraising events (not including \$ 21,845. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b		2,364.				
c Net income or (loss) from fundraising events			-2,364.			-2,364.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CAR REGISTRATION FEES	Business Code					
		812930	227,900.	227,900.			
	b INSURANCE CLAIM REIMBURSEMENTS	812930	62,763.	62,763.			
	c ORIENTATION FEES	812930	44,700.	44,700.			
	d All other revenue	900099	292,427.	292,427.			
e Total. Add lines 11a-11d			627,790.				
12 Total revenue. See instructions			120,545,319.	75,954,441.	65,168.	21,975,453.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,161,783.	39,161,783.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,389.	10,389.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,984,530.	568,879.	1,147,461.	268,190.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,689,598.	21,740,168.	3,802,934.	1,146,496.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,550,021.	1,239,441.	235,636.	74,944.
9 Other employee benefits	4,238,487.	2,874,252.	1,221,843.	142,392.
10 Payroll taxes	1,978,774.	1,547,694.	337,156.	93,924.
11 Fees for services (nonemployees):				
a Management				
b Legal	110,854.		110,854.	
c Accounting	91,150.		91,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,832,441.		9,832,441.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,142,791.	2,491,078.	644,924.	6,789.
12 Advertising and promotion	19,662.	19,662.		
13 Office expenses	1,586,643.	1,190,564.	366,101.	29,978.
14 Information technology	1,836,976.	1,478,997.	327,595.	30,384.
15 Royalties	2,450.	2,450.		
16 Occupancy	2,894,450.	2,623,292.	256,918.	14,240.
17 Travel	663,844.	603,187.	47,607.	13,050.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	108,785.	92,762.	14,468.	1,555.
20 Interest	1,381,187.	1,203,146.	168,399.	9,642.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,398,988.	5,574,131.	780,186.	44,671.
23 Insurance	596,391.	437,266.	156,947.	2,178.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE & FACILITIE	716,825.	624,423.	87,398.	5,004.
b LIBRARY SUPPORT	655,547.	655,547.		
c ATHLETICS	606,329.	603,828.	2,501.	
d PROFESSIONAL DEVELOPMEN	176,959.	176,959.		
e All other expenses	2,666,801.	2,195,874.	350,871.	120,056.
25 Total functional expenses. Add lines 1 through 24e	109,102,655.	87,115,772.	19,983,390.	2,003,493.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,096,383.	1	1,281,755.
	2 Savings and temporary cash investments	28,117,491.	2	46,626,399.
	3 Pledges and grants receivable, net	10,446,478.	3	9,872,203.
	4 Accounts receivable, net	3,349,525.	4	2,943,782.
	5 Loans and other receivables from 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		5	
	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)		6	
	7 Notes and loans receivable, net	276,385.	7	1,055,620.
	8 Inventories for sale or use	206,374.	8	141,166.
	9 Prepaid expenses and deferred charges	1,002,205.	9	272,959.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 245,890,070.		
	b Less: accumulated depreciation	10b 117,174,553.		
	11 Investments - publicly traded securities	3,439,476.	11	1,223,477.
	12 Investments - other securities. See Part IV, line 11	277,149,665.	12	347,449,781.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,999,110.	15	5,860,970.
16 Total assets. Add lines 1 through 15 (must equal line 33)	460,999,765.	16	545,443,629.	
Liabilities	17 Accounts payable and accrued expenses	6,609,065.	17	10,673,313.
	18 Grants payable	2,386,228.	18	2,081,098.
	19 Deferred revenue	4,360,181.	19	3,735,938.
	20 Tax-exempt bond liabilities	28,059,542.	20	27,310,360.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	866,269.	23	136,038.
	24 Unsecured notes and loans payable to unrelated third parties	7,318,709.	24	10,000,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,294,404.	25	6,341,486.
	26 Total liabilities. Add lines 17 through 25	57,894,398.	26	60,278,233.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	127,309,090.	27	136,718,825.
	28 Net assets with donor restrictions	275,796,277.	28	348,446,571.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	403,105,367.	32	485,165,396.
33 Total liabilities and net assets/fund balances	460,999,765.	33	545,443,629.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,545,319.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,102,655.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,442,664.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	403,105,367.
5	Net unrealized gains (losses) on investments	5	68,242,095.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,375,270.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	485,165,396.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SOUTHWESTERN UNIVERSITY** Employer identification number **74-1233796**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5796253.	14502387.	13182484.	9972050.	22550257.	66003431.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5796253.	14502387.	13182484.	9972050.	22550257.	66003431.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14220533.
6 Public support. Subtract line 5 from line 4.						51782898.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5796253.	14502387.	13182484.	9972050.	22550257.	66003431.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6224358.	7891962.	9641497.	8000763.	10486098.	42244678.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,304.					11,304.
11 Total support. Add lines 7 through 10						108259413
12 Gross receipts from related activities, etc. (see instructions)					12 358,945,257.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	47.83 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	45.10 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS FUNDRAISING REVENUE

2016 AMOUNT: \$ 7,066.

ENERGY REBATE

2016 AMOUNT: \$ 4,238.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: UNUSUAL GRANT

DATE: 04/24/18 AMOUNT: 15020640.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SOUTHWESTERN UNIVERSITY	Employer identification number 74-1233796
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>3,993,541.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,220,861.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>792,776.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>7,723,206.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWESTERN UNIVERSITY	Employer identification number 74-1233796
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>3,615,436.</u>	<u>06/10/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SOUTHWESTERN UNIVERSITY	Employer identification number 74-1233796
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: SOUTHWESTERN UNIVERSITY; Employer identification number: 74-1233796

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	289,412,311.	296,412,699.	281,475,886.	255,545,708.	239,942,890.
b Contributions	4,167,526.	3,895,448.	5,778,964.	17,732,365.	1,589,938.
c Net investment earnings, gains, and losses	86,445,644.	1,160,633.	20,844,919.	19,536,162.	25,454,511.
d Grants or scholarships	3,586,016.	2,834,498.	2,739,787.	2,463,697.	2,388,061.
e Other expenditures for facilities and programs	11,578,631.	9,221,971.	8,947,283.	8,874,652.	9,053,570.
f Administrative expenses					
g End of year balance	364,860,834.	289,412,311.	296,412,699.	281,475,886.	255,545,708.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 9.8100 %
 - b Permanent endowment 90.1900 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,455,892.	111,510.		6,567,402.
b Buildings		183,317,440.	69,868,712.	113,448,728.
c Leasehold improvements				
d Equipment		36,548,428.	32,490,017.	4,058,411.
e Other		19,456,800.	14,815,824.	4,640,976.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				128,715,517.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITY FUNDS	138,655,881.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME FUNDS	53,451,182.	END-OF-YEAR MARKET VALUE
(C) HEDGE STRATEGIES FUNDS	33,671,116.	END-OF-YEAR MARKET VALUE
(D) PARTNERSHIP INTERESTS	32,623,038.	END-OF-YEAR MARKET VALUE
(E) PRIVATE CAPITAL	58,188,422.	END-OF-YEAR MARKET VALUE
(F) PRIVATE CREDIT	8,374,124.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY	4,262,603.	END-OF-YEAR MARKET VALUE
(H) STOCK INDEX FUNDS	7,222,666.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	347,449,781.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST-RETIREMENT BENEFITS	6,330,086.
(3) OTHER LONG TERM LIABILITIES	11,400.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,341,486.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

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

PART III, LINE 4:

SEE EXPLANATION PROVIDED ABOVE.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

SOUTHWESTERN UNIVERSITY ENDOWMENTS INCLUDE DONOR RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED FUNDS FUNCTIONING AS ENDOWMENT FUNDS. ALL DONOR RESTRICTED ENDOWMENTS ARE USED ONLY AS THE DONORS INTENDED PER THE DONOR RESTRICTIONS. THE BOARD-DESIGNATED FUNDS SUPPORT GENERAL PROGRAM SERVICES OF THE UNIVERSITY. THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

PART X, LINE 2:

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

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
A NONDISCRIMINATION STATEMENT IS POSTED ON THE HUMAN RESOURCES PAGE OF THE UNIVERSITY'S WEBSITE AND A LINK IS INCLUDED IN ALL ONLINE JOB POSTINGS. POLICIES ARE ALSO INCLUDED IN ALL STUDENT, FACULTY, AND STAFF HANDBOOKS.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		

5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
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?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on 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	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2020

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVES FINANCIAL AID FROM BOTH THE FEDERAL GOVERNMENT AND THE STATE OF TEXAS, WHICH IS AWARDED TO STUDENTS USING THE DEPARTMENT OF EDUCATION METHODOLOGY. THE MAIN FEDERAL FINANCIAL ASSISTANCE PROGRAMS FOR STUDENTS INCLUDE: FEDERAL DIRECT LOANS, FEDERAL PELL GRANTS, FEDERAL WORK-STUDY, AND FEDERAL SEOG. THE MAIN STATE FINANCIAL ASSISTANCE GRANT IS THE TUITION EQUALIZATION GRANT. THE UNIVERSITY ALSO RECEIVES FEDERAL FINANCIAL ASSISTANCE FOR ACADEMIC GRANTS AND RESEARCH. THE UNIVERSITY WAS ALSO AWARDED FUNDING FROM THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) THROUGH THE CORONAVIRUS RESPONSE & RELIEF SUPPLEMENTAL APPROPRIATIONS ACT (THE "CRRSAA") ACT TO PROVIDE EMERGENCY FINANCIAL AID GRANTS TO STUDENTS FOR EXPENSES RELATED TO THE DISRUPTION OF CAMPUS OPERATIONS AND TO COVER EXPENSES ASSOCIATED WITH SIGNIFICANT CHANGES TO THE DELIVERY OF INSTRUCTION DUE TO THE CORONAVIRUS.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
NEED BASED AWARD	EUROPE	1	3,239.	CHECK	0.		
MERIT BASED AWARD	EAST ASIA & THE PACIFIC	1	4,000.	CHECK	0.		
MERIT BASED AWARD	EUROPE	1	3,150.	CHECK	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

STUDENTS AT SOUTHWESTERN UNIVERSITY ARE ENCOURAGED TO APPLY FOR THE STUDY ABROAD PROGRAMS THROUGH THE OFFICE OF INTERCULTURAL LEARNING. STUDENTS THEN MEET WITH THE DIRECTOR OF INTERCULTURAL LEARNING TO DISCUSS THEIR MAJOR, ELIGIBILITY, BEST OPTIONS AND GOALS, AND TO IDENTIFY THE APPROPRIATE STUDY ABROAD PROGRAM. BOTH THE OFFICE OF FINANCIAL AID AND THE OFFICE OF INTERCULTURAL LEARNING MEET TO REVIEW ALL THE STUDENTS ACCEPTED IN THE STUDY ABROAD PROGRAM AND TO DETERMINE FINANCIAL AID ELIGIBILITY. SCHOLARSHIPS ARE AWARDED TO THE STUDENTS BASED ON FINANCIAL NEED AND PARTICIPATION IN APPROVED PROGRAMS.

THE OFFICE OF FINANCIAL AID AND ITS OPERATIONS ARE SUBJECT TO INTERNAL CONTROL REVIEW BY THE UNIVERSITY'S EXTERNAL AUDITORS AS PART OF THE FINANCIAL STATEMENT AUDIT. FUNDS ARE ALSO MONITORED BY THE REVIEW AND OVERSIGHT OF SENIOR MANAGEMENT, SENIOR STAFF, THE DEAN OF ENROLLMENT SERVICES, AND THE BUSINESS OFFICE, ALL OF WHICH ARE UNDER REVIEW OF THE AUDIT COMMITTEE AND THE FISCAL AFFAIRS COMMITTEE OF THE BOARD OF TRUSTEES. PAYMENTS FOR CERTAIN SCHOLARSHIPS ARE MADE DIRECTLY TO THE INSTITUTIONS SPONSORING THE STUDY ABROAD PROGRAM.

SOUTHWESTERN UNIVERSITY'S METHOD OF ACCOUNTING FOR THESE EXPENDITURES INCLUDES USING DIFFERENT ACCOUNT NUMBERS TO TRACK THE DIFFERENT STUDY ABROAD PROGRAMS, SCHOLARSHIP EXPENSES, AND FOREIGN TRAVEL.

PART I, LINE 3:

THE ACCRUAL-BASED METHOD IS USED TO ACCOUNT FOR EXPENDITURES. THE AMOUNT REPORTED FOR INVESTMENTS REPRESENTS THE FAIR MARKET VALUE OF INVESTMENTS

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

HELD AT THE END OF THE FISCAL YEAR.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		JAMESON 5K			
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	21,845.		21,845.
	2	Less: Contributions	21,845.		21,845.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,364.		2,364.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			2,364.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-2,364.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **SOUTHWESTERN UNIVERSITY** Employer identification number **74-1233796**

Part I General Information on Grants and Assistance

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

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

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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND GRANTS	1519	37,254,098.	1,300,960.	FMV	TUITION WAIVERS - FACULTY AND STAFF
HEERF GRANTS	936	606,725.	0.		

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

PART I, LINE 2:

THE UNIVERSITY AWARDS VARIOUS FEDERAL, STATE, AND PRIVATE SCHOLARSHIPS, LOANS, AND STUDENT WORK PROGRAMS AS PART OF ITS OVERALL FINANCIAL AID PROGRAM. THE UNIVERSITY FINANCIAL AID OFFICE IS RESPONSIBLE FOR MANAGEMENT OF ALL FINANCIAL AID PROGRAMS. THE UNIVERSITY USES THE DEPARTMENT OF EDUCATION METHODOLOGY TO DETERMINE FAMILY NEED FOR AWARDING NEED-BASED AWARDS. MERIT BASED AWARDS ARE DETERMINED BASED ON VARIOUS ACADEMIC (GPA, RANK IN CLASS, ETC.) AS WELL AS OTHER QUALITATIVE MEASURES. IT IS THE RESPONSIBILITY OF THE FINANCIAL AID OFFICE TO ENSURE COMPLIANCE WITH

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **SOUTHWESTERN UNIVERSITY**
 Employer identification number: **74-1233796**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA SKANDERA TROMBLEY TRUSTEE & PRESIDENT 7/1/20-12/31/20	(i)	301,050.	0.	28,112.	21,000.	48,897.	399,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DALE T. KNOBEL TRUSTEE & INTERIM PRES TO 6/2020	(i)	184,100.	42,500.	35,162.	15,348.	0.	277,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRAIG ERWIN VP FOR FINANCE & ADMINISTRATION	(i)	221,650.	0.	0.	15,680.	11,687.	249,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS DELAHUNT VP FOR STRATEGIC RECRUITMENT & ENROL	(i)	210,439.	0.	286.	15,365.	20,930.	247,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALISA MCALISTER GAUNDER DEAN OF THE FACULTY	(i)	198,046.	0.	0.	14,210.	14,776.	227,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) J. PAUL SECORD VP FOR UNIVERSITY RELATIONS	(i)	182,557.	0.	5,286.	13,300.	17,365.	218,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SCARLETT MOSS VP FOR INTEGRATED COMMUNICATIONS	(i)	175,013.	5,000.	9,286.	10,500.	12,844.	212,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAIME J. WOODY VP FOR STUDENT LIFE	(i)	180,388.	0.	0.	12,775.	11,687.	204,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DR. EDWARD BURGER FORMER PRESIDENT	(i)	3,646.	150,000.	45,576.	3,403.	682.	203,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KENT HUNTSMAN AVP FOR DEVELOPMENT	(i)	138,556.	0.	0.	10,092.	21,941.	170,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JULIE A. COWLEY AVP FOR ACADEMIC AFFAIRS	(i)	143,310.	0.	0.	10,340.	15,673.	169,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ELMA F. BENAVIDES AVP FOR HUMAN RESOURCES	(i)	145,516.	0.	0.	10,217.	10,537.	166,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:**HOUSING ALLOWANCE AND RESIDENCE FOR PERSONAL USE AND PERSONAL SERVICES:**

THE UNIVERSITY REQUIRES THE PRESIDENT TO RESIDE IN THE TURNER FLEMING HOUSE, LOCATED ON CAMPUS, FOR THE CONVENIENCE OF THE UNIVERSITY, AS PART OF HER EMPLOYMENT CONTRACT WITH THE UNIVERSITY. THE TURNER FLEMING HOUSE IS USED BY THE PRESIDENT FOR PERSONAL RESIDENCE, HOSTING VARIOUS MEETINGS AND BUSINESS-RELATED SOCIAL EVENTS AND OTHER UNIVERSITY FUNCTIONS. THE UNIVERSITY PROVIDES HOUSEKEEPING, GROUNDS KEEPING, AND MAINTENANCE SERVICE CONSISTENT WITH OTHER UNIVERSITY BUILDINGS. THE VALUATION FOR PERSONAL USAGE OF THE TURNER FLEMING HOUSE, AS REPORTED IN HOUSING ALLOWANCE ON SCHEDULE J, PART II, COLUMN (D), NONTAXABLE BENEFITS, INCLUDES THE ESTIMATED FAIR MARKET RENTAL VALUE, UTILITIES, HOUSEKEEPING, AND GROUNDS KEEPING SERVICES.

SOCIAL CLUB DUES OR INITIATION FEES AND TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: THE UNIVERSITY PROVIDES TWO SOCIAL CLUB MEMBERSHIPS FOR THE PRESIDENT OF THE UNIVERSITY. THE MEMBERSHIPS ARE USED PRIMARILY FOR HOSTING GUESTS DURING FUNDRAISING MEETINGS AND OTHER BUSINESS-RELATED MEETINGS. THE UNIVERSITY PAYS PAYROLL TAX OBLIGATIONS RELATED TO ONE SOCIAL DUES

Part III Supplemental Information

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

MEMBERSHIP. THE GROSS-UP PAYMENT AND THE UNIVERSITY-PROVIDED MEMBERSHIPS
ARE TREATED AS TAXABLE COMPENSATION AND ARE REPORTED ON HER W-2.

Supplemental Information on Tax-Exempt Bonds

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

Name of the organization **SOUTHWESTERN UNIVERSITY** Employer identification number **74-1233796**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A RIESEL EDUCATION FACILITIES CORPORATION	20-5312407	000000000	08/11/06	5,000,000.	CONSTRUCT ON-CAMPUS HOUSING		X		X		X
B CLIFTON HIGHER EDUCATION FINANCE	80-0349380	187155AX4	12/28/17	26347790.	SCIENCE BUILDING CONSTRUCTION		X		X		X
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	2,230,000.		1,235,000.							
2 Amount of bonds legally defeased										
3 Total proceeds of issue	5,000,000.		26,936,554.							
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	53,150.		347,790.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	4,946,850.		26,588,764.							
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2008		2020							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
16 Has the final allocation of proceeds been made?	X			X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		%		%
6 Total of lines 4 and 500 %		.00 %		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X					
b Name of provider			BAYERISCHE LANDESBA					
c Term of GIC			1.8000000					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

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

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: RIESEL EDUCATION FACILITIES CORPORATION
 DATE THE REBATE COMPUTATION WAS PERFORMED: 09/06/2011

(A) ISSUER NAME: CLIFTON HIGHER EDUCATION FINANCE
 DATE THE REBATE COMPUTATION WAS PERFORMED: 01/07/2021

PART II, LINE 3, COL (B):
 THE AMOUNT REPORTED ON LINE 3 FOR THE TOTAL PROCEEDS OF ISSUE IS DIFFERENT FROM THE AMOUNT REPORTED IN PART I, COLUMN (E) AS THE ISSUE PRICE FOR THE CLIFTON HIGHER EDUCATION FINANCE ISSUE FOR THE FOLLOWING ITEMS:

1. THE UNDERWRITERS DISCOUNT
2. INVESTMENT EARNINGS ON UNSPENT PROCEEDS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT \$ 15,040.

(D) TYPE OF ASSISTANCE: STAFF SCHOLARSHIP

(E) PURPOSE OF ASSISTANCE: EDUCATION

(C) AMOUNT OF GRANT \$ 9,401.

(D) TYPE OF ASSISTANCE: NEED BASED SCHOLARSHIP

(E) PURPOSE OF ASSISTANCE: EDUCATION

(C) AMOUNT OF GRANT \$ 36,000.

(D) TYPE OF ASSISTANCE: MERIT BASED SCHOLARSHIP

(E) PURPOSE OF ASSISTANCE: EDUCATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

Name of the organization **SOUTHWESTERN UNIVERSITY** Employer identification number **74-1233796**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	15,000.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1.	\$1 OR STATED VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	22	4,385,188.	HIGH-LOW AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FOOD GIFT CAR</u>)	X	2	1,150.	COST
26 Other ▶ (<u>OTHER</u>)	X	3	3.	\$1 OR STATED VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	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 purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.	X	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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.

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUTHWESTERN UNIVERSITY, UNDER THE AUSPICES OF THE UNITED METHODIST CHURCH, IS COMMITTED TO UNDERGRADUATE LIBERAL EDUCATION INVOLVING BOTH THE STUDY OF AND PARTICIPATION IN SIGNIFICANT ASPECTS OF OUR CULTURAL HERITAGE, EXPRESSED PRIMARILY THROUGH THE ARTS, THE SCIENCES, THE INSTITUTIONS AND THE PROFESSIONS OF SOCIETY. AS A TEACHING-LEARNING COMMUNITY, SOUTHWESTERN ENCOURAGES RIGOROUS INQUIRY AND SCHOLARSHIP, CREATIVE TEACHING, AND THE EXPRESSION OF FREE HUMAN LIFE. THE UNIVERSITY SEEKS TO INVOLVE THE STUDENT IN FINDING A PERSONAL AND SOCIAL DIRECTION FOR LIFE, DEVELOPING MORE SENSITIVE METHODS OF COMMUNICATION, CULTIVATING THOSE QUALITIES AND SKILLS WHICH MAKE FOR PERSONAL AND PROFESSIONAL EFFECTIVENESS, AND LEARNING TO THINK CLEARLY AND MAKE RELEVANT JUDGMENTS AND DISCRIMINATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSTITUTIONS, AND THE PROFESSIONS OF SOCIETY. SEE SCHEDULE O FORM 990, PART 1, LINE 1 NOTE FOR SOUTHWESTERN UNIVERSITY'S COMPLETE MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INSTRUCTIONAL PROGRAMS. MOST OF THE UNIVERSITY'S ENROLLMENT IS TRADITIONAL COLLEGE-AGE STUDENTS, AND FOR THE FALL 2020 SEMESTER, 98.8% WERE ENROLLED FULL-TIME (12 OR MORE CREDIT HOURS FOR THE SEMESTER). THE STUDENT-TEACHER RATIO WAS APPROXIMATELY 13:1 IN THE CURRENT YEAR.

APPROXIMATELY 98% OF UNIVERSITY STUDENTS RECEIVED INSTITUTIONAL FINANCIAL ASSISTANCE. APPROXIMATELY 59% OF UNIVERSITY STUDENTS RECEIVED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SOUTHWESTERN UNIVERSITY	Employer identification number 74-1233796
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NEED-BASED FINANCIAL ASSISTANCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE UNIVERSITY WAS AWARDED FUNDING FROM THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) THROUGH THE CORONAVIRUS RESPONSE & RELIEF SUPPLEMENTAL APPROPRIATIONS ACT ("CRRSAA") ACT TO PROVIDE EMERGENCY FINANCIAL AID GRANTS TO STUDENTS FOR EXPENSES RELATED TO THE DISRUPTION OF CAMPUS OPERATIONS AND TO COVER EXPENSES ASSOCIATED WITH SIGNIFICANT CHANGES TO THE DELIVERY OF INSTRUCTION DUE TO THE CORONAVIRUS. EXPENSES \$ 606,725. INCLUDING GRANTS OF \$ 606,725. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

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

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FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF TRUSTEES SHALL COMPRISE NOT MORE THAN 45 TRUSTEES, EXCLUDING ANY HONORARY TRUSTEES, AND SHALL BE COMPOSED AS FOLLOWS:

(A) CONFERENCE TRUSTEES

EIGHTEEN TRUSTEES CONSISTING OF FOUR PERSONS FROM EACH OF THE CENTRAL TEXAS, NORTH TEXAS, RIO TEXAS, AND TEXAS ANNUAL CONFERENCES OF THE UNITED METHODIST CHURCH AND TWO PERSONS FROM THE NORTHWEST TEXAS ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH. CONFERENCE TRUSTEES ARE NOMINATED BY THE UNIVERSITY'S BOARD OF TRUSTEES, UPON RECOMMENDATION OF THE BOARD'S TRUSTEESHIP COMMITTEE, AND ELECTED BY THEIR RESPECTIVE CONFERENCES. THE CONFERENCES ELECTING CONFERENCE TRUSTEES ARE REFERRED TO AS THE UNIVERSITY'S "PATRONIZING CONFERENCES."

(B) EPISCOPAL TRUSTEES

TWO BISHOPS OF THE UNITED METHODIST CHURCH NOMINATED AND ELECTED BY THE BISHOPS OF THE UNIVERSITY'S PATRONIZING CONFERENCES AFTER CONSULTATION REGARDING EACH INDIVIDUAL NOMINEE WITH THE BOARD'S TRUSTEESHIP COMMITTEE, GIVING DUE REGARD TO THE COMMENTS, REQUESTS, AND CONCERNS OF THAT COMMITTEE. AT LEAST ONE OF THE EPISCOPAL TRUSTEES SERVING AT ANY GIVEN TIME MUST BE A BISHOP OF ONE OF THE UNIVERSITY'S PATRONIZING CONFERENCES.

PER THE BYLAWS OF SOUTHWESTERN UNIVERSITY, ANY CHANGE IN THE COMPOSITION OF THE BOARD OF TRUSTEES OR THE METHOD OF SELECTION FOR MEMBERSHIP ON THE BOARD SHALL BE CONFIRMED BY THE UNIVERSITY'S PATRONIZING CONFERENCES. THE TERM "PATRONIZING CONFERENCES" REFERS TO THE CONFERENCES OF THE UNITED METHODIST CHURCH THAT ELECT MEMBERS TO THE UNIVERSITY'S BOARD OF TRUSTEES, NAMELY THE CENTRAL TEXAS, NORTH TEXAS, NORTHWEST TEXAS, RIO

Name of the organization

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TEXAS, AND TEXAS ANNUAL CONFERENCES.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL MATTERS REQUIRING CONFIRMATION OR ACTION BY THE PATRONIZING CONFERENCES SHALL BE ACCOMPLISHED AS FOLLOWS:

(A) THE MATTERS SHALL BE SUBMITTED BY THE UNIVERSITY TO THE RESPECTIVE PATRONIZING CONFERENCES AT LEAST 90 DAYS PRIOR TO EACH PATRONIZING CONFERENCE'S NEXT ANNUAL SESSION.

(B) REGARDING ELECTION OF CONFERENCE TRUSTEES, ELECTION SHALL BE ACCOMPLISHED UPON A MAJORITY VOTE AT THE RESPECTIVE CONFERENCE'S ANNUAL SESSION.

(C) REGARDING MATTERS REQUIRING COLLECTIVE CONFIRMATION OF PATRONIZING CONFERENCES, CONFIRMATION SHALL BE ACCOMPLISHED UPON THE AFFIRMATIVE VOTE OF THREE-FIFTHS OF THE PATRONIZING CONFERENCES, WITH EACH PATRONIZING CONFERENCE HAVING ONE VOTE.

(D) SHOULD ANY PATRONIZING CONFERENCE FAIL TO NOTIFY THE BOARD OF TRUSTEES OF ITS ACTION ON ANY MATTER REQUIRING CONFIRMATION OR ACTION WITHIN 30 DAYS FOLLOWING THE CLOSE OF ITS NEXT ANNUAL SESSION BEFORE WHICH THE MATTER WAS SUBMITTED BY THE UNIVERSITY, THE MATTER SHALL BE DEEMED ACTED UPON AFFIRMATIVELY OR CONFIRMED.

(E) ACTIONS THAT REQUIRE CONFIRMATION BY THE PATRONIZING CONFERENCES SHALL BE SPECIFICALLY DESIGNATED IN THE CERTIFICATE OF FORMATION AND BYLAWS, AS APPLICABLE.

FORM 990, PART VI, SECTION B, LINE 11B:

PER THE BOARD APPROVED RESOLUTION, THE AUDIT COMMITTEE PREPARES AN ANNUAL TIMELINE FOR THE PREPARATION, REVIEW, AND FILING OF FORM 990. AN EXTERNAL

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ACCOUNTING FIRM REVIEWS THE COMPLETED RETURN PREPARED BY INTERNAL STAFF. THE ADMINISTRATION AND OTHER STAFF COMPLETE SUB-CERTIFICATION STATEMENTS ADDRESSING THEIR INDIVIDUAL AREAS OF RESPONSIBILITIES. THE COMPLETED RETURN, ALONG WITH SUB-CERTIFICATION STATEMENTS, IS REVIEWED BY THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION. THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION PRESENTS THE COMPLETED RETURN TO THE BOARD OF TRUSTEES AUDIT COMMITTEE, WHICH HAS OVERSIGHT RESPONSIBILITY FOR THE FORM 990.

AFTER REVIEW BY THE AUDIT COMMITTEE, A COPY OF THE RETURN IS MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW BEFORE FILING. BOARD MEMBERS REVIEW THE RETURN AND SEND A CONFIRMATION OF THEIR REVIEW. ANY COMMENTS ARE SUBMITTED IN WRITING TO THE AUDIT COMMITTEE. THE RETURN IS THEN FILED ELECTRONICALLY WITH THE IRS BY THE EXTERNAL TAX ACCOUNTING FIRM.

ADDITIONALLY, THE UNIVERSITY'S EXTERNAL AUDITING FIRM REVIEWS THE PRIOR YEAR RETURN FOR COMPLETENESS AND ACCURACY RELEVANT TO THE SCOPE AND DUE DILIGENCE REQUIREMENTS OF THE AUDITING PROCESS, AND REPORTS ANY SIGNIFICANT OR MATERIAL WEAKNESSES NOTED TO THE BOARD OF TRUSTEES AUDIT COMMITTEE. THE AUDIT COMMITTEE HAS OVERSIGHT RESPONSIBILITY AND AUTHORITY TO ENSURE NOTED WEAKNESSES OR ERRORS ARE CORRECTED. THE AUDIT COMMITTEE REPORTS REGULARLY TO THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES HAS DELEGATED ONGOING OVERSIGHT OF THE UNIVERSITY'S CONFLICT OF INTEREST POLICY TO THE BOARD OF TRUSTEES AUDIT COMMITTEE AS A PERMANENT DUTY OF THE AUDIT COMMITTEE'S CHARTER. THE AUDIT COMMITTEE IS RESPONSIBLE FOR PROPOSING CHANGES IN THE UNIVERSITY CONFLICT OF INTEREST POLICY TO THE FULL BOARD OF TRUSTEES, AND FOR MONITORING COMPLIANCE WITH THE POLICY APPROVED BY THE BOARD OF TRUSTEES. ALL MEMBERS OF THE BOARD OF

Name of the organization SOUTHWESTERN UNIVERSITY	Employer identification number 74-1233796
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TRUSTEES, BOARD COMMITTEE MEMBERS, OFFICERS, KEY EMPLOYEES, MEMBERS OF THE FINANCIAL AID OFFICE AND ALL PROFESSIONAL FINANCIAL ACCOUNTING STAFF ANNUALLY COMPLETE AND SUBMIT A QUESTIONNAIRE ON POSSIBLE CONFLICTS OF INTEREST AND INDEPENDENCE. EMPLOYEES OF THE UNIVERSITY OTHER THAN THE PRESIDENT SUBMIT CONFLICT OF INTEREST INFORMATION TO THE PRESIDENT. THE PRESIDENT DETERMINES IF AN ACTUAL CONFLICT OF INTEREST EXISTS AND DETERMINES THE APPROPRIATE MITIGATING ACTION. THE PRESIDENT REPORTS TO THE AUDIT COMMITTEE, ON AN ANNUAL BASIS, ALL IDENTIFIED POSSIBLE CONFLICTS OF INTEREST AND MITIGATING ACTIONS TAKEN. THE PRESIDENT AND THE MEMBERS OF THE BOARD OF TRUSTEES SUBMIT CONFLICT OF INTEREST AND INDEPENDENCE QUESTIONNAIRES TO THE BOARD OF TRUSTEES AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING THE SITUATION AND RECOMMENDING TO THE BOARD CHAIRMAN APPROPRIATE MITIGATING ACTIONS.

IF IT IS DETERMINED THAT A CONFLICT EXISTS THEN THE CHAIR OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE WHETHER THE UNIVERSITY CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE UNIVERSITY'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE UNIVERSITY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR

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Employer identification number

74-1233796

ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. THE UNIVERSITY ALSO HAS A WHISTLE-BLOWER POLICY AND PROCESS UNDER THE OVERSIGHT AND AUTHORITY OF THE BOARD OF TRUSTEES AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

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

ALL THE INFORMATION USED BY THE COMPENSATION COMMITTEE IS RETAINED BY THE ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES IN THE PERSONNEL OFFICE.

FORM 990, PART VI, SECTION C, LINE 19:

THE UNIVERSITY PUBLISHES ITS ARTICLES OF INCORPORATION AND/OR CERTIFICATE

Name of the organization SOUTHWESTERN UNIVERSITY	Employer identification number 74-1233796
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OF FORMATION, BYLAWS, CONFLICT OF INTEREST POLICY, INDEPENDENCE POLICY, THE MOST CURRENT THREE YEARS OF AUDITED FINANCIAL STATEMENTS, AND IRS FORMS 990 AND 990-T ON THE UNIVERSITY WEBSITE. THE INFORMATION MAY BE ACCESSED AT: [HTTP://WWW.SOUTHWESTERN.EDU/BUSINESS-OFFICE/BUDGET-FINANCE/](http://www.southwestern.edu/business-office/budget-finance/).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	900,825.
POST-RETIREMENT RELATED CHANGES	1,474,445.
TOTAL TO FORM 990, PART XI, LINE 9	2,375,270.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SOUTHWESTERN UNIVERSITY** Employer identification number **74-1233796**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SOUTHWESTERN FOUNDATION - 74-2736740 1001 EAST UNIVERSITY AVENUE GEORGETOWN, TX 78626	HOLD AND MANAGE REAL PROPERTY FOR UNIVERSITY	TEXAS	501(C)(3)	LINE 12A, I	SOUTHWESTERN UNIVERSITY	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTHWESTERN FOUNDATION	C	7,723,206.	TRANSFER AMOUNT
(2) SOUTHWESTERN FOUNDATION	O	674,168.	GROSS WAGES
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.