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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	alendar yea	r, or tax year beginning	07-01-2008	and ending 06-30-200	)9	B 5!	d ki 6 ki k					
		pplicable	Please	C Name of organization SOUTHWESTERN UNIVER	SITY			D Employer i	dentification number					
_	Iress ch	_	use IRS label or	Doing Business As					74-1233796 E Telephone number					
Nar	ne chai	nge	print or type. See	Doing Business 7.5					(512) 863-6511					
Init	ıal retui	rn	Specific Instruc-		O box if mail is	not delivered to street addr	ess) Room/s	uute .	ipts \$ 351,316,810					
Ter	mınatıo	n	tions.	PO BOX 770				0.000.000	φιο φ 331/310/010					
☐ Am	ended i	return		City or town, state or cou GEORGETOWN, TX 7862		4								
☐ App	lication	pending		GLORGETOWN, 1X 7802	70770									
				ne and address of Princ	ıpal Officer		H(a) Is	this a group retu	rn for					
				SCHRUM EUniversity Ave	af	filiates?	ΓYes <b>Γ</b> Nο							
			George	town,TX 78626			H(b) A	re all affiliates inclu	I affiliates included? Yes No					
I Ta	x-exem	pt status	<b>▽</b> 501(c)	)(3) <b>◄</b> (insert no )	947(a)(1) or <b>\( \)</b>	527			st See instructions )					
J W	eb sit	e: 🕨 ww	w southwes	tern edu			H(c) G	Froup Exemption N	lumber ►					
<b>K</b> Type	e of org	janization	Corporat	ion  trust  association	other ►		<b>L</b> Year o	L Year of Formation 1875 M State of legal domicile TX						
Pa	rt I	Sum	mary											
	1			e organization's missio	n or most sıg	nıfıcant actıvıtıes								
3			_	arts educational comm	unity whose v	alues and actions enc	ourage cor	tributions toward	the well-being of					
Ē		humanı	ty											
Governance	2	Check	this hox	ıf the organization disc	ontinued its c	nerations or disposed	of more tha	an 25% of its asse	ats					
90	3		,	nembers of the governi					46					
	4		_	ident voting members o					44					
Activities &	_			nployees (Part V , line 2	_			1,412						
Ĭ				lunteers (estimate if ne		6	523							
ଧି	7a	Total gi	ross unrela	ted business revenue fr		7a	108,910							
	ь	Net unr	elated busi	ness taxable income fro	om Form 990	-T, line 34		7b	-78,573					
								Prior Year	Current Year					
	8	Contri	butions and	d grants (Part VIII, line	1h)			4,604,944	11,008,175					
ПE	9	Progra	m service	revenue (Part VIII, lıne			40,291,035	43,634,333						
Reven	10	Invest	tment incor	ne (Part VIII, column (		27,515,503	100,410,457							
	11			art VIII, column (A), lii				375,609	1,560,140					
	12	Totalı 12)	revenue—a	dd lines 8 through 11 (r	nust equal Pa	ne	72,787,091	156,613,105						
	13		and simila	ar amounts paid (Part I)	(, column (A)		12,348,764	13,421,102						
	14	Benefi	ts paid to o	r for members (Part IX,	column (A),	line 4)			0					
ωb	15		es, other co	ompensation, employee	benefits (Par	t IX, column (A), lines	5 –	21 515 210	25 577 075					
Expenses	46-	10)			-	- 4.4\		31,515,218	35,577,875					
<u> </u>	16a			raising fees (Part IX, co		•			0					
Д	17	•		penses, Part IX, column (D), (Part IX, column (A), lın				22 120 527	10 206 525					
	17 18			add lines 13–17 (must		•		22,129,527 65,993,509	19,386,535					
	19			penses Subtract line 18				6,793,582	88,227,593					
<u>চক</u>						-	Beg	inning of Year	End of Year					
<b>8</b> 8 8	20	Total	assets (Par	t X, line 16)				404,982,039	348,649,971					
A.SS   B.a	21		•	Part X, line 26)				60,426,120	62,259,500					
Net Assets or Fund Balances	22			d balances Subtract lir	ne 21 from lin	e 20		344,555,919	286,390,471					
	t II		ature Blo		10 21 110111 111			344,333,313	200,330,471					
لنح				rjury, I declare that I have e	examined this re	turn, including accompanyin	g schedules a	and statements, and to	o the best of my knowledge					
				correct, and complete Decla										
Plea Sign		****	*** ature of office	or .				2010-05-07 Date						
Here		[					L	oate						
			HARD L ANDER	RSON VP FOR FISCAL AFFAIR  e and title	RS									
		<b>       </b>	•		T	Data	Charle of	Drong/- DTT	V (Soo Con Tost )					
D-!-I		Preparer signature				Date 2010-05-07	Check if self-	_	N (See Gen Inst )					
Paid Prend	arer'e		<u> </u>	- h p 2	empolyed 🕨	polyed •								
Prepa Use (		ıf self-er	ame (or yours nployed),	P	npany PC			EIN Þ						
536 (	-111 <b>y</b>	address,	and ZIP + 4	PO Box 872				Dhono no b	Phone no (512) 930-4090					
				Georgetown, TX 78627										
Mayt	he IR	S discus	s this retu	rn with the preparer sho	wn above? (S	See instructions) .			▼ Yes					

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission  Fostering a liberal arts educational community whose values and actions encourage contributions toward the well-being of humanity
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 23,963,984 including grants of \$ 65,389) (Revenue \$ 25,571,954)  Instructional Services 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 crivic engagement, and supports collaborative or guided research and creative works For the year, the University enrolled 1,233 full-time equivalent students in its academic instructional programs. Most of the University's enrollment is traditional college-age students, with 98 89% enrolled full-time (12 or more credit hours for the semester). The student-teacher ratio was approximately 10.1 in the current year.
4Ь	(Code ) (Expenses \$ 13,255,410 including grants of \$ 13,255,410) (Revenue \$ 0)  Financial Assistance The University seeks to support its primary program services through financial assistance to students. Institutional financial assistance includes both need-based assistance and ment-based assistance. The primary funding sources for institutional financial assistance are restricted and unrestricted endowments and gifts, and general operating budget support Approximately 89% of university students receive institutional financial assistance. Approximately 50% of university students receive need-based financial assistance. The University does not discriminate on the basis of sex, race, color, religion, age, disability, national or ethnic origin, or any other impermissible factor, in the management of its institutional financial assistance program.
4c	(Code ) (Expenses \$ 8,974,059 including grants of \$ 0 ) (Revenue \$ 9,578,498 )  Student Services The University seeks to support its primary academic mission through robust student services for its primarily residential liberal arts campus Student services includes security, student activities, residential life administration, career counseling and 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
	(Code ) (Expenses \$ 8,353,833 including grants of \$ ) (Revenue \$ 8,483,881 )
1-1	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$ 54,547,286 Must equal Part IX, Line 25, column (B).

Form **990** (2008)

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		N o
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

### Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		Νo
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI 📆			

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				<del>_</del>
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	241			
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 ven	dors and reportable		.,	
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,412			
h	If at least one is reported in 2a, did the organization file all required federal employ		,			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more duri return?	ng the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc.	hedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a	sıgnatı	ire or other authority			
	account)?		, or other illiancial	4a	Yes	
ь	If "Yes," enter the name of the foreign country XE					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Financial Accounts</i> .	Report o	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ing the	tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	l tax sl	nelter transaction?	5b		No
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i>	nt Entu	ty Regarding Prohibited	35		
	Tax Shelter Transaction?		· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible? . $$ .			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	hat su	ch contributions or gifts	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a	Yes	<u> </u>
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prop-	erty for	which it was required to			
	file Form 8282?	· ·		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract?	y prem	niums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per-	sonal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as			
_	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the					
	year?			8		No.
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds	•				
а	Did the organization make any taxable distributions under section 4966?			9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		No
10	Section 501(c)(7) organizations. Enter					
а	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					
	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources					
ט	against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu (	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Section A. Governing Body and Management

Yes

11

Νo

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each	"Yes"	response	to lines	2-7 be	low . ar	nd for a	a "No"	response	to lines	8 or 9b	below.	describe	the cir	cumsta

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$ , or changes in Schedule O. See instructions.									
1a	Enter the number of voting members of the governing body 1a 46									
b	Enter the number of voting members that are independent 1b 44									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No						
6	Does the organization have members or stockholders?	6		No						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	the governing body?	8a	Yes							
b	each committee with authority to act on behalf of the governing body?	8b	Yes							
9a	Does the organization have local chapters, branches, or affiliates?	9a		No						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes							

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. vanother's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Josie Rodriguez 1001 E UNIVERSITY AVENUE Georgetown,TX 78626 (512) 863-1290

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C	) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

<b>(A)</b> Name and Title	(B) Average hours per week		on a Institutional Trustee	appl	y)	Highest compensati	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			a l			ed				
							-			
							$\vdash$			
							<del>                                     </del>			
1b Total						-	<b>+</b>	1,783,619	9	510,297
2 Total number of induviduals /including		\ I						00.000		•

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►26

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

### **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

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
SKYLINE COMMERCIAL INC 4801 SPICEWOOD SPRINGS RD AUSTIN, TX 78759	CONSTRUCTION	3,467,332
SODEXO INC 10 EARHEART DR WILLIAMSVILLE, NY 14221	FOOD SERVICE	1,875,682
VRW CONSTRUCTION CO INC 1310 SLAUGHTER LANE AUSTIN, TX 78748	CONSTRUCTION	965,724
GROUP TWO ARCHITECTURE INC 101 W 6TH ST SUITE 615 AUSTIN, TX 78701	ARCHITECTS	948,613
EIIA 10 S RIVERSIDE PLAZA CHICAGO, IL 606063800	INSURANCE	616,984
2 Total number of independent contractors (including those in 1) who received more than from the organization		24

## Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a	<u> </u>		Revenue		512, 513, or 514
nts nts	ь	Membership dues					
Contributions, gifts, grants and other similar amounts		1b					
is, (	C	Fundraising events 1c	24,305				
∄g <u>⊭</u>	d	Related organizations1d					
ns, ¥mì	e	Government grants (contributions) <b>1e</b>	601,316				
ntiol er s	f	All other contributions, gifts, grants, and similar amounts not included above	10,382,554	İ			į
電影		1f					
E E	g	Noncash contributions included in					
ठल	h	Innes 1a-1f \$		11,008,175			
			Business Code				
em	2a	Tuition and Fees	900,099	35,150,452	35,150,452	0	0
меп	ь	Auxiliary Enterprises	713,910		8,374,971	108,910	0
24	с				3,211,211		
MCE	d						
Ser	e						
าลก	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 43,634,333  Investment income (including divi	dends, interest				
		other similar amounts)	· ·	5,780,127	5,780,127		
	4	Income from investment of tax-exempt b	ond proceeds				
			•				
	5	Royalties					
	6a	(1) Real Gross Rents 9,816	(II) Personal				
	ь	Less rental					
	c	expenses Rental income 9,816					
	d	or (loss)  Net rental income or (loss)		9,816	9,816		
	<u> </u>		<u> </u>	2,020	2,020		
	7a	Gross amount from sales of assets other (1) Securities 288,601,312	(II) O ther 718,238				
	ь	Less cost or other basis and	500,299				
	с	Sales expenses Gain or (loss) 94,412,391	217,939				
	d	Net gain or (loss)	_	94,630,330	94,630,330		
	8a	Gross income from fundraising	. ►				
Other Revenue		s 11,465 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	24,305				
ihe	b	Less direct expensesb		-3,020	-3,020		
ō	С	Net income or (loss) from fundrais	my events	-3,020	-3,020		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	.	a					
	b c	Less direct expensesb  Net income or (loss) from gaming	activities				
		• • •	activities -				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	OTHER ENDOWMENT INCOME	900,099		,		
	Ь	WATER-WAY EASEMENT REV	531,390	,	·		
	С	NITLE	611,710	94,583 698,872			
	d	All other revenue		698,872	698,872		
	e	Total. Add lines 11a-11d	 \$ 1,553,344				
	12	Total Revenue. Add lines 1h, 2g, 3		156,613,105	145,496,020	108,910	0
		8c, 9c, 10c, and 11e	. ▶				

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,302,263	13,302,263		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	118,839	118,839		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,257,402	222,242	854,330	180,830
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	24,221,692	19,710,265		806,257
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,943,740	1,425,637	425,389	92,714
9	Other employee benefits	6,142,448	2,797,674	2,958,927	385,847
10	Payroll taxes	2,012,593	1,356,651	588,509	67,433
11	Fees for services (non-employees)				
а	Management				
b	Legal	151,364		149,387	1,977
c	Accounting	145,827		143,922	1,905
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,199,582	1,756,936	436,864	5,782
12	Advertising and promotion	78,344	72,011	6,250	83
13	Office expenses	1,632,074	1,156,476	393,266	82,332
14	Information technology	469,397	32,495	420,681	16,221
15	Royalties				
16	Occupancy	3,321,520	3,315,441	6,000	79
17	Travel	1,321,011	1,090,321	168,803	61,887
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	221,913	37,694	171,354	12,865
20	Interest	801,269	710,777	77,847	12,645
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,572,526	4,056,127	444,238	72,161
23	Insurance	97,214	73,709	23,198	307
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PUBLICATIONS	635,672	635,672	0	0
b	HOUSING	417,199	410,005	7,100	94
c	SUPPLIES & EQUIPMENT	256,641	240,072	16,353	216
d	EQUIPMENT RENTAL & MAIN	178,190	106,459	70,794	937
e	HOSPITALITY/ENTERTAINME	134,474	50,000	47,375	37,099
f	All other expenses	2,752,318	1,869,520	788,712	94,086
25	Total functional expenses. Add lines 1 through 24f	68,385,512	54,547,286	11,904,469	1,933,757
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			Fo	

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				3,050,531	1	41,001,004
	2	Savings and temporary cash investments	_			6,683,057	2	<u> </u>
	3	Pledges and grants receivable, net		14,233,790	3	8.769.171		
	4	Accounts receivable, net		•		5,118,530	4	4,411,447
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			oloyees or		5	4
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	149			6	
	7	Notes and loans receivable, net				406,249	7	686,965
	8	Inventories for sale or use		٠.		·	8	<u>·</u>
S	9	Prepaid expenses and deferred charges		_		1,249,043	9	1,375,123
ssets	10a			-		, ,		, ,
Ass		Land, buildings, and equipment cost basis	10a		172,325,371			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь		78.748.531	92,867,656	100	93,576,840
	11	Investments—publicly traded securities	100			273,432,885		188,012,015
	12	Investments—other securities See Part IV, line 11 Complete F	art VI1	of	•	4,516,482	12	3,742,213
	13	Schedule D  Investments—program-related See Part IV, line 11 Complete N						
		of Schedule D					13	
	14	Intangible assets				0.400.040	14	7.075.400
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D				3,423,816	15	7,075,193
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)				404,982,039	16	348,649,971
	17	Accounts payable and accrued expenses .	5,706,410	17	5,630,736			
	18	Grants payable	3,089,276	18	3,277,220			
	19	Deferred revenue		1,339,840	19	1,316,994		
10	20	Tax-exempt bond liabilities	30,712,730	20	29,573,973			
ğ	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ï		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D		19,577,864	25	22,460,577		
	26	Total liabilities. Add lines 17 through 25				60,426,120	26	62,259,500
ران در		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	plet e l	ines	27			
Balance		through 29, and lines 33 and 34.						
10.	27	Unrestricted net assets				255,729,422	-	78,992,140
8	28	Temporarily restricted net assets		20,329,195	28	140,275,176		
Fund	29	Permanently restricted net assets				68,497,302	29	67,123,155
or Fu		Organizations that do not follow SFAS 117, check here ► □ allines 30 through 34.	nd com	plet	te			
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other fo	unds				32	
Net	33	Total net assets or fund balances				344,555,919	33	286,390,471
_	34	Total liabilities and net assets/fund balances				404,982,039	34	348,649,971
Da	rt VT	Financial Statements and Reporting						

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes." did the organization undergo the required audit or audits?	3b	Yes	

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DLN: 93493127018080

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

SOUT	HWESTE	RN UNIVERSIT	Υ									
								74	-123379	5		
	rt I			<b>harity Status</b> (to be co					Instruct	ions)		
The	organız	zation is not	a private found	ation because it is (Please	check on	ly <b>one</b> orga	anızatıon )					
1		A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section 1	.70(b)(1)(	(A)(i).			
2	<u> </u>	A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	ıle E)						
3		A hospital	or a cooperative	e hospital service organizati	ion descri	bed in <b>Sec</b>	t ion 170(b	)(1)(A)(i	ii). (Attac	h Schedul	e H )	
4	Γ	A medical i	esearch organı	zatıon operated ın conjunctı	on with a	hospital de	escribed ir	Section :	170(b)(1)	( <b>A</b> )(iii). E	nter the	
		•	name, city, and									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desci	ribed in	
	_	Section 170	)(b)(1)(A)(iv).	(Complete Part II )								
6		A federal, s	tate, or local go	overnment or governmental	unıt desci	ıbed ın <b>Se</b>	ct ion 170(	b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gover	nmental u	ınıt or fron	n the gene	ral public	:
			-	<b>o)(1)(A)(vi)</b> (Complete Par	•							
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ntribution	ıs, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptioi	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses	
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	Part III	)			
10		An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	e instruci	tions )	
11	Г	_	<del>-</del>	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza				•		Section 5	09(a)(3).	. Check
		a T				•	nally Integ	_	'' d	Гтуре	III - Otl	her
e	Г			rtify that the organization is	not contr	olled direc	tly or ındıı	rectly by o	one or mor	e disquali	fied pers	ons
	•	•		agers and other than one or							-	
_		section 50	. , . ,									
f		check this		d a written determination fro	om the IRS	tnat it is	a Type I,	i ype II o	r i ype iii	supportin	g organiz	ration,
g				as the organization accepte	d any gift	or contribi	ution from	any of the	<u> </u>			'
		following pe										
			•	r indirectly controls, either a		-	th persons	describe	d ın (ıı)		Yes	No
		• •		ng body of the the supported	_	tion?				11g		
			•	erson described in (i) above						11g(		
_				ty of a person described in (						11g(	iii)	<u> </u>
h		Provide the	following inforr	mation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		ported (described on lines 1-9 organization in the organizat							1			
	Organ	above or IRC section   col (i) listed in   in col (i) of y   (See Instructions))   your governing   support?							·   · · · · ·			
				(See Instructions))		nent?	Supp	0117	III the	U S '		
					Yes	No	Yes	No	Yes	No	1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

**b** Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

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Schedule D (Form 990) 2008

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization **Employer identification number** SOUTHWESTERN UNIVERSITY

							-12337				
Par				ther S	Similar	Funds	or Ac	counts	. Comp	lete	ıf the
	organization answered "Yes" to Form 99	90, Part IV, line 6 (a) Donor		is od fur	nd c	1	(b) Fun	de and d	ther acc	ounto	,
1	Total number at end of year	(a) Dollor	auvi	iseu iui	ius		(b) i uii	us anu c	other acc	ounts	
	Aggregate Contributions to (during year)										
	Aggregate Grants from (during year)										
	Aggregate value at end of year										
5	Did the organization inform all donors and donor advi	•				donor adv	/ıs e d		┌ Ye:	<b>s</b> Г	- No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?			-	-	•	be		┌ Ye:	. Г	_ No
Par	Conservation Easements. Complete	if the organization	n a	nswer	ed "Yes	" to For	m 990.	Part I\			
1	Purpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space	rganization (check	all th	hat app Preser	ly) vation of		rıcally ır	nportan	tly land a		
2	Complete lines 2a–2d if the organization held a quali on the last day of the tax year	ıfıed conservatıon c	ontr	rıbutıor	ın the fo	rm of a c	onserva				
								Held at	the End	of th	e Yea
а	Total number of conservation easements						2a				
b	Total acreage restricted by conservation easement	:S					2b				
С	Number of conservation easements on a certified hi	istoric structure inc	lude	ed in (a	)		2c				
d	Number of conservation easements included in (c) a	acquired after 8/17	/06				2d				
3	Number of conservation easements modified, transfe the taxable year ►	erred, released, exti	ınguı	ıshed, o	or termin	ated by t	:he orgai	nızatıon	during		
ı	Number of states where property subject to conserva	ation easement is lo	ocat	ed ►							
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		torın	ıg, ınsp	ection, v	ıolatıons	, and		┌ Ye	<b>s</b> Г	- No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing	eas	ement	s during	the year	<b>-</b>				
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing ea	asen	ments d	uring the	year ►	\$				
<b>;</b>	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy t	he re	equiren	nents of	section			Г Ye:	<b>s</b> Г	- No
•	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the o				•					
Part	Organizations Maintaining Collection Complete if the organization answered '					s, or O	ther Si	milar	Assets	•	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibitio	n, e	ducatio	n or rese	arch in f					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, ed									
	(i) Revenues included in Form 990, Part VIII, line 1							<b>-</b> \$			
	(ii) Assets included in Form 990, Part X						<b>.</b>	\$	3	,801	,950
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA				ar asset	s for fina		,	de the		
а	Revenues included in Form 990, Part VIII, line 1						►	\$			
	•										

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Trea</u>	sures, or Ot	<u>the</u>	<u>r Similar As</u>	sets (	continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne fol	lowing that	are a significa	nt u	se of its collec	tion	
а	Public exhibition		d	Γ	Loan or e	xchange progra	ams			
ь	✓ Scholarly research e C Other									
С	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın hov	w the	y further th	ne organization':	sex	empt purpose	ın	
	Part XIV									
5	During the year, did the organization solicition assets to be sold to raise funds rather than to							ıılar	☐ Yes	✓ No
Par	t IV Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements.	Com	plet	e if the oi	rganızatıon ar				
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	diary	forc	ontribution	ns or other asse	ets i	not	┌ Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	е			_				
								Ar	nount	
c	Beginning balance					<u>  :</u>	1c			
d	Additions during the year					<u>  :</u>	1d			
e	Distributions during the year						1e			
f	Ending balance					[ :	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						│ Yes	☐ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		)Prior		to Form 990, Two Years Back			(a)Four	Voore Bock
1a	Beginning of year balance	280,638,212	(L	PHOL	rear (	L) I WO TEATS DACK	(u)	Tillee Tears back	(e)i oui	Tears back
ь	Contributions	759,845								
c	Investment earnings or losses	-41,956,258								
d	Grants or scholarships	-2,702,276								
e	Other expenditures for facilities	-9,882,112								
	and programs									
f	Administrative expenses									
g	End of year balance	226,857,411								
2	Provide the estimated percentage of the year	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	16 000 %								
b	Permanent endowment 🕨 84 000 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion	that	are held an	ıd admınıstered	for	the		
	organization by  (i) unrelated organizations							3a	(i) Yes	
	(ii) related organizations						•	3a(		+
ь	If "Yes" to 3a(II), are the related organization				lule R?		•	3	<del>-                                    </del>	<u> </u>
4	Describe in Part XIV the intended uses of th	·					-			
Par	t VI Investments—Land, Buildings					, Part X, line 1	10.			
	Description of investment			(a)	Cost or othe s (investmen	r (b)Cost or oth	ner	(c) Depreciation	( <b>d)</b> E	Book value
1a	_and				8,293,96	55 111,	509	I		8,405,474
	Buildings				, ,-	118,200,		41,589,13	33	76,611,176
	_easehold improvements					,,		, ,		. , -
	Equipment					31,877,	177	25,227,27	77	6,649,900
	Other					13,842,		11,932,12		1,910,290
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colun	ın (B,	), line	10(c).) .					93,576,840
	·							Schedule I	) (Form	990) 2008

Part VIII Investments—Other Securities. Sec	e Form 990, Part X, line 1	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		·
Closely-held equity interests		
O ther		
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
		12
Part VIII Investments—Program Related. So		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Tatal (Column (b) should equal Form 000, Part V, cal (B) line 13.)		
<pre>Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X, I</pre>		
(a) Descri		(b) Book value
Fabril (Calumer (b) about to an all forms 2000 D. 1997 1997	451	
<ul><li>Fotal. (Column (b) should equal Form 990, Part X, col.(B) line</li><li>Part X</li><li>Other Liabilities. See Form 990, Part</li></ul>		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	, ,	
POST RETIREMENT BENEFITS PAYABLE	22,371,677	
DEFERRED COMPENSATION	88,900	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	22,460,577	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	156,613,105
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,385,512
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	88,227,593
4	Net unrealized gains (losses) on investments	4	-142,666,025
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,727,016
9	Total adjustments (net) Add lines 4 - 8	9	-146,393,041
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-58,165,448
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	694,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-142,666,025
3	Subtract line <b>2e</b> from line <b>1</b>	3	143,360,715
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	13,252,390
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	156,613,105
1	Reconciliation of Expenses per Audited Financial Statements With Expenses	per 1	58,860,138
2	Total expenses and losses per audited financial statements	-	30,000,130
² a	Donated services and use of facilities		
ь	Prior year adjustments	-	
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,730,036
3	Subtract line <b>2e</b> from line <b>1</b>	3	55,130,102
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
С	Add lines <b>4a</b> and <b>4b</b>	4c	13,255,410
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	68,385,512
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanat ion
Part V , Line 4	Description of Intended Use of Endowment Funds	Southwestern University endowments include \$190,331,892 (84%) of donor restricted endowment funds and \$36,525,519 (16%) of 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.
		PART III - LINE 4 Southwestern University has 19 collections within the Special Collections of the A Frank Smith Library Center that contain a variety of books, records, papers, maps, and manuscripts that are maintained for historical purposes, public exhibition, and student educational research
		Part XI - Line 8 Other \$3,020 is net loss from fundraising events (see Schedule G) (\$2,203,753) is loss due to change in nature of promises receivable (\$1,526,283) is post-retirement related changes other than net periodic pension costs (\$3,727,016) is the net of these three numbers above
		Part XII - Line 4b Other (\$3,020) is net loss from fundraising events (see Schedule G) \$13,255,410 is amount spent on scholarships and grants that is netted against tuition and fees on the financial statements \$13,252,390 is the net of these two numbers
		Part XIII - Line 2d Other (\$2,203,753) is loss due to change in nature of promises receivable (\$1,526,283) is post-retirement related changes other than net periodic pension costs (\$3,370,036) is the sum of these two numbers
		Part XIII - Line 4b Other \$13,255,410 is amount spent on scholarships and grants that is netted against tuition and fees on the financial statements

# Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

Name	of '	t he	orga	aniza	ıt ior
OUTH	₩ES	TERI	NU N	IVER S	SITY

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

	74-1233796			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain  An annual notice is published in the following newspapers Williamson County Sun, Austin American Statesman,  Houston Chronicle, and the Dallas Morning News Policies are included in all student, faculty and staff handbooks	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a	 	Νo
Ь	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
		1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νο
D	If you answered "Yes" to either 6a or b, please explain using an attached statement	OD		IN O
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," attach an explanation	7	Yes	

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2008

OMB No 1545-0047

**Statement of Activities Outside the United States** 

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public **Inspection** 

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers. 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 ▼ Yes
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

		. ,	<u>'</u>		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)		(f) Total expenditures in
EUROPE	0	0	GRANTS TO RECIPIENTS		39,975
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		3,000
EAST ASIA & PACIFIC	0	0	GRANTS TO RECIPIENTS		12,125
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		18,100
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS TO RECIPIENTS		8,000
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		750
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		1,000
EUROPE	0	4	PROGRAM SERVICES	STUDY ABROAD PGM	104,412
SOUTH AMERICA	0	1	PROGRAM SERVICES	STUDY ABROAD PGM	8,203
CENTRAL AMERICA & CARIBBEAN	0	1	PROGRAM SERVICES	STUDY ABROAD PGM	15,678
Totals ▶		6			211,243
For Paperwork Reduction Act No	tice, see the instr	uctions for Form 9	<b>90.</b> Cat No !	50082W <b>s</b>	chedule F (Form 990) 2008

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	· · <u> </u>						
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	EUROPE	27	39,975	CHECK	0	N/A	N/A
SCHOLARSHIPS	SOUTH ASIA	1	3,000	CHECK	0	N/A	N/A
SCHOLARSHIPS	EAST ASIA	9	12,125	CHECK	0	N/A	N/A
SCHOLARSHIPS	SOUTH AMERICA	17	18,100	CHECK	0	N/A	N/A
SCHOLARSHIPS	CENTRAL AMERICA	9	8,000	CHECK	0	N/A	N/A
SCHOLARSHIPS	NORTH AMERICA	1	750	CHECK	0	N/A	N/A
SCHOLARSHIPS	SUB-SAHARAN AFRICA	1	1,000	CHECK	0	N/A	N/A
HOUSING	EUROPE	2	35,889	WIRE	0	N/A	N/A

Schedule F (Form 990) 2008

	Supplemental Infor	mation	Tage 1
	Complete this part to	provide the information required	in Part I, line 2, and any other additional information.
Schedule F,	Identifier Part IV		Explanation  All students at Southwestern University are required to apply for the study abroad program at The Office of Intercultural Learning Students then meet with the Director of Intercultural Learning to discuss their major, eligibility, best options, & goals, and to identify the appropriate study abroad program Both the Office of Financial Aid & the Office of Intercultural Learning meet to review all the students accepted in the study abroad program and to determine financial need. Scholarships are awarded to the students with the highest need based on the funds available. 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. Payments for certain scholarships are made directly to the institutions sponsoring the study abroad program. Payments related to the Paideia program are made to the students on a reimbursement basis. Students are required to complete a request for reimbursement that includes the approval/signature from an assigned faculty mentor. & attached proof of prior payment of study abroad expenses. The forms are then reviewed by the Assistant Dean of Faculty Development. & Sponsored Projects and the Assistant Controller before processing the payment. Payments for faculty members room and board related to study aboard programs were made by the Controller via wire transfer directly to the owner of the rental property. Southwestern University's method of accounting for these expenditures includes using different account numbers to track the different study abroad programs and scholarship expenses.
		<u>I</u>	<u> </u>

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DLN: 93493127018080

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

Internal Revenue Service	Inspection																			
Name of the organization SOUTHWESTERN UNIV						ntification number														
					74-1233796															
Part I Fundraisi	<b>ng Activities.</b> Complete	e if the oi	rganızatı	on answered "Yes"	to Form 990, Part IV	, line 17.														
1 Indicate whether th	ne organization raised funds	through ar	ny of the 1	following activities Ch	eck all that apply															
<b>a</b> Mail solicitation	ns			e	non-government grants															
<b>b</b> Email solicitation					government grants															
c Phone solicitati				g Special fundrai	sing events															
d   In-person solic	itations																			
_	n have a written or oral agre isted in Form 990, Part VII		•			Γ <sub>Yes</sub> Γ <sub>No</sub>														
•	n highest paid individuals or at least \$5,000 by the orga	•																		
(i) Name of Individu	ual.	(iii) Did fundraiser have custody or control of contributions?		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
or entity (fundraise	I (III) A CTIVITY			from activity	fundraiser listed in	(or retained by) organization														
		Yes	No																	
			<u> </u>																	
Total			<u> </u>																	

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

Pai	t II	Fundraising Events. Components than \$15,000 on Form					repor	ted
			(a) Event #1  pirate golf classic (event type)	(b) Event #2  JAMESON5KRUN (event type)	(c) O ther Events (total number)	(Add col	tal Eve (a) th	
Φ.	1		24,164				3	5,770
Reveirue	2	Gross receipts	17,174	7,131			2	4,305
Ä	3	Gross revenue (line 1 minus line 2)	6,990	4,475			1	1,465
	4	Cash Prizes	0	О				
es Se	5	Non-cash Prizes	440	345				785
ens	6	Rent/Facility costs	4,840	0				4,840
Ť Ö	7	Other direct expenses	4,479	4,381				8,860
Direct Expenses	8	Direct expense summary Add line Net income summary Combine lin				4,485 3,020		
Par	9 1 <b>3 11 1</b>	· .			rt IV. line 19. or repo	rted mor		
		\$15,000 on Form 990-EZ, lin				1		
Revenue			( <b>a)</b> Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
	1	Gross revenue						
ses Ses	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
눌	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes	│ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b								
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entity	. 11		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493127018080

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

SOUTHWESTERN UNIVERSIT						74-1233796	
<ul> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the off</li> <li>Part II Grants and Otform 990, Part Part IV and Sch</li> </ul>	aintain records to seed to award the grain organization's proceeds the records and the grain of the records and the records are the records and the records are the records and the records are the records are records and the records are records ar	nts or assistance? edures for monitoring the to Governments ny recipient that receitional space is	t of the grants or assista 	he United States in the United Sta 00. Check this box	tes. Complete if the of	organization answere than \$5,	
		_	_	<u> </u>		Γ	Τ
<b>1(a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations				1			
3 Enter total number of oth							•

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

500	ΛА	ld it i	onal	Data	Table
266	Au	uili	unai	Data	ıavıe

Ident if ier	Return Reference	Explanation
Other Information	Part IV	Institutional Financial Aid. The University made need-based and merit-based grants and scholarships to 1,094 students in fiscal 2009, which represents approximately 89% of the student body, and totaling \$13,255,410. Additionally, the University awards financial aid through various federal, state and private scholarship, loan 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 the non-discrimination policy relating to awarding of financial aid as approved by the Board of Trustees, as well as to ensure compliance with federal and state regulations on financial aid, and University policy and internal control objectives. The financial aid office and its operations are subject to internal control review by the University's external auditors as part of the annual financial statement audit Additionally, the University's awarding and management of financial aid awards is subject to an annual Single Audit (Circular A-133) and State of Texas audits (for various state financial aid programs). Results of these audits are reported to the University Senior Staff, the Board of Trustees Audit Committee and the Board of Trustees Fiscal Affairs Committee.

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As Filed Data -

DLN: 93493127018080

OMB No 1545-0047

OMB No 1545-004

2008

Open to Public

#### Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

ın Part III

Name of the organization SOUTHWESTERN UNIVERSITY

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**Compensation Information** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection
Employer identification number

74-1233796 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-	MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JAKE B SCHRUM	(I) (II)	342,596		42,102	23,000	157,336	565,034	
RICHARD L ANDERSON	(1)	214,604		12,904	21,747	26,203	275,458	
JAMES WHUNT	(I) (II)	212,252		9,815	21,312	29,653	273,032	
C RICHARD MCKELVEY	(I) (II)	203,439		16,354	21,764	20,044	261,601	
GERALD D BRODY	(I) (II)	146,868		1,561	16,186	34,280	198,895	
TODD D KELLEY	(1) (11)	140,526			14,419	9,381	164,326	
PAUL J GAFFNEY	(I) (II)	140,313		1,218	14,163	7,161	162,855	
THOMASJOLIVER	(I) (II)	138,864		1,440	14,304	9,897	164,505	
DAVID J GAINES	(I) (II)	104,257		32,164	10,785	69,924	217,130	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)			+				

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		Questions regarding compensation Travel for companions On occasion the President's wife attends business meetings in conjunction with the President in representing the University All University-funded travel-related expenses for the President's wife are treated as taxable compensation and reported on IRS Form W-2 Residence & personal services The University requires the President to reside in the Turner Fleming House, located on campus, for the convenience of the University, as part of his employment contract with the University The Turner Fleming House is used by the President for personal residence, hosting various meetings and business-related social events and other university functions. The University provides housekeeping, groundskeeping and maintenance service consistent with other University buildings. The valuation for personal usage of the Turner Fleming House, as reported in Part II, includes the estimated fair market rental value, utilities, housekeeping and groundskeeping services. Health or social club dues. The University provides country club memberships and other social club memberships for certain key employees of the University. These memberships are used primarily for hosting guests during fund-raising meetings and other business-related meetings. The University includes the cost of these memberships as taxable compensation on the employee's IRS Form W-2. Tax gross-up payments. The University reimbursed travel for companions, social and club dues, personal use of University automobile and University-funded home internet service.

DLN: 93493127018080

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHWESTERN UNIVERSITY

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0.

Employer identification number

sol	UTHWESTERN UNIVERSITY									74-1233	796				
P	art I Bond Issues (Required	for 2008)								•					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	<b>(f)</b> Description of Purpose		ourpose	(g) Defease		Beh	On alf of uer	
											Yes	No	Yes	No	
A	CRAWFORD EDUCATION FACILITY CORPORATION	72-1536594	225098BF8	07-13-	2004			REFUND OF SERIES 19 CONSTRUCTION		984 &		х		х	
В	RIESEL EDUCATION FACILITIES CORPORATION	20-5312407		08-11-2006		5 000 000		CONSTRUCT ON-CAM		PUS		х		х	
Pa	rt III Proceeds (Optional for )	2008)													
1	Total Proceeds of Issue			-	A	E	3		С	D		E			
2	Gross Proceeds in Reserve Funds														
3	Proceeds in Refunding or Defeasance Escrows														
4	Other Unspent Proceeds														
5	Issuance Costs from Proceeds														
6	Working Capital Expenditures from	Proceeds													
7	Capital Expenditures from Proceed	ds													
8	Year of Substantial Completion							I							
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
9	Were the bonds issued as part of a	current refunding iss	sue?												
10	Were the bonds issued as part of a	n advance refunding	ıssue?												
11	Has the final allocation of proceeds	s been made?													
12	Does the organization maintain add final allocation of proceeds?	equate books and rec	ords to support the												
Pa	rt IIII Private Business Use	(Optional for 2008)	)		•					•			•		
					Α	E			С	D			E		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
1 	Was the organization a partner in a which owned property financed by t		ember of an LLC,												
2	Are there any lease arrangements which may result in private busines		nanced property												
For	or Paperwork Reduction Act Notice, see the Instructions for Form 990.				Cat No 50193E					Schedule K (Form 990) 2008					

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

			A	E	3	(	С	D		E	
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)									_	
		ı	Ą	E	В		С		D		E
	,	Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

DLN: 93493127018080

### OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MCKINNEYERIC

ANDERSONLISA

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization SOUTHWESTERN UNIVERSITY

**Employer identification number** 

74-1233796													
Part I Excess Benefit Transac													
To be completed by organization		nswered "Yes 	on Form	n 990, Part IV	, line :	25a or 25t	o, or F	orm 9	90-EZ				
1 (a) Name of disqualified person			(b) Description of transaction						4	(c) Correcte			
										-+	165	110	
_										$\longrightarrow$	$\longrightarrow$		
										-+			
2.5				1.6.1									
2 Enter the amount of tax imposed on section 4958	the organ	ization manag	gers or dis	squalified pers	ons d	uring the y	ear ur •••	nder <b>F</b>	\$				
3 Enter the amount of tax, if any, on li	ne 2, abo	/e, reimbursed	d by the o	rganization .				•	\$				
Part II Loans to and/or From	Intere	sted Perso	ns										
To be completed by organiza	tions tha	t answered "Y	es" on Fo	orm 990, Part	IV, lın	e 26, or F	orm 9	90-E	T		e 38a		
	<b>(b)</b> Loa	(b) Loan to or		(c)O riginal principal amount			(e) In		(f) Approved		(9)\/	(g)Written	
(a) Name of interested person and purpose		from the				(d)Balance due   default?						agreement?	
	organiz	organization?						1		committee?			
	То	From						Yes	No	Yes	No		
											+		
	-				-					₩	+		
										-	+		
											+		
	1										+		
otal				. <b>►</b> \$				I					
art III Grants or Assistance E													
To be completed by orga						art IV, lır	ne 27						
(a) Name of interested person		( <b>b)</b> Relationship between interested person and the organization					(c)A mount of grant or type of assistance						
AME WITHHELD PER FERPA		FERPA RESTR- TUITION EXCHANGE					49,788						
AME WITHHELD PER FERPA		FERPA RESTR- MERIT SCHOLARSHIP				20,000							
AME WITHHELD PER FERPA		FERPA RESTR- TUITION WAIVER				6,720							
Part IV Business Transactions	Involv	ina Interes	stad Da	rconc									
To be completed by orga					90, P	art IV, lır	ne 28	a, 28	b, or i	28c.			
		<b>)</b> Relationship	)			•					<b>(e)</b> Sha	_	
(a) Name of interested person		between interested (c) A mount of transaction			•	(d) Description of transaction					organization's		

person and the

organization

SPOUSE OF OFFICER

TRUSTEE &

EMPLOYEE

transaction

22,342 EMPLOYMENT

37,571 EMPLOYMENT

Yes

No

Νo

Νo

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127018080

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

**Non-Cash Contributions** 

Name of the organization SOUTHWESTERN UNIVERSITY

**Employer identification number** 

74-1233796

Pa	rt I	Types of Property							
			(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of de reven	etermı	ning	
1	A rt—V	Vorks of art							
2	Art—H	listorical treasures .							
3	A rt—F	ractional interests							
4	Books	and publications	Х		58	NOMINAL \$1 PER	DONA	TION	
5	Clothi	ng and household							
6	Cars	and other vehicles							
7	Boats	and planes							
8	Intelle	ectual property							
9	Secur	ities—Publicly traded .	Х	6	915,558	AVG HI/LOW MV			
10	Secur	ities—Closely held stock .							
11		ities—Partnership, LLC, st interests							
12	Secur	ities—Miscellaneous							
13	contr	ied conservation ibution (historic tures)							
14	-	ied conservation ibution (other)							
15	Reale	state—Residential .							
16	Reale	state—Commercial							
17	Reale	state—Other							
18	Collec	tibles							
19	Foodı	nventory							
20	Drugs	and medical supplies .							
21	Taxid	ermy							
22	Histor	rical artifacts							
		tific specimens							
		ological artifacts							
ΕQι	JP/INS	(describe <u>TRUMENT</u> )	х	2	2,001	NOMINAL \$1/APPI	RAISA	L	
CLO	THING	(describe G/HOUSE )	Х	2		NOMINAL \$1 PER			
		(describe MISC )	X	55	45,812	NOMINAL \$1, REC	EIPT/I	.ETTE	<u>R</u>
28		(describe)							
29	which	per of Forms 8283 received the organization complete owledgement	d Form 828		ar for contributions for	29			0
30a	Durin	g the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold 1						, . 	'	
				contribution, and which is	not required to be used for e	exempt purposes	_		N.
_		e entire holding period?					30a		No
31		es", describe the arrangement the organization have a gif			review of any non-standard	contributions?	31	Yes	
					to solicit, process, or sell i			j	
∍∠a		ibutions?	• • •	es or related organizations			32a	Yes	
b	If"Ye	es", describe in Part II							
33	Ifthe	organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checl	ked, describe in Part II							

Page 2 Schedule M (Form 990) 2008 Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Explanation Third Party Use Part I, Line 32b Regions Bank is the custodial bank of Southwestern University Gifts of securities are transferred by the donor to various brokers hired by the University The brokers then contact the Controller at Southwestern University to inform her of the gift receipt Southwestern then instructs the brokers to sell the securities at current market value The proceeds from the sale are transferred to the University's operating, restricted or endowment accounts, for use in accordance with the donor's restriction, if any

### DLN: 93493127018080

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

responses to specific questions for the Form 990 or to provide any additional information.

► Attach to Form 990. To be completed by organizations to provide additional information for

2008

pen to Public Inspection

OMB No 1545-0047

Name of the organization SOUTHWESTERN UNIVERSITY

**Employer identification number** 

74-1233796

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Program Services include auxiliary enterprises, including student residential center operations and food service operations. Approximately 85% of the student body lives on-campus in residential centers. Residential centers include living/learning centers which integrate classroom and other experiences into the residential environment. Food service is provided primarily for residential and non-residential student usage, faculty, staff and guests of the University. Total auxiliary enterprise income and expenses are \$8,483,881 and \$8,353,833, respectively. Auxiliary enterprise expenses include depreciation, interest and physical plant expense allocations of \$1,586,706, \$278,046 and \$1,783,238, respectively. Other Program Services include various student, faculty and staff campus services, such as the post office, information technology help desk, network support, and other similar services, as well as various other essential program services in support of the primary academic mission of the University. The total expenses of these other program services are \$3,955,751. The University allocates a portion of tuition revenue, as attributable to these other program services, in the amount of \$3,825,703 for the year Expenses \$8353833. including grants of \$0. Revenue \$8483881.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The bylaws for Southwestern University were amended on March 27, 2009 in order to remove Exhibit A (Conflict of Interest Policy) from the bylaws document. The bylaws now state that "The Board of Trustees shall establish a Conflict of Interest Policy." The actual Conflict of Interest policy was removed from the bylaws in order to allow any future changes to the policy to be made without having to amend Southwestern University's bylaws. A separate, independent conflict of interest policy has been adopted/approved and is in full operation.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, Ine 10		Per the Board approved resolution, the Audit Committee prepares an annual timeline for the preparation, review & filing of Form 990. The University's Administration prepares the University's Form 990. The Administration and other staff complete sub-certification statements addressing their individual areas of responsibilities. The University's external counsel reviews the Form 990. The completed and review ed return, along with sub-certification statements, are reviewed by the chief financial officer (Vice President for Fiscal Affairs). The Vice President for Fiscal Affairs 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 return a confirmation of their review. Any comments are submitted in writing to the Audit Committee. The return is then filed electronically with the IRS. 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 Trustee 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.

ldentifier	Return Reference	Explanation
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 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 on an annual basis, to the Audit Committee, 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. The University has a whistle-blower policy and process under the oversight and authority of the Board of Trustees Audit Committee.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The University publishes its Articles of Incorporation, Bylaws, Conflict of Interest Policy, Independence Policy, and the most current three years of audited financial statements, and IRS Form 990 and 990-T on the University wiebsite. The information may be accessed at http://www.southwiestern.edu/businessoffice/budget.php

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

DLN: 93493127018080

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHWESTERN UNIVERSITY

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

74-1233796 Part I Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity (D) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity SOUTHWESTERN FOUNDATION 1001 EAST UNIVERSITY AVE MAINTAIN PROPERTY 50 N/A TX 0 GEORGETOWN, TX 78626 74-2736740 Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

Cat No 50135Y

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organization		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Y	es	No			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ity	1a	3					
b	Gift, grant, or capital contribution to other organization(s)		1b	)					
С	Gift, grant, or capital contribution from other organization(s)		1c	:					
d	Loans or loan guarantees to or for other organization(s)		1d	t					
e	Loans or loan guarantees by other organization(s)		1e	•					
f	Sale of assets to other organization(s)		1f						
g	Purchase of assets from other organization(s)		<b>1</b> g	3					
h	Exchange of assets		1h	1					
i	Lease of facilities, equipment, or other assets to other organization(s)		1i	i					
j	Lease of facilities, equipment, or other assets from other organization(s)		1j	j					
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	1k	<					
I Performance of services or membership or fundraising solicitations by other organization(s)									
m	Sharing of facilities, equipment, mailing lists, or other assets		1n	n					
n	Sharing of paid employees		1n	1					
0	Reimbursement paid to other organization for expenses		10	,					
р	Reimbursement paid by other organization for expenses		1р	,					
q	O ther transfer of cash or property to other organization(s)		19	1					
r	O ther transfer of cash or property from other organization(s)		1r	r					
2	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds						
	(A)	(B)	(C)						
	Name of other organization(s)	Transaction type(a-r)	Amount Involved						
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

#### Part VI Unrelated Organizations Taxable as a Partnership

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

<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No								
			•			•	•	Sabadula	D / Form	000) 2000								

# Software ID: Software Version:

**EIN:** 74-1233796

Name: SOUTHWESTERN UNIVERSITY

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		(C) Position (check all that apply)							(E)	<b>(F)</b>		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
MARTIN ALEMAN JR , TRUSTEE	1 40	Х						0	0	0		
DOUGLAS M BENOLD , TRUSTEE	1 40	Х						0	0	0		
ANN T COCHRAN , TRUSTEE	1 40	Х						0	0	0		
BOBBY SMITH COHN , TRUSTEE	1 40	Х						0	0	0		
MITCH BARNETT , TRUSTEE	1 40	Х						0	0	0		
W MARK CRAIG , TRUSTEE	1 40	Х						0	0	0		
ROY H CULLEN , TRUSTEE	1 40	Х						0	0	0		
JOHN S CURRY , TRUSTEE	1 40	Х						0	0	0		
ROBERT W DUPUY , TRUSTEE	1 40	Х						0	0	0		
THOMAS A FORBES , TRUSTEE	1 40	Х						0	0	0		
JAMES W FOSTER , TRUSTEE	1 40	Х						0	0	0		
JACK GAREY , TRUSTEE	1 60	X						0	0	0		
ROBERTO L GOMEZ, TRUSTEE	1 40	Х						0	0	0		
BART C KOONTZ , TRUSTEE	1 40	Х						0	0	0		
J MICHAEL LOWRY , TRUSTEE	1 40	Х						0	0	0		
HELEN E BLACK MCALLISTER , TRUSTEE & CO-Vice Chair	1 40	×		х				0	0	0		
RED MCCOMBS , TRUSTEE	1 40	Х						0	0	0		
MICHAEL MCKEE , TRUSTEE	1 40	Х						0	0	0		
CHARLES R MILLIKAN , TRUSTEE	1 40	Х						0	0	0		
JAMES W MOORE , TRUSTEE	1 40	Х						0	0	0		
MERRIMAN MORTON , TRUSTEE & Chair	1 90	Х		х				0	0	0		
BARBARA P NEELY , TRUSTEE	1 40							0	0	0		
ERNESTO NIETO , TRUSTEE	1 40	X						0	0	0		
ROBERT T RORK , TRUSTEE	1 60							0	0	0		
PETE A SESSIONS , TRUSTEE	1 40	X						0	0	0		
ROBERT C SCOTT , TRUSTEE	1 40	Х						0	0	0		
KAY GRANGER , TRUSTEE	1 40							0	0			
RONALD D HENDERSON, TRUSTEE	1 40	Х						0	0	0		
LARRY J HAYNES , TRUSTEE & CO - Vice Chair	1 40	Х		х				0	0	0		
W JOSEPH KING , TRUSTEE	1 40	Х						0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		<b>(C)</b> Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DONALD W UNDERWOOD , TRUSTEE	1 40	Х						0	0	0
JAMES V WALZEL , TRUSTEE	1 40	Х						0	0	0
ROBERT W KARR , TRUSTEE	1 40	Х						0	0	0
ROBERT H GRAHAM , TRUSTEE	1 60	Х						0	0	0
D MAX WHITFIELD , TRUSTEE	1 40	Х						0	0	0
NAMIQA A SHIPMAN , TRUSTEE	1 40	Х						0	0	0
LAURA A MERRILL , TRUSTEE	1 40	Х						0	0	0
JAMES E DORFF , TRUSTEE	1 40	Х						0	0	0
DOAK M WORLEY IV , TRUSTEE	1 40	Х						0	0	0
STEVEN A RABEN , TRUSTEE	1 40	Х						0	0	0
JANICE RIGGLE HUIE , TRUSTEE	1 40	Х						0	0	0
W EARL BLEDSOE , TRUSTEE	1 40	Х						0	0	0
ROBERT D WUNSCH , TRUSTEE	1 40	Х						0	0	0
J ERIC MCKINNEY , TrUSTEE AND INTERIM CHAP	31 40	Х						22,342	0	2,658
R GRIFFIN LORD , TRUSTEE & Secretary/Trea	1 40	Х		х				0	0	0
JAKE B SCHRUM , TRUSTEE & PRESIDENT	40 00	Х		х				384,698	0	170,211
RICHARD L ANDERSON , VP FISCAL AFFAIRS	40 00			х				227,508	0	47,545
JAMES W HUNT , PROVOST/DEAN OF FACULTY	40 00				×			222,067	0	50,434
C RICHARD MCKELVEY , VP INST ADVANCEMENT	40 00				x			219,793	0	41,277
GERALD D BRODY , VP STUDENT LIFE	40 00					Х		148,429	0	·
TODD D KELLEY , NITLE DIRECTOR	40 00					Х		140,526	0	23,395
PAUL J GAFFNEY , DEAN OF FINE ARTS	40 00					Х		141,531	0	20,793
THOMAS JOLIVER , VP ENROLLMENT SERVICES	40 00					Х		140,304	0	23,796
DAVID J GAINES , PAIDEIA DIRECTOR/FACULTY	40 00					х		136,421	0	80,253

Software ID:

**Software Version:** 

**EIN:** 74-1233796

Name: SOUTHWESTERN UNIVERSITY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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Software ID: Software Version:

**EIN:** 74-1233796

Name: SOUTHWESTERN UNIVERSITY

Form 990, Schedule I, Part III, Gran	ts and Other As	sistance to Individ	luals in the United	States	
(a)Type of grant or assistance	( <b>b</b> )Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PRE MED SCHOLARSHIP	16	45,960	0	N/A	N/A
SHILLING LEADERSHIP AWARDS	6	6,000	0	N/A	N/A
MUSIC, ART, THEATRE SCHOLARSHIP	105	391,125	0	N/A	N/A
NATIONAL MERIT SCHOLARSHIP	14	28,000	0	N/A	N/A
STAR LOAN INTEREST SUBSIDY	360	196,992	0	N/A	N/A
WILSON SCHOLARSHIP	1	27,940	0	N/A	N/A
SOUTHWESTERN UNIVERSITY EXCELLENCE SCHOLARSHIP	12	23,000	0	N/A	N/A
BENEFICIARY SCHOLARSHIP	17	81,450	0	N/A	N/A
BROWN SCHOLARS	12	414,355	0	N/A	N/A
HAIRGROVE EDUCATION MINISTRY	6	6,875	0	N/A	N/A
SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS	140	131,373	0	N/A	N/A
BEI SCHOLARSHIP	1	27,940	0	N/A	N/A
BRACKENRIDGE SCHOLARSHIPS	8	13,000	0	N/A	N/A
JAMES S KEMPNER FOUNDATION SCHOLARSHIP	4	12,500		N/A	N/A
HATTON W SUMNERS FOUNDATION SCHOLARSHIP	9	81,874	0	N/A	N/A
ACADEMIC COMPETITIVENESS GRANT	38	69,199	0	N/A	N/A
SMART GRANT	4	14,000	0	N/A	N/A
UNITED METHODIST HIGHER EDUCATION FOUNDATION-DOLLARS FOR SCHOLARS	10	15,000	0	N/A	N/A
DOUG & NELL BENOLD SCHOLARSHIP	1	5,000	0	N/A	N/A
ALONZO MORRIS SCHOLARSHIP	1	5,000	0	N/A	N/A
KAPPA SIGMA SCHOLARSHIP	1	7,250	0	N/A	N/A
SOUTHWESTERN UNIVERSITY SCHOLARSHIP(NEED-BASED)	552	4,404,636	0	N/A	N/A
JOINT ADMISSIONS MEDICAL PROGRAM SCHOLARSHIP	3	6,000	0	N/A	N/A
UPWARD BOUND SCHOLARSHIP	7	179,643	0	N/A	N/A
TEXAS UNITED METHODIST COLLEGE ASSOCIATION SCHOLARSHIP	10	103,876	0	N/A	N/A
SOUTHWESTERN UNIVERSITY GRANT (NEED BASIS)	2	30,940	0	N/A	N/A
CAIN SCHOLARSHIP	15	57,457	0	N/A	N/A
FEAGIN SCHOLARSHIP	1	16,900	0	N/A	N/A
MARTIN ESTEBAN ALEMAN SCHOLARSHIP	1	6,000	0	N/A	N/A
RUTER SCHOLAR AWARD	128	596,912	0	N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States										
(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					
MOOD SCHOLAR AWARD	475	4,242,181	0	N/A	N/A					
CODY SCHOLAR AWARD	139	1,823,098	0	N/A	N/A					
PRESIDENT'S ACHIEVEMENT SCHOLARSHIP	29	143,000	0	N/A	N/A					
NATIONAL HISPANIC INSTITUTE SCHOLARSHIP	6	12,000	0	N/A	N/A					
JOHN N SCORE SCHOLARSHIP	2	51,994	0	N/A	N/A					
OTHER SCHLARSHIPS <\$5,000	20	23,793	0	N/A	N/A					

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Name: SOUTHWESTERN UNIVERSITY

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

Torm 350, Schedule 3, Part II Officers, Directors, Trastees, Rev Employees, and Ingliest compensated Employees								
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JAKE B SCHRUM	(ı) (ıı)			42,102	23,000	157,336	565,034	
RICHARD L ANDERSON	(ı) (ıı)			12,904	21,747	26,203	275,458	
JAMES WHUNT	(ı) (ıı)			9,815	21,312	29,653	273,032	
C RICHARD MCKELVEY	(ı) (ıı)	203,439		16,354	21,764	20,044	261,601	
GERALD D BRODY	(ı) (ıı)			1,561	16,186	34,280	198,895	
TODD D KELLEY	(ı) (ıı)				14,419	9,381	164,326	
PAUL J GAFFNEY	(ı) (ıı)			1,218	14,163	7,161	162,855	
THOMAS J OLIVER	(ı) (ıı)			1,440	14,304	9,897	164,505	
DAVID J GAINES	(ı) (ıı)	104,257		32,164	10,785	69,924	217,130	
								·