

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 8300 Thorn Drive, Suite 300 Wichita, KS 67226-2708
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g., Form 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its web site. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

Version: September 9, 2008

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

Form sections B through K: B Check if applicable; C Name of organization (SOUTHWESTERN UNIVERSITY); D Employer identification number (74-1233796); E Telephone number ((512) 863-1956); F Name and address of principal officer (DR. EDWARD BURGER); G Gross receipts (\$ 179,887,023); H(a) Is this a group return for subordinates? (No); H(b) Are all subordinates included? (No); I Tax-exempt status (501(c)(3)); J Website (WWW.SOUTHWESTERN.EDU); K Form of organization (Corporation); L Year of formation (1875); M State of legal domicile (TX)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature block form with fields for Sign Here (Signature of officer, Type or print name and title), Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN), Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 22,495,597. including grants of \$ 0.) (Revenue \$ 38,243,648.)

ATTACHMENT 1

4b (Code:) (Expenses \$ 30,438,055. including grants of \$ 30,438,055.) (Revenue \$ 0.)

ATTACHMENT 2

4c (Code:) (Expenses \$ 10,105,748. including grants of \$ 0.) (Revenue \$ 17,339,868.)

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 THE POLICE DEPARTMENT, ACADEMIC SUCCESS & RECORDS
DEPARTMENT, 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.

4d Other program services (Describe in Schedule O.) ATTACHMENT 3
(Expenses \$ 7,150,049. including grants of \$) (Revenue \$ 10,829,437.)

4e Total program service expenses ▶ 70,189,449.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (33), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

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

BRENDA THOMPSON 1001 E. UNIVERSITY AVE. GEORGETOWN, TX 78626 512-863-1956

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT W. KARR TRUSTEE & CHAIR	3.40 0.	X		X				0.	0.	0.
(2) HENRY C. JOYNER TRUSTEE & VICE CHAIR	3.40 0.	X		X				0.	0.	0.
(3) R. GRIFFIN LORD TRUSTEE & SEC/TREAS	3.20 0.	X		X				0.	0.	0.
(4) DARYL M. ALLEN TRUSTEE	1.70 0.	X						0.	0.	0.
(5) RICHARD H. BACHMANN TRUSTEE	3.20 0.	X						0.	0.	0.
(6) L. JAMES BANKSTON TRUSTEE	1.40 0.	X						0.	0.	0.
(7) SUZANNE BLAKE TRUSTEE	1.40 0.	X						0.	0.	0.
(8) W. EARL BLEDSOE TRUSTEE	1.40 0.	X						0.	0.	0.
(9) TIM BRUSTER TRUSTEE	1.40 0.	X						0.	0.	0.
(10) PAM SLAUGHTER BUSH TRUSTEE	1.40 0.	X						0.	0.	0.
(11) CHRISTOPHER CRAGG TRUSTEE	1.40 0.	X						0.	0.	0.
(12) JOHN S. CURRY TRUSTEE	1.40 0.	X						0.	0.	0.
(13) JAMES E. DORFF TRUSTEE	1.40 0.	X						0.	0.	0.
(14) ROBERT W. DUPUY TRUSTEE	1.40 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JACK GAREY ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(16) ROBERTO L. GOMEZ ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(17) ROBERT H. GRAHAM ----- TRUSTEE	1.70 ----- 0.	X					0.	0.	0.	
(18) LARRY J. HAYNES ----- TRUSTEE	1.70 ----- 0.	X					0.	0.	0.	
(19) RONALD D. HENDERSON ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(20) JANICE RIGGLE HUIE ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(21) BRIAN JACKSON ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(22) JEAN JANSSEN ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(23) SYLVIA KERRIGAN ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(24) J. MICHAEL LOWRY ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
(25) RED MCCOMBS ----- TRUSTEE	1.40 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,581,492.	0.	571,321.	
d Total (add lines 1b and 1c)							1,581,492.	0.	571,321.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 25

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 10

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MICHAEL MCKEE ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(27) MARY MEDLEY ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(28) LAURA A. MERRILL ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(29) LYNN MOCK ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(30) ERNESTO NIETO ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(31) STEVEN A. RABEN ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(32) ROBERT T. RORK ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(33) PETE SESSIONS ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(34) CARSON SEVERSON ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(35) THOMAS V. SHOCKLEY, III ----- TRUSTEE	1.50 ----- 0.	X						0.	0.	0.
(36) KENNETH SNODGRASS ----- TRUSTEE	1.70 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 25

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) H. BLAKE STANFORD ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(38) DAN R. STULTZ ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(39) STEPHEN G. TIPPS ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(40) DONALD W. UNDERWOOD ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(41) JAMES V. WALZEL ----- TRUSTEE	1.70 ----- 0.	X						0.	0.	0.
(42) KATHRYN YEAGER ----- TRUSTEE	1.40 ----- 0.	X						0.	0.	0.
(43) EDWARD BURGER ----- TRUSTEE & PRESIDENT	40.00 ----- 0.	X		X				138,523.	0.	418,273.
(44) CRAIG ERWIN ----- VP FOR FINANCE & ADMIN	40.00 ----- 0.			X				179,352.	0.	23,104.
(45) JAMES W. HUNT ----- PROVOST/DEAN OF FACULTY	40.00 ----- 0.				X			431,306.	0.	8,649.
(46) PAMELA A. MCQUESTEN ----- VP OF INFO SERVICES & CIO	40.00 ----- 0.					X		209,150.	0.	32,850.
(47) RICHARD ROEMER ----- PROFESSOR OF THEATRE	40.00 ----- 0.					X		183,149.	0.	7,516.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 25

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) ALISA MCALISTER GAUNDER DEAN OF THE FACULTY	40.00 0.					X		149,999.	0.	25,206.
(49) GERALD BRODY VP OF STUDENT LIFE	40.00 0.					X		149,740.	0.	30,967.
(50) PAUL J. GAFFNEY DEAN SAROFIM SCHOOL FINE ARTS	40.00 0.					X		140,273.	0.	24,756.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **25**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	35,503.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	583,499.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,428,016.					
	g Noncash contributions included in lines 1a-1f: \$		400,488.					
	h Total. Add lines 1a-1f ▶			8,047,018.				
Program Service Revenue				Business Code				
	2a TUITION & FEES		611310	55,583,517.	55,583,517.			
	b AUXILIARY ENTERPRISES		713910	10,829,437.	10,350,497.	478,940.		
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f ▶			66,412,954.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			7,476,680.		-233,815.	7,710,495.	
	4 Income from investment of tax-exempt bond proceeds ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	14,028.					
		(ii) Personal						
		b Less: rental expenses		17,686.				
		c Rental income or (loss)		-3,658.				
	d Net rental income or (loss) ▶				-3,658.		-3,658.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	96,632,738.	9,196.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		84,169.				
		c Gain or (loss)		-74,973.				
	d Net gain or (loss) ▶				607,003.		607,003.	
	8a Gross income from fundraising events (not including \$ 35,503. of contributions reported on line 1c). See Part IV, line 18 a			6,520.				
		b Less: direct expenses b		14,582.				
c Net income or (loss) from fundraising events. ▶					-8,062.		-8,062.	
9a Gross income from gaming activities. See Part IV, line 19 a								
	b Less: direct expenses b							
	c Net income or (loss) from gaming activities. ▶				0.		0.	
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory. ▶				0.		0.	
Miscellaneous Revenue			Business Code					
11a MCCOMBS KITCHEN EQUIPMENT			812930	250,000.	250,000.			
	b CAR REGISTRATION FEES		811310	235,700.	235,700.			
			611310	138,440.	138,440.			
	c SUMMER THEATRE		900099	663,749.	551,223.	61,640.	50,886.	
		e Total. Add lines 11a-11d ▶			1,287,889.			
12 Total revenue. See instructions. ▶				83,819,824.	67,109,377.	306,765.	8,356,664.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,297,202.	30,297,202.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	140,853.	140,853.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	640,404.	167,660.	391,063.	81,681.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	25,253,311.	20,499,330.	3,897,850.	856,131.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,503,290.	1,195,962.	247,949.	59,379.
9 Other employee benefits	3,502,912.	2,190,947.	1,216,214.	95,751.
10 Payroll taxes	1,896,167.	1,446,564.	389,046.	60,557.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	157,382.		157,382.	
c Accounting	149,438.		149,438.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	3,948,253.		3,948,253.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,616,896.	2,471,212.	144,812.	872.
12 Advertising and promotion	45,800.	6,045.	39,755.	
13 Office expenses	1,065,205.	641,232.	389,793.	34,180.
14 Information technology	1,075,616.	183,560.	889,148.	2,908.
15 Royalties	3,909.		3,909.	
16 Occupancy	2,578,423.	2,341,951.	222,128.	14,344.
17 Travel	1,221,937.	1,077,816.	92,318.	51,803.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	13,440.	13,440.		
20 Interest	326,922.	283,735.	40,370.	2,817.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,090,087.	2,681,887.	381,580.	26,620.
23 Insurance	537,134.	320,067.	214,831.	2,236.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>LIBRARY SUPPORT</u>	721,438.	721,438.		
b <u>MAINTENANCE & FACILITIES</u>	548,693.	475,712.	68,261.	4,720.
c <u>ATHLETICS</u>	486,153.	433,527.	52,626.	
d <u>RESEARCH/SPONSORED PROJECTS</u>	199,569.	199,569.		
e All other expenses	144,779.	2,399,740.	-2,375,969.	121,008.
25 Total functional expenses. Add lines 1 through 24e	82,165,213.	70,189,449.	10,560,757.	1,415,007.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	980,041.	1	2,251,731.
	2 Savings and temporary cash investments	33,280,807.	2	37,851,477.
	3 Pledges and grants receivable, net	3,048,560.	3	3,170,629.
	4 Accounts receivable, net	5,046,017.	4	4,941,155.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	541,534.	7	479,981.
	8 Inventories for sale or use	198,373.	8	230,535.
	9 Prepaid expenses and deferred charges	683,210.	9	773,296.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 206,861,062.		
	b Less: accumulated depreciation	10b 99,581,187.	98,898,082.	10c 107,279,875.
	11 Investments - publicly traded securities	234,772,421.	11	218,205,376.
	12 Investments - other securities. See Part IV, line 11	4,931,452.	12	4,624,422.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	8,247,995.	15	1,029,410.
16 Total assets. Add lines 1 through 15 (must equal line 34)	390,628,492.	16	380,837,887.	
Liabilities	17 Accounts payable and accrued expenses	7,258,755.	17	4,935,052.
	18 Grants payable	3,317,292.	18	3,348,317.
	19 Deferred revenue	1,625,713.	19	2,179,651.
	20 Tax-exempt bond liabilities	3,905,000.	20	3,735,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	9,836,637.	23	9,682,683.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,332,492.	25	8,859,194.
	26 Total liabilities. Add lines 17 through 25	34,275,889.	26	32,739,897.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	116,375,373.	27	123,652,890.
	28 Temporarily restricted net assets	153,432,847.	28	137,196,499.
	29 Permanently restricted net assets	86,544,383.	29	87,248,601.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	356,352,603.	33	348,097,990.
34 Total liabilities and net assets/fund balances	390,628,492.	34	380,837,887.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	83,819,824.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,165,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,654,611.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	356,352,603.
5	Net unrealized gains (losses) on investments	5	-5,522,292.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,386,932.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	348,097,990.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,188,700.	14,192,031.	5,833,781.	5,908,932.	8,047,018.	47,170,462.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	13,188,700.	14,192,031.	5,833,781.	5,908,932.	8,047,018.	47,170,462.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						17,105,848.
6 Public support. Subtract line 5 from line 4.						30,064,614.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	13,188,700.	14,192,031.	5,833,781.	5,908,932.	8,047,018.	47,170,462.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,458,148.	7,011,468.	9,537,736.	7,818,960.	7,724,523.	38,550,835.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	6,121.	5,724.	20,290.	13,004.	57,406.	102,545.
11 Total support. Add lines 7 through 10						85,823,842.
12 Gross receipts from related activities, etc. (see instructions)					12	312,981,662.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	35.03%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	36.96%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PUBLIC SUPPORT TEST

SCHEDULE A, PART II

PER THE INSTRUCTIONS FOR FORM 990, PART IV, LINE 2, SOUTHWESTERN UNIVERSITY HAS COMPLETED AND MET THE SCHEDULE A, PART II SUPPORT TEST REQUIREMENTS. AS A RESULT, SOUTHWESTERN UNIVERSITY QUALIFIES FOR THE SPECIAL RULE OF LIMITING CONTRIBUTIONS REPORTED ON SCHEDULE B, PARTS I & II.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
GROSS FUNDRAISING REVENUE	6,121.	5,724.	20,290.	13,004.	6,520.	51,659.
SETTLEMENT REVENUE					50,886.	50,886.
TOTALS	<u>6,121.</u>	<u>5,724.</u>	<u>20,290.</u>	<u>13,004.</u>	<u>57,406.</u>	<u>102,545.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **SOUTHWESTERN UNIVERSITY**

Employer identification number
74-1233796

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 871,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **SOUTHWESTERN UNIVERSITY**

Employer identification number
74-1233796

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 274,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	SECURITIES - PUBLICLY TRADED	\$ 248,000.	10/21/2015

Name of organization SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

SOUTHWESTERN UNIVERSITY

74-1233796

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	255,955,406.	265,590,566.	252,949,637.	250,622,946.	268,982,899.
b Contributions	1,056,365.	6,251,460.	603,835.	2,165,441.	745,477.
c Net investment earnings, gains, and losses	-2,235,333.	-1,257,862.	32,668,376.	18,954,236.	-6,611,292.
d Grants or scholarships	14,959,036.	14,703,758.	15,115,640.	11,494,038.	12,176,057.
e Other expenditures for facilities and programs	-125,488.	-75,000.	5,515,642.	7,298,948.	318,081.
f Administrative expenses					
g End of year balance	239,942,890.	255,955,406.	265,590,566.	252,949,637.	250,622,946.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 10.5600 %
 - b** Permanent endowment 36.2100 %
 - c** Temporarily restricted endowment 53.2300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,455,893.	111,509.		6,567,402.
b Buildings		150,244,620.	58,075,382.	92,169,238.
c Leasehold improvements		427,083.	142,695.	284,388.
d Equipment		32,310,579.	27,681,419.	4,629,160.
e Other		17,311,378.	13,681,691.	3,629,687.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				107,279,875.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED POST RETIREMENT BENEFITS	8,361,737.	
(3) DEFERRED COMPENSATION	497,457.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,859,194.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF ORGANIZATION'S COLLECTIONS

SOUTHWESTERN UNIVERSITY HAS 19 COLLECTIONS WITHIN THE SPECIAL COLLECTIONS OF THE A. FRANK SMITH, JR. LIBRARY CENTER THAT CONTAIN A VARIETY OF BOOKS, RECORDS, PAPERS, MAPS, AND MANUSCRIPTS THAT ARE MAINTAINED FOR HISTORICAL PURPOSES, PUBLIC EXHIBITION, AND STUDENT EDUCATIONAL RESEARCH.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

SOUTHWESTERN UNIVERSITY ENDOWMENTS INCLUDE DONOR RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED FUNDS FUNCTIONING AS ENDOWMENT FUNDS. ALL DONOR RESTRICTED ENDOWMENTS ARE USED ONLY AS THE DONORS INTENDED PER THE DONOR RESTRICTIONS. THE BOARD-DESIGNATED FUNDS SUPPORT GENERAL PROGRAM SERVICES OF THE UNIVERSITY.

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS (ASC 740)

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

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) 2015

JSA
5E1273 1.000

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

SCHEDULE E, PART I, LINE 3

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY

AN ANNUAL NOTICE IS PUBLISHED IN THE FOLLOWING NEWSPAPERS: WILLIAMSON COUNTY SUN, AUSTIN AMERICAN STATESMAN, HOUSTON CHRONICLE, AND DALLAS MORNING NEWS. POLICIES ARE INCLUDED IN ALL STUDENT, FACULTY, AND STAFF HANDBOOKS.

SCHEDULE E, PART I, LINE 6A

GOVERNMENT ASSISTANCE

THE UNIVERSITY RECEIVES FINANCIAL AID FROM BOTH THE FEDERAL GOVERNMENT AND THE STATE OF TEXAS, WHICH IS AWARDED TO STUDENTS USING THE DEPARTMENT OF EDUCATION METHODOLOGY. THE MAIN FEDERAL FINANCIAL ASSISTANCE PROGRAMS FOR STUDENTS INCLUDE: FEDERAL DIRECT LOANS, FEDERAL PERKINS LOANS, FEDERAL PELL GRANTS, FEDERAL WORK-STUDY, AND FEDERAL SEOG. THE MAIN STATE FINANCIAL ASSISTANCE GRANT IS THE TUITION EQUALIZATION GRANT. THE UNIVERSITY ALSO RECEIVES FEDERAL FINANCIAL ASSISTANCE FOR ACADEMIC GRANTS AND RESEARCH.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		2,610.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING		13,935.
(3) EUROPE			GRANTMAKING		54,559.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		6,000.
(5) SOUTH AMERICA			GRANTMAKING		14,500.
(6) EUROPE		3.	PROGRAM SERVICES	STUDY ABROAD PROGRAMS	89,439.
(7) SOUTH AMERICA		2.	PROGRAM SERVICES	STUDY ABROAD PROGRAMS	3,765.
(8) EUROPE			PROGRAM SERVICES	RESEARCH	33,002.
(9) NORTH AMERICA			PROGRAM SERVICES	RESEARCH	16,093.
(10) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH	-767.
(11) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH	921.
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		5.			234,057.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		5.			234,057.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) NEED BASED AWARDS	EAST ASIA/PACIFIC	4.	8,935.	CHECK			
(2) NEED BASED AWARDS	EUROPE/ICELAND/GREENLAND	15.	23,059.	CHECK			
(3) NEED BASED AWARDS	MIDDLE EAST/NORTH AFRICA	1.	6,000.	CHECK			
(4) NEED BASED AWARDS	SOUTH AMERICA	3.	7,000.	CHECK			
(5) NEED BASED AWARDS	CENT. AMERICA/CARIBBEAN	2.	1,100.	CHECK			
(6) MERIT BASED AWARDS	CENT. AMERICA/CARIBBEAN	1.	1,510.	CHECK			
(7) MERIT BASED AWARDS	EAST ASIA/PACIFIC	2.	5,000.	CHECK			
(8) MERIT BASED AWARDS	EUROPE/ICELAND/GREENLAND	12.	31,500.	CHECK			
(9) MERIT BASED AWARDS	SOUTH AMERICA	3.	7,500.	CHECK			
(10) FACULTY/STAFF DEVELOPMENT AND RESEARCH	EUROPE/ICELAND/GREENLAND	14.	33,002.	CHECK OR CC			
(11) FACULTY/STAFF DEVELOPMENT AND RESEARCH	NORTH AMERICA	11.	16,093.	CHECK OR CC			
(12) FACULTY/STAFF DEVELOPMENT AND RESEARCH	SUB-SAHARAN AFRICA	1.	-767.	CHECK OR CC			
(13) FACULTY/STAFF PRIVATE GRANTS	EAST ASIA/PACIFIC	1.	921.	CHECK			
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

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

THE OFFICE OF FINANCIAL AID AND ITS OPERATIONS ARE SUBJECT TO INTERNAL CONTROL REVIEW BY THE UNIVERSITY'S EXTERNAL AUDITORS AS PART OF THE FINANCIAL STATEMENT AUDIT. FUNDS ARE ALSO MONITORED BY THE REVIEW AND OVERSIGHT OF SENIOR MANAGEMENT, SENIOR STAFF, THE DEAN OF ENROLLMENT SERVICES, AND THE BUSINESS OFFICE; ALL OF WHICH ARE UNDER THE PURVIEW OF THE AUDIT COMMITTEE AND THE FISCAL AFFAIRS COMMITTEE OF THE BOARD OF TRUSTEES.

PAYMENTS FOR CERTAIN SCHOLARSHIPS ARE MADE DIRECTLY TO THE INSTITUTIONS SPONSORING THE STUDY ABROAD PROGRAM. PAYMENTS FOR FACULTY MEMBERS' ROOM AND BOARD RELATED TO STUDY ABROAD PROGRAMS WERE MADE BY THE CONTROLLER VIA WIRE TRANSFER DIRECTLY TO THE OWNER OF THE RENTAL PROPERTY.

SOUTHWESTERN UNIVERSITY'S METHOD OF ACCOUNTING FOR THESE EXPENDITURES

Part V **Supplemental Information**

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

INCLUDES USING DIFFERENT ACCOUNT NUMBERS TO TRACK THE DIFFERENT STUDY

ABROAD PROGRAMS, SCHOLARSHIPS EXPENSES, AND ALL FOREIGN TRAVEL.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		JAMESON 5K (event type)	PIRATE GOLF (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	20,292.	16,397.	5,334.	42,023.
	2 Less: Contributions	19,345.	12,045.	4,113.	35,503.
	3 Gross income (line 1 minus line 2)	947.	4,352.	1,221.	6,520.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	259.	713.		972.
	6 Rent/facility costs		4,600.	2,149.	6,749.
	7 Food and beverages		2,525.		2,525.
	8 Entertainment				
	9 Other direct expenses	3,746.	409.	181.	4,336.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,582.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-8,062.

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

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

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MERIT BASED AWARDS	2,056.	26,143,123.			
2 NEED BASED AWARDS	1,251.	3,877,984.			
3 OUTSIDE SCHOLARSHIPS	16.	113,272.			
4 FACULTY/STAFF SCHOLARSHIP	16.	262,920.			
5 PELL GRANT	419.	1,842,714.			
6 SEOG	176.	164,113.			
7 TUITION EXCHANGE	11.	205,835.			

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

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

THE UNIVERSITY MADE NEED-BASED AND MERIT-BASED GRANTS AND SCHOLARSHIPS TO 1507 STUDENTS IN FISCAL 2015, TOTALING \$30,021,107. ADDITIONALLY, THE UNIVERSITY AWARDS 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

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

CLASS, ETC.) AS WELL AS OTHER QUALITATIVE MEASURES. IT IS THE RESPONSIBILITY OF THE FINANCIAL AID OFFICE TO ENSURE COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON FINANCIAL AID, AND THE UNIVERSITY POLICY AND INTERNAL CONTROL OBJECTIVES. THE FINANCIAL AID OFFICE AND ITS OPERATIONS ARE SUBJECT TO INTERNAL CONTROL REVIEW BY THE UNIVERSITY'S EXTERNAL AUDITORS AS PART OF THE ANNUAL FINANCIAL STATEMENT AUDIT. ADDITIONAL MONITORING IS ALSO PROVIDED THROUGH THE REVIEW AND OVERSIGHT OF SENIOR MANAGEMENT, SENIOR STAFF, THE DEAN OF ENROLLMENT SERVICES, AND THE BUSINESS OFFICE, ALL OF WHICH ARE UNDER THE PURVIEW OF THE AUDIT COMMITTEE AND THE BOARD OF TRUSTEES' FISCAL AFFAIRS COMMITTEE.

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

ADDITIONALLY, THE UNIVERSITY'S AWARDING AND MANAGEMENT OF FINANCIAL AID AWARDS IS SUBJECT TO AN ANNUAL SINGLE AUDIT (CIRCULAR A-133) AND STATE OF TEXAS AUDITS (FOR VARIOUS STATE FINANCIAL AID PROGRAMS). RESULTS OF THESE AUDITS ARE REPORTED TO THE UNIVERSITY SENIOR STAFF, THE BOARD OF TRUSTEES' AUDIT COMMITTEE, AND THE BOARD OF TRUSTEES FISCAL AFFAIRS COMMITTEE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN UNIVERSITY

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

74-1233796

Part I Questions Regarding Compensation

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

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	EDWARD BURGER TRUSTEE & PRESIDENT	(i) 116,214.	0.	22,309.	278,244.	140,029.	556,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	CRAIG ERWIN VP FOR FINANCE & ADMIN	(i) 179,352.	0.	0.	12,747.	10,357.	202,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	JAMES W. HUNT PROVOST/DEAN OF FACULTY	(i) 73,056.	0.	358,250.	5,145.	3,504.	439,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	PAMELA A. MCQUESTEN VP OF INFO SERVICES & CIO	(i) 209,150.	0.	0.	14,921.	17,929.	242,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	RICHARD ROEMER PROFESSOR OF THEATRE	(i) 64,049.	119,100.	0.	4,508.	3,008.	190,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	ALISA MCALISTER GAUNDER DEAN OF THE FACULTY	(i) 149,999.	0.	0.	10,848.	14,358.	175,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	GERALD BRODY VP OF STUDENT LIFE	(i) 136,189.	0.	13,551.	10,631.	20,336.	180,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	PAUL J. GAFFNEY DEAN SAROFIM SCHOOL FINE ARTS	(i) 131,608.	50.	8,615.	9,859.	14,897.	165,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

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

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

THE UNIVERSITY REIMBURSES THE PRESIDENT FOR INCOME TAX OBLIGATIONS RELATED TO UNIVERSITY SOCIAL AND CLUB DUES. THESE GROSS-UP PAYMENTS ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON IRS FORM W-2.

Part III Supplemental Information

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

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

THE UNIVERSITY PROVIDES A COUNTRY CLUB MEMBERSHIP AND OTHER SOCIAL CLUB MEMBERSHIPS FOR THE PRESIDENT OF THE UNIVERSITY. THESE MEMBERSHIPS ARE USED PRIMARILY FOR HOSTING GUESTS DURING FUNDRAISING MEETINGS AND OTHER BUSINESS RELATED MEETINGS. UNIVERSITY-PROVIDED MEMBERSHIPS ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON IRS FORM W-2.

PERSONAL SERVICES

THE UNIVERSITY PROVIDES HOUSEKEEPING AND GROUND SERVICES FOR THE PRESIDENT'S HOME. THE VALUE OF THESE SERVICES IS INCLUDED IN THE PRESIDENT'S HOUSING ALLOWANCE ON SCHEDULE J, PART II, COLUMN (D), NONTAXABLE BENEFITS.

SCHEDULE J, PART I, LINE 4A

VOLUNTARY SEPARATION AGREEMENT

JIM HUNT RECEIVED AN ADDITIONAL AMOUNT OF \$358,250 ON HIS FINAL PAYMENT IN MAY 2015.

Part III Supplemental Information

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

INCENTIVE PAYMENT FOR VOLUNTARY RETIREMENT (VIRP)

RICHARD ROEMER RECEIVED AN AMOUNT OF \$119,100 IN 2015.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENT NONQUALIFIED RETIREMENT PLAN

PRESIDENT BURGER PARTICIPATED IN A 457(F) PLAN - FOR CALENDAR YEAR 2015

UNIVERSITY CONTRIBUTIONS WERE \$32,259 AND PERSONAL CONTRIBUTIONS WERE

\$220,194.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWESTERN UNIVERSITY

Employer identification number
74-1233796

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A RIESEL EDUCATION FACILITIES CORPORATION	20-5312407		08/11/2006	5,000,000.	CONSTRUCT ON-CAMPUS HOUSING		X		X		X
B											
C											
D											

Part II Proceeds

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

Part III Private Business Use

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

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

Part III Private Business Use (Continued)

RIESEL EDUCATION FACILITIES CORPORATION

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		STUDENTS	12,520.	TUITION REMIS	EDUCATION
(2)		STUDENTS	54,000.	SCHOLARSHIPS	EDUCATION
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2015

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

74-1233796

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		24,397.	\$1 OR VALUE STATED
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X		362,054.	HIGH-LOW AVG.
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FOOD DONATIONS</u>)	X	6.	1,238.	VALUE STATED
26 Other ▶ (<u>EQUIPMENT</u>)	X	2.	2.	\$1 OR VALUE STATED
27 Other ▶ (<u>OTHER</u>)	X	27.	12,797.	\$1 OR VALUE STATED
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

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

SCH M, PART I, LINE 32B

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

74-1233796

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 75% 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. AUXILIARY ENTERPRISE EXPENSES INCLUDE DEPRECIATION, INTEREST, AND PHYSICAL PLANT EXPENSE ALLOCATIONS. 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. TOTAL AUXILIARY ENTERPRISE REVENUE AND EXPENSES ARE \$10,829,437 AND \$7,150,049, RESPECTIVELY.

FORM 990, PART VI, LINE 1A

DELEGATION OF AUTHORITY

ALL TRUSTEES ELECTED TO THE BOARD OF TRUSTEES HAVE THE SAME VOTING RIGHTS. IN BETWEEN SCHEDULED MEETINGS OF THE TRUSTEES, THE UNIVERSITY'S BYLAWS EMPOWER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES TO ACT ON A BROAD RANGE OF ISSUES AND MATTERS. THE COMMITTEE SHALL, SUBJECT TO THE CONTROL OF THE BOARD OF TRUSTEES, HAVE AUTHORITY TO: EXERCISE SUPERVISION

Name of the organization SOUTHWESTERN UNIVERSITY	Employer identification number
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AND CONTROL OVER THE INVESTMENT OF ENDOWMENT FUNDS; EXERCISE SUPERVISION AND CONTROL OVER ERECTION OF BUILDINGS; NEGOTIATE AND PROCURE LOANS; DESIGNATE THOSE EMPLOYEES AND OFFICERS FOR WHOM DISHONESTY INSURANCE IS REQUIRED; HAVE THE RIGHT TO SELL, LEASE, CONVEY, OR TRANSFER BOTH REAL AND PERSONAL PROPERTY BELONGING TO THE UNIVERSITY, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT SELL ANY OF THE PROPERTY USED FOR THE UNIVERSITY PURPOSES PROPER; AND PERFORM OTHER DUTIES AND EXERCISE SUCH OTHER POWERS AS THE BOARD OF TRUSTEES MAY DELEGATE. ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE RECORDED IN OFFICIAL RECORD MEETING MINUTES WHICH ARE REPORTED AT THE NEXT MEETING OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

PER THE BOARD APPROVED RESOLUTION, THE AUDIT COMMITTEE PREPARES AN ANNUAL TIMELINE FOR THE PREPARATION, REVIEW, AND FILING OF FORM 990. AN EXTERNAL TAX AUDITING FIRM REVIEWS THE COMPLETED RETURN PREPARED BY INTERNAL STAFF. THE ADMINISTRATION AND OTHER STAFF COMPLETE SUB-CERTIFICATION STATEMENTS ADDRESSING THEIR INDIVIDUAL AREAS OF RESPONSIBILITIES. THE COMPLETED RETURN, ALONG WITH SUB-CERTIFICATION STATEMENTS, IS REVIEWED BY THE CHIEF FINANCIAL OFFICER (VICE PRESIDENT OF FINANCE AND ADMINISTRATION). THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION PRESENTS THE COMPLETED RETURN TO THE BOARD OF TRUSTEES AUDIT COMMITTEE, WHICH HAS OVERSIGHT RESPONSIBILITY FOR THE FORM 990. AFTER REVIEW BY THE AUDIT COMMITTEE, A COPY OF THE RETURN IS MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW BEFORE FILING. BOARD MEMBERS REVIEW THE RETURN AND RETURN A CONFIRMATION OF THEIR REVIEW. ANY COMMENTS ARE

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SUBMITTED IN WRITING TO THE AUDIT COMMITTEE. THE RETURN IS THEN FILED ELECTRONICALLY WITH THE IRS BY THE EXTERNAL TAX AUDITING FIRM. THE UNIVERSITY'S EXTERNAL AUDITING FIRM REVIEWS THE PRIOR YEAR RETURN FOR COMPLETENESS AND ACCURACY RELEVANT TO THE SCOPE AND DUE DILIGENCE REQUIREMENTS OF THE AUDITING PROCESS, AND REPORTS ANY SIGNIFICANT OR MATERIAL WEAKNESSES NOTED TO THE BOARD OF TRUSTEES AUDIT COMMITTEE. THE AUDIT COMMITTEE HAS OVERSIGHT RESPONSIBILITY AND AUTHORITY TO ENSURE NOTED WEAKNESSES OR ERRORS ARE CORRECTED. THE AUDIT COMMITTEE REPORTS REGULARLY TO THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

THE BOARD OF TRUSTEES HAS DELEGATED ONGOING OVERSIGHT OF THE UNIVERSITY'S CONFLICT OF INTEREST POLICY TO THE BOARD OF TRUSTEES AUDIT COMMITTEE AS A PERMANENT DUTY OF THE AUDIT COMMITTEE'S CHARTER. THE AUDIT COMMITTEE IS RESPONSIBLE FOR PROPOSING CHANGES IN THE UNIVERSITY CONFLICT OF INTEREST POLICY TO THE FULL BOARD OF TRUSTEES, AND FOR MONITORING COMPLIANCE WITH THE POLICY APPROVED BY THE BOARD OF TRUSTEES. ALL MEMBERS OF THE BOARD OF TRUSTEES, BOARD COMMITTEE MEMBERS, OFFICERS, KEY EMPLOYEES, MEMBERS OF THE FINANCIAL AID OFFICE AND ALL PROFESSIONAL FINANCIAL ACCOUNTING STAFF ANNUALLY COMPLETE AND SUBMIT A QUESTIONNAIRE ON POSSIBLE CONFLICTS OF INTEREST AND INDEPENDENCE. EMPLOYEES OF THE UNIVERSITY OTHER THAN THE PRESIDENT SUBMIT CONFLICT OF INTEREST INFORMATION TO THE PRESIDENT. THE PRESIDENT DETERMINES IF AN ACTUAL CONFLICT OF INTEREST EXISTS AND DETERMINES THE APPROPRIATE MITIGATING ACTION. THE PRESIDENT REPORTS TO THE AUDIT COMMITTEE, ON AN ANNUAL BASIS, ALL IDENTIFIED POSSIBLE

Name of the organization SOUTHWESTERN UNIVERSITY	Employer identification number
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CONFLICTS OF INTEREST AND MITIGATING ACTIONS TAKEN. THE PRESIDENT AND THE MEMBERS OF THE BOARD OF TRUSTEES SUBMIT CONFLICT OF INTEREST AND INDEPENDENCE QUESTIONNAIRES TO THE BOARD OF TRUSTEES AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING THE SITUATION AND RECOMMENDING TO THE BOARD CHAIRMAN APPROPRIATE MITIGATING ACTIONS.

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

FORM 990, PART VI, LINES 15A & 15B
PROCESS FOR DETERMINING COMPENSATION

Name of the organization

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

FORM 990, PART VI, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

THE UNIVERSITY PUBLISHES ITS ARTICLES OF INCORPORATION AND/OR CERTIFICATE OF FORMATION, BYLAWS, CONFLICT OF INTEREST POLICY, INDEPENDENCE POLICY, THE MOST CURRENT THREE YEARS OF AUDITED FINANCIAL STATEMENTS, AND IRS

Name of the organization

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FORMS 990 AND 990-T ON THE UNIVERSITY WEBSITE. THE INFORMATION MAY BE
 ACCESSED AT HTTP://WWW.SOUTHWESTERN.EDU/BUSINESSOFFICE/BUDGET.PHP.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$(329,328)

POST-RETIREMENT RELATED CHANGES \$(4,057,604)

TOTAL \$(4,386,932)

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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 CIVIC ENGAGEMENT, AND SUPPORTS COLLABORATIVE OR
 GUIDED RESEARCH AND CREATIVE WORKS. FOR THE YEAR, THE UNIVERSITY
 ENROLLED 1,463 FULL-TIME EQUIVALENT STUDENTS IN ITS ACADEMIC
 INSTRUCTIONAL PROGRAMS. MOST OF THE UNIVERSITY'S ENROLLMENT IS
 TRADITIONAL COLLEGE-AGE STUDENTS, AND FOR THE FALL 2015 SEMESTER
 98.9% WERE ENROLLED FULL-TIME (12 OR MORE CREDIT HOURS FOR THE

Name of the organization

SOUTHWESTERN UNIVERSITY

Employer identification number

ATTACHMENT 1 (CONT'D)

SEMESTER). THE STUDENT-TEACHER RATIO WAS APPROXIMATELY 11.7:1 IN THE CURRENT YEAR.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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 MERIT-BASED ASSISTANCE. THE PRIMARY FUNDING SOURCES FOR INSTITUTIONAL FINANCIAL ASSISTANCE ARE RESTRICTED AND UNRESTRICTED ENDOWMENTS AND GIFTS, AND GENERAL OPERATING BUDGET SUPPORT. APPROXIMATELY 98% OF UNIVERSITY STUDENTS RECEIVE INSTITUTIONAL FINANCIAL ASSISTANCE. APPROXIMATELY 61% 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 IMPERMISSABLE FACTOR, IN THE MANAGEMENT OF ITS INSTITUTIONAL FINANCIAL ASSISTANCE PROGRAM.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
AUXILIARY ENTERPRISES		7,150,049.	10,829,437.
TOTALS		<u>7,150,049.</u>	<u>10,829,437.</u>

Name of the organization SOUTHWESTERN UNIVERSITY	Employer identification number
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ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BARTLETT COCKE GENERAL CONTRACTORS 7901 E. RIVERSIDE DR, BLDG 2, STE 100 AUSTIN, TX 78744	CONSTRUCTION	4,090,918.
SODEXO SERVICES TEXAS, LLP 1001 E. UNIVERSITY AVENUE GEORGETOWN, TX 78626	FOOD SERVICES	2,691,213.
APOGEE TELECOM 715 W. 23, SUITE M AUSTIN, TX 78705	TELECOM	378,818.
IES 33 W. MONROE STREET, SUITE 2300 CHICAGO, IL 60603	STUDY ABROAD PROGRAM	343,086.
GROUP TWO ARCHITECTURE, INC. 1801 S. MOPAC EXPY, SUITE 350 AUSTIN, TX 78746	ARCH & DESIGN SVCS	321,519.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN UNIVERSITY

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

74-1233796

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHWESTERN FOUNDATION 1001 EAST UNIVERSITY AVENUE GEORGETOWN, TX 78626 74-2736740	PROPERTY	TX	501(C)(3)	11-I	SU	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTHWESTERN FOUNDATION	O	681,374.	GROSS WAGES
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
