

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer SOUTHWESTERN MEDICAL FOUNDATION	EIN or SSN 75-0945939
Name and title of officer or person subject to tax MICHAEL MCMAHAN PRESIDENT	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 79,182,549.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

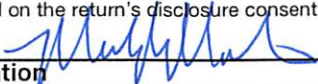
PIN: check one box only

I authorize **WHITLEY PENN, LLP** to enter my PIN **75201**

ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax  Date **11/15/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

71878375225
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SOUTHWESTERN MEDICAL FOUNDATION	Taxpayer identification number (TIN) 75-0945939
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3889 MAPLE AVENUE, 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75219	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MICHAEL MCMAHAN

- The books are in the care of ▶ **3889 MAPLE AVE., SUITE 100 - DALLAS, TX 75219**

Telephone No. ▶ **214-351-6143** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2022** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization SOUTHWESTERN MEDICAL FOUNDATION D Employer identification number 75-0945939 E Telephone number (214) 351-6143 G Gross receipts \$ 151,924,953 H(a) Is this a group return for subordinates? Yes [X] No H(b) Are all subordinates included? Yes No H(c) Group exemption number I Tax-exempt status: [X] 501(c)(3) J Website: WWW.SWMEDICAL.ORG K Form of organization: [X] Corporation L Year of formation: 1939 M State of legal domicile: TX

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2-7 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.

Sign Here: Signature of officer MICHAEL MCMAHAN, PRESIDENT Date 11/15/23 Paid Preparer: Print/Type preparer's name CURTIS MAXFIELD Preparer's signature Curtis Maxfield Date 11/15/2023 Check if self-employed [] PTIN P00445178 Firm's name WHITLEY PENN, LLP Firm's EIN 75-2393478 Firm's address 8343 DOUGLAS AVENUE, SUITE 400 DALLAS, TX 75225 Phone no. 214-393-9300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SOUTHWESTERN MEDICAL FOUNDATION (THE "FOUNDATION") WAS ORGANIZED IN 1939 AS A TEXAS NON-PROFIT CORPORATION, COMMITTED TO THE DEVELOPMENT AND IMPROVEMENT OF MEDICAL EDUCATION, MEDICAL RESEARCH AND PATIENT CARE IN THE NORTH TEXAS COMMUNITY AND THROUGHOUT THE WORLD. IN 1943,

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

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

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

4a (Code:) (Expenses \$ 76,201,643. including grants of \$ 75,105,209.) (Revenue \$) SOUTHWESTERN MEDICAL FOUNDATION ("FOUNDATION") WAS ORGANIZED IN 1939 AS A TEXAS NONPROFIT CORPORATION. THE FOUNDATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AS A CHARITABLE ORGANIZATION.

PROGRAMS SUPPORTED BY THE FOUNDATION ARE PRIMARILY BENEFITTING UT SOUTHWESTERN MEDICAL CENTER AS A LEADING BIOMEDICAL INSTITUTION IN EDUCATION, RESEARCH AND PATIENT CARE, AND ITS PRINCIPAL AFFILIATED INSTITUTIONS. THE FOUNDATION ALSO PROVIDES SUPPORT TO OTHER EXEMPT CIVIC AND MEDICAL ORGANIZATIONS, AND PROVIDES SCHOLARSHIP AWARDS TO MEDICAL STUDENTS AND OTHER HEALTH CARE PROVIDERS. THE FOUNDATION SPONSORS INFORMATIONAL LECTURES THAT FEATURE EXPERT SPEAKERS IN VARIOUS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 76,201,643.

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 Rev. Proc. 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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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>		
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 on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 93		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 92		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MICHAEL MCMAHAN - 214-351-6143
3889 MAPLE AVE., SUITE 100, DALLAS, TX 75219

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KATHLEEN M. GIBSON PRESIDENT AND CEO	40.00 0.25	X		X				457,600.	0.	125,078.
(2) KAY SCHLANKEY SR VICE PRESIDENT & CFO	40.00 0.25			X				237,828.	0.	26,329.
(3) BRITTANY LEBLING DIRECTOR OF COMMUNICATIONS	40.00				X			126,790.	0.	13,268.
(4) EMILY DAVIS CORPORATE SECRETARY	40.00 0.25			X				113,597.	0.	21,727.
(5) STEPHANIE VIDIKAN DIRECTOR OF PROJECT MANAGE	40.00				X			111,550.	0.	22,074.
(6) ROXANE BARRY DIRECTOR OF ACCOUNTING	30.00 0.25				X			103,580.	0.	21,268.
(7) JERE W. THOMPSON, JR. CHAIRMAN OF THE BOARD	0.25	X						0.	0.	0.
(8) CHERYL D. ALSTON TRUSTEE	0.25	X						0.	0.	0.
(9) CHARLES ANDERSON TRUSTEE	0.25	X						0.	0.	0.
(10) KIM J. ASKEW TRUSTEE	0.25	X						0.	0.	0.
(11) KELVIN A. BAGGETT, M.D. TRUSTEE	0.25	X						0.	0.	0.
(12) RANDY BEST TRUSTEE	0.25	X						0.	0.	0.
(13) LUCY BILLINGSLEY TRUSTEE	0.25	X						0.	0.	0.
(14) JAN HART BLACK TRUSTEE	0.25	X						0.	0.	0.
(15) RANDY BOWMAN TRUSTEE	0.25	X						0.	0.	0.
(16) DAVID O. BROWN TRUSTEE	0.25	X						0.	0.	0.
(17) J. ROBERT BROWN TRUSTEE	0.25	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHONN BROWN TRUSTEE	0.25	X						0.	0.	0.
(19) PETER D. BRUNDAGE TRUSTEE	0.25	X						0.	0.	0.
(20) LELAND R. BURK TRUSTEE	0.25	X						0.	0.	0.
(21) PETE CHILLIAN TRUSTEE	0.25	X						0.	0.	0.
(22) NITA P. CLARK TRUSTEE	0.25	X						0.	0.	0.
(23) DAVID R. CORRIGAN TRUSTEE	0.25	X						0.	0.	0.
(24) TIMOTHY P. COSTELLO TRUSTEE	0.25	X						0.	0.	0.
(25) LINDA PITTS CUSTARD TRUSTEE	0.25	X						0.	0.	0.
(26) ROBERT H. DEDMAN, JR. TRUSTEE	0.25	X						0.	0.	0.
1b Subtotal								1,150,945.	0.	229,744.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,150,945.	0.	229,744.

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 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
PEOPLE PERFORMANCE RESOURCES, LLC, 1914 SKILLMAN STREET, SUITE 110153, DALLAS, TX	HR MANAGEMENT SERVICES	445,990.
FUND EVALUATION GROUP, 201 EAST FIFTH STREET, SUITE 1600, CINCINNATI, OH 45202	INVESTMENT MANAGEMENT	395,895.
NORTHERN TRUST COMPANY 50 S. LASALLE STREET, CHICAGO, IL 60675	INVESTMENT MANAGEMENT	381,381.
HUNTON ANDREWS KURTH LLP, 1445 ROSS AVENUE, SUITE 3700, DALLAS, TX 75202	LEGAL SERVICES	371,870.
O&H BRAND DESIGN 8070 PARK LANE, SUITE 280, DALLAS, TX 75231	MARKETING SERVICES	166,736.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JENNIFER EAGLE TRUSTEE	0.25	X						0.	0.	0.
(28) LINDA P. EVANS TRUSTEE	0.25	X						0.	0.	0.
(29) HILL A. FEINBERG TRUSTEE	0.25	X						0.	0.	0.
(30) ANDERSEN C. FISHER TRUSTEE	0.25	X						0.	0.	0.
(31) RICHARD W. FISHER TRUSTEE	0.25	X						0.	0.	0.
(32) STUART FITTS TRUSTEE	0.25	X						0.	0.	0.
(33) CATE FORD TRUSTEE	0.25	X						0.	0.	0.
(34) HOLLAND P. GARY TRUSTEE	0.25	X						0.	0.	0.
(35) MARK D. GIBSON TRUSTEE	0.25	X						0.	0.	0.
(36) NANCY S. HALBREICH TRUSTEE	0.25	X						0.	0.	0.
(37) DAVID C. HALEY TRUSTEE	0.25	X						0.	0.	0.
(38) KATHRYN W. HALL TRUSTEE	0.25	X						0.	0.	0.
(39) PILAR TABERNEO HENRY TRUSTEE	0.25	X						0.	0.	0.
(40) J. HALE HOAK TRUSTEE	0.25	X						0.	0.	0.
(41) RICHARD E. HOFFMAN, MD TRUSTEE	0.25	X						0.	0.	0.
(42) JAMES R. HUFFINES TRUSTEE	0.25	X						0.	0.	0.
(43) REX V. JOBE TRUSTEE	0.25	X						0.	0.	0.
(44) ROD C. JONES TRUSTEE	0.25	X						0.	0.	0.
(45) BOB JORDAN TRUSTEE	0.25	X						0.	0.	0.
(46) AMB. ROBERT W. JORDAN TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MICHAEL L. KAHN TRUSTEE	0.25	X						0.	0.	0.
(48) LINDA KAO TRUSTEE	0.25	X						0.	0.	0.
(49) GARY C. KELLY TRUSTEE	0.25	X						0.	0.	0.
(50) JAMES KEYES TRUSTEE	0.25	X						0.	0.	0.
(51) IMRAN KHAN TRUSTEE	0.25	X						0.	0.	0.
(52) CAREN KLINE TRUSTEE	0.25	X						0.	0.	0.
(53) JOYCE LACERTE TRUSTEE	0.25	X						0.	0.	0.
(54) MARK LANGDALE TRUSTEE	0.25	X						0.	0.	0.
(55) SAMUEL D. LOUGHLIN TRUSTEE	0.25	X						0.	0.	0.
(56) JACK B. LOWE JR. TRUSTEE	0.25	X						0.	0.	0.
(57) BOBBY B. LYLE TRUSTEE	0.25	X						0.	0.	0.
(58) S. TODD MACLIN TRUSTEE	0.25	X						0.	0.	0.
(59) NANCY CAIN MARCUS, PHD TRUSTEE	0.25	X						0.	0.	0.
(60) CHARLES W. MATTHEWS TRUSTEE	0.25	X						0.	0.	0.
(61) AMY MCKNIGHT TRUSTEE	0.25	X						0.	0.	0.
(62) DAVID B. MILLER TRUSTEE	0.25	X						0.	0.	0.
(63) SARAH K. MILLER TRUSTEE	0.25	X						0.	0.	0.
(64) KIT TENNISON MONCRIEF TRUSTEE	0.25	X						0.	0.	0.
(65) CARTER MONTGOMERY TRUSTEE	0.25	X						0.	0.	0.
(66) J. RAY NIXON, JR. TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) ALFREDA B. NORMAN TRUSTEE	0.25	X						0.	0.	0.
(68) LYDIA H. NOVAKOV TRUSTEE	0.25	X						0.	0.	0.
(69) JAMES C. OBERWETTER TRUSTEE	0.25	X						0.	0.	0.
(70) CONNIE O'NEILL TRUSTEE	0.25	X						0.	0.	0.
(71) JEANNE L. PHILLIPS TRUSTEE	0.25	X						0.	0.	0.
(72) DANIEL K. PODOLSKY, MD TRUSTEE	0.25	X						0.	0.	0.
(73) RICHARD R. POLLOCK TRUSTEE	0.25	X						0.	0.	0.
(74) MATTHEW S. RAMSEY TRUSTEE	0.25	X						0.	0.	0.
(75) KATIE H. ROBBINS TRUSTEE	0.25	X						0.	0.	0.
(76) CATHERINE M. ROSE TRUSTEE	0.25	X						0.	0.	0.
(77) DANIEL G. ROUTMAN TRUSTEE	0.25	X						0.	0.	0.
(78) ROBERT B. ROWLING TRUSTEE	0.25	X						0.	0.	0.
(79) STEVEN S. SCHIFF TRUSTEE	0.25	X						0.	0.	0.
(80) ROBERT J. SCHLEGEL TRUSTEE	0.25	X						0.	0.	0.
(81) BRIAN SCHULTZ TRUSTEE	0.25	X						0.	0.	0.
(82) DEBBIE SCRIPPS TRUSTEE	0.25	X						0.	0.	0.
(83) DAVID T. SEATON TRUSTEE	0.25	X						0.	0.	0.
(84) NICOLE G. SMALL TRUSTEE	0.25	X						0.	0.	0.
(85) BONNIE BASS SMITH TRUSTEE	0.25	X						0.	0.	0.
(86) JERRY V. SMITH TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	236,450.				
	d Related organizations	1d	3,507,532.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,382,458.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 442,983.				
	h Total. Add lines 1a-1f		23,126,440.				
Program Service Revenue			Business Code				
	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,277,380.			14277380.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,094,345.			1094345.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	113,404,438.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	72,655,348.				
	c Gain or (loss)	7c	40,749,090.				
	d Net gain or (loss)		40,749,090.			40749090.	
8 a Gross income from fundraising events (not including \$ 236,450. of contributions reported on line 1c). See Part IV, line 18	8a		22,350.				
			87,056.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-64,706.			-64,706.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			79,182,549.	0.	0.	56056109.	

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 ...	74,325,209.	74,325,209.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	780,000.	780,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	982,159.	294,648.	392,863.	294,648.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,168,099.	350,429.	467,241.	350,429.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,711.	33,813.	45,085.	33,813.
9 Other employee benefits	140,415.	42,086.	56,351.	41,978.
10 Payroll taxes	124,667.	37,400.	49,867.	37,400.
11 Fees for services (nonemployees):				
a Management				
b Legal	348,745.		348,745.	
c Accounting	135,758.	2,301.	131,156.	2,301.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	848,532.		848,532.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	522,886.	109,217.	304,452.	109,217.
12 Advertising and promotion	71,964.			71,964.
13 Office expenses	44,141.	12,270.	19,647.	12,224.
14 Information technology	269,986.	60,743.	80,990.	128,253.
15 Royalties				
16 Occupancy	429,641.	108,879.	211,883.	108,879.
17 Travel	7,495.		7,495.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	36,773.	6,445.	14,557.	15,771.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,940.		87,940.	
23 Insurance	122,483.		122,483.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS INCO	19,934.		19,934.	
b FOUNDATION DEVELOPMENT	177,782.	3,482.	128,297.	46,003.
c FOCUS GROUP/SPECIAL EVE	143,517.			143,517.
d PUBLIC RELATIONS	139,865.	21,117.	66,152.	52,596.
e All other expenses	153,677.	13,604.	94,180.	45,893.
25 Total functional expenses. Add lines 1 through 24e	81,194,379.	76,201,643.	3,497,850.	1,494,886.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,955,238.	1	7,764,277.
	2 Savings and temporary cash investments	10,946,573.	2	7,974,406.
	3 Pledges and grants receivable, net	5,919,960.	3	7,518,179.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	79,253.	9	69,152.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 942,197.		
	b Less: accumulated depreciation	10b 605,968.	350,053.	10c 336,229.
	11 Investments - publicly traded securities	457,393,947.	11	342,962,843.
	12 Investments - other securities. See Part IV, line 11	823,564,837.	12	745,858,069.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,288,125.	15	10,520,012.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1318497986.	16	1123003167.	
Liabilities	17 Accounts payable and accrued expenses	4,428,687.	17	4,569,091.
	18 Grants payable	1,275,506.	18	1,110,009.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	5,704,193.	26	5,679,100.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	70,872,009.	27	58,650,743.
	28 Net assets with donor restrictions	1241921784.	28	1058673324.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1312793793.	32	1117324067.
33 Total liabilities and net assets/fund balances	1318497986.	33	1123003167.	

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	79,182,549.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,194,379.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,011,830.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,312,793,793.
5	Net unrealized gains (losses) on investments	5	-193,457,896.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,117,324,067.

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SOUTHWESTERN MEDICAL FOUNDATION	Employer identification number 75-0945939
--	---

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37759024.	17917525.	14659367.	28846152.	23126440.	122308508
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	37759024.	17917525.	14659367.	28846152.	23126440.	122308508
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)						38584721.
6 Public support. Subtract line 5 from line 4.						83723787.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	37759024.	17917525.	14659367.	28846152.	23126440.	122308508
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16181813.	13316171.	10184305.	13826250.	15371725.	68880264.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			9,112.			9,112.
11 Total support. Add lines 7 through 10						191197884
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	43.79 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	43.88 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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>		
1		
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?		
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>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number

75-0945939

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization SOUTHWESTERN MEDICAL FOUNDATION	Employer identification number 75-0945939
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,507,532.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>2,503,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,005,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>2,759,544.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>560,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWESTERN MEDICAL FOUNDATION	Employer identification number 75-0945939
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>2,000,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>960,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWESTERN MEDICAL FOUNDATION	Employer identification number 75-0945939
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 501,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWESTERN MEDICAL FOUNDATION	Employer identification number 75-0945939
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES _____ _____ _____	\$ 1,177,749.	11/03/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SOUTHWESTERN MEDICAL FOUNDATION	Employer identification number 75-0945939
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: SOUTHWESTERN MEDICAL FOUNDATION; Employer identification number: 75-0945939

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for amounts related to these items.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,096,540,874.	938,315,090.	845,982,842.	726,357,417.	734,871,083.
b Contributions	7,015,011.	17,970,162.	5,943,921.	33,909,929.	27,862,929.
c Net investment earnings, gains, and losses	-91,375,507.	170,206,380.	114,485,256.	104,552,075.	-18,628,346.
d Grants or scholarships	35,360,274.	29,950,758.	28,096,930.	18,836,579.	17,748,249.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	976,820,104.	1,096,540,874.	938,315,090.	845,982,842.	726,357,417.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 14.9200 %
 - b Permanent endowment 46.2500 %
 - c Term endowment 38.8300 %
- 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	49,014.			49,014.
b Buildings				
c Leasehold improvements		243,819.	158,600.	85,219.
d Equipment		649,364.	447,368.	201,996.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				336,229.

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) PARTNERSHIP INVESTMENTS	745,858,069.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	745,858,069.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-115059102.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-193457896.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-193457896.	
3	Subtract line 2e from line 1	3	78,398,794.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	848,532.	
b	Other (Describe in Part XIII.)	4b	-64,777.	
c	Add lines 4a and 4b	4c	783,755.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	79,182,549.	

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

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

1	Total expenses and losses per audited financial statements		1	80,410,624.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	80,410,624.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	848,532.	
b	Other (Describe in Part XIII.)	4b	-64,777.	
c	Add lines 4a and 4b	4c	783,755.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	81,194,379.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"), AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE FOUNDATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; AND TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH STATE CHARITABLE SOLICITATION REGISTRATIONS ARE REQUIRED.

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN

Part XIII Supplemental Information (continued)

POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR YEARS PRIOR TO 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -64,777.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -64,777.

SCHEDULE D, FORM 990, PART V: LINE 4

DONORS MAKE PERMANENT ENDOWMENTS TO SUPPORT THE ONGOING CHARITABLE SERVICES AND MISSION OF THE ORGANIZATION.

Part IV Foreign Forms

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

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 (add col. (a) through col. (c))
		DOCSTARS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	258,800.			258,800.
	2 Less: Contributions	236,450.			236,450.
	3 Gross income (line 1 minus line 2)	22,350.			22,350.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	18,325.			18,325.
	8 Entertainment	8,201.			8,201.
	9 Other direct expenses	60,530.			60,530.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				87,056.
11 Net income summary. Subtract line 10 from line 3, column (d)				-64,706.	

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))
		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)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **SOUTHWESTERN MEDICAL FOUNDATION** Employer identification number **75-0945939**

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	2,007,982.	0.			2022-2023 ANNUAL GRANT
DALLAS HISTORICAL SOCIETY P.O. BOX 150038 DALLAS, TX 75315	75-0851204	170(B)(1)(A)(VI)	7,500.	0.			COMMUNITY EVENT
PEROT MUSEUM OF NATURE AND SCIENCE 1318 SOUTH 2ND AVENUE DALLAS, TX 75210	75-6067569	170(B)(1)(A)(VI)	7,500.	0.			COMMUNITY EVENT
THE PHOENIX HOUSE OF TEXAS, INC. 2351 WEST NORTHWEST HIGHWAY DALLAS, TX 75220	13-3810073	NOT A PRIVATE FOUNDA	48,830.	0.			FOR THE HILL FEINBERG ACADEMY
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	620,019.	0.			MARY R. SANER ENDOWMENT FUND ANNUAL 4% DISTRIBUTION TO BE APPLIED TO OUTSTANDING
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	29,498.	0.			TO PROVIDE GIFT CARDS TO COVID-19 FRONTLINE WORKERS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10.

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	330,720.	0.			TO PROVIDE GIFT CARDS TO COVID-19 FRONTLINE WORKERS
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	647,995.	0.			TO SUPPORT ALZHEIMER'S DISEASE RESEARCH AND DR. MARC DIAMOND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	136,740.	0.			TO SUPPORT 2022 CARY COUNCIL DOCSTARS
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT ALZHEIMER'S RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	167,500.	0.			TO SUPPORT AMGEN SCHOLARS PROGRAM
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	31,566,075.	0.			TO SUPPORT B ROWLING FUND O'DONNELL BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT BEHAVIORAL NEUROLOGY AND DEMENTIA
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	5,153.	0.			TO SUPPORT BRAIN CANCER RESEARCH
CANCER PREVENTION INITIATIVE, INC. 1722 ROUTH STREET, SUITE 770 DALLAS, TX 75201	47-3425850	170(B)(1)(A)(VI)	245,000.	0.			TO SUPPORT CANCER PREVENTION INITIATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	34,000.	0.			TO SUPPORT CANCER RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT CANCER RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT CANCER RESEARCH UNDER DIRECTION OF ROBERT COLLINS, M.D.
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	40,000.	0.			TO SUPPORT CENTER FOR DEPRESSION RESEARCH AND CLINICAL CARE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	1,000,000.	0.			TO SUPPORT CEREBELLUM DISORDERS RESEARCH FUND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	1,000,000.	0.			TO SUPPORT CEREBELLUM DISORDERS RESEARCH FUND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	16,476.	0.			TO SUPPORT CHILDREN'S PEDIATRIC ONCOLOGY
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT CLINICAL EXCELLENCE AND QUALITY IMPROVEMENT EFFORTS OF THE UNIVERSITY HEALTH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,000.	0.			TO SUPPORT COVID-19 DFW PREVALENCE STUDY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKLAND HEALTH & HOSPITAL SYSTEM 5200 HARRY HINES BOULEVARD DALLAS, TX 75235	75-6004221	GOVERNMENT	10,800.	0.			TO SUPPORT DECHERD AWARD
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,000.	0.			TO SUPPORT DFW PREVALENCE STUDY
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	25,000.	0.			TO SUPPORT DIABETES RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	20,350.	0.			TO SUPPORT DR. HANS HAMMERS RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	25,000.	0.			TO SUPPORT DR. PONCIANO CRUZ'S DERMATOLOGY RESIDENCY PROGRAM
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT DR. STEVEN LEACH GENERAL SUPPORT FUND AND MULTI-SPECIALTIES CLINIC
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT FOR DEPARTMENT OF OPHTHALMOLOGY
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	12,500.	0.			TO SUPPORT FOR PALLIATIVE CARE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	7,925.	0.			TO SUPPORT HAROLD C. SIMMONS COMPREHENSIVE CANCER CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	240,000.	0.			TO SUPPORT IN-PATIENT PSYCHIATRY CARE IN THE DEPARTMENT OF PSYCHIATRY AT UT SOUTHWESTERN
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	40,000.	0.			TO SUPPORT KIDNEY CANCER RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	25,000.	0.			TO SUPPORT KIDNEY DISEASE RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT LEUKEMIA RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	20,000.	0.			TO SUPPORT MEDICAL CARE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	160,000.	0.			TO SUPPORT MEDICAL CARE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	14,500.	0.			TO SUPPORT MEDICAL RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	400,000.	0.			TO SUPPORT MEDICAL RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	17,500.	0.			TO SUPPORT MEDICAL RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,000.	0.			TO SUPPORT MENTAL HEALTH INITIATIVES
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	68,253.	0.			TO SUPPORT MISCELLANEOUS INITIATIVES AT UT SOUTHWESTERN
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	9,618.	0.			TO SUPPORT NEURO-METABOLIC DISEASE RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	1,000,000.	0.			TO SUPPORT NEUROSCIENCE RESEARCH AT THE HAROLD AND ANNETTE SIMMONS COMPREHENSIVE CENTER FOR
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,000.	0.			TO SUPPORT O'DONNELL BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	75,000.	0.			TO SUPPORT PEDIATRIC GASTROENTEROLOGY
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT POSTURAL TACHYCARDIA SYNDROME AT UT SOUTHWESTERN
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	15,000.	0.			TO SUPPORT RESEARCH PROJECTS OF DR. DAVID GERBER
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	15,230,966.	0.			TO SUPPORT RESEARCH, CENTERS, ENDOWED CHAIRS, PROFESSORSHIPS AND OTHER PROGRAMS AT UT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	15,351,144.	0.			TO SUPPORT RESEARCH, CENTERS, ENDOWED CHAIRS, PROFESSORSHIPS AND OTHER PROGRAMS AT UT
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	12,500.	0.			TO SUPPORT THE BARBARA AND DONALD ZALE FUND IN HONOR OF DR. JOEL WELLS
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - 821 SOUTH AYCOCK STREET - GREENSBORO, NC 27403	56-6001468	170(C)(1)	25,226.	0.			TO SUPPORT THE BRENDA WELLING RECHTINE SCHOLARSHIP FUND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT THE CHAIR AND EFFORTS IN OBESITY AND DIABETES RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	37,597.	0.			TO SUPPORT THE DERMATOLOGY RESIDENCY PROGRAM FUND HONORING DR. CRUZ
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	25,000.	0.			TO SUPPORT THE EMANUELSON FAMILY FUND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT THE HANNAY FAMILY FUND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT THE MARKEY FAMILY FUND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT THE MR. AND MRS. BEN H. SPARKMAN INTERNAL MEDICINE FUND

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	25,000.	0.			TO SUPPORT THE O'DONNELL BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	15,000.	0.			TO SUPPORT THE O'DONNELL BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	357,000.	0.			TO SUPPORT THE O'DONNELL BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	250,000.	0.			TO SUPPORT THE O'DONNELL BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	607,000.	0.			TO SUPPORT THE O'DONNELL BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT THE OUTPATIENT CANCER TOWER AT THE HAROLD C. SIMMONS COMPREHENSIVE CANCER
COLLIN COUNTY HEALTH CARE FOUNDATION - 825 NORTH MCDONALD STREET - MCKINNEY, TX 75069	75-6000873	GOVERNMENT	90,618.	0.			TO SUPPORT THE PROGRAMS OF THE COLLIN COUNTY HEALTH DEPARTMENT
TEXAS WOMAN'S UNIVERSITY 1810 INWOOD ROAD DALLAS, TX 75235	75-1292762	170(B)(1)(A)(V)	40,000.	0.			TO SUPPORT THE PROGRAMS OF THE STROKE CENTER-DALLAS
YOUNGSTOWN STATE UNIVERSITY FOUNDATION - 655 WICK AVENUE - YOUNGSTOWN, OH 44502	34-6576610	170(B)(1)(A)(VI)	16,818.	0.			TO SUPPORT THE THOMAS W. CROGAN III MEMORIAL SCHOLARSHIP IN NURSING FUND

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	250,000.	0.			TO SUPPORT THE UT SOUTHWESTERN GRADUATE SCHOOL OF BIOMEDICAL SCIENCES WILD HARE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT THE WILLIAM P. CLEMENTS, JR UNIVERSITY HOSPITAL CONSTRUCTION PROJECT
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	30,290.	0.			TO SUPPORT UT SOUTHWESTERN MEDICAL RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	105,000.	0.			TO SUPPORT VARIOUS MEDICAL RESEARCH PROJECTS AT UT SOUTHWESTERN
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	34,000.	0.			TO SUPPORT VARIOUS MEDICAL RESEARCH PROJECTS AT UT SOUTHWESTERN
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	24,000.	0.			TO SUPPORT WOMEN IN SCIENCE AND MEDICINE ADVISORY COMMITTEE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	300,000.	0.			TO SUPPORT YOUTH MENTAL HEALTH AWARENESS
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	300,000.	0.			TO SUPPORT YOUTH MENTAL HEALTH AWARENESS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	10	780,000.	0.		

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

PART I, LINE 2:

THE ORGANIZATION THOROUGHLY REVIEWS AND APPROVES THE USE OF GRANT FUNDS
MADE TO THE UT SOUTHWESTERN MEDICAL CENTER AND OTHER CHARITABLE
ORGANIZATIONS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: MARY R. SANER ENDOWMENT FUND ANNUAL

4% DISTRIBUTION TO BE APPLIED TO OUTSTANDING HOSPITAL BILLS FOR INDIGENT

Part IV Supplemental Information

ELDERLY PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CLINICAL EXCELLENCE AND QUALITY IMPROVEMENT EFFORTS OF THE UNIVERSITY HEALTH SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN-PATIENT PSYCHIATRY CARE IN THE DEPARTMENT OF PSYCHIATRY AT UT SOUTHWESTERN INCLUDING THE PURCHASE OF A TRANSCRANIAL MAGNETIC STIMULATION (TMS) MACHINE

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NEUROSCIENCE RESEARCH AT THE HAROLD AND ANNETTE SIMMONS COMPREHENSIVE CENTER FOR RESEARCH AND TREATMENT IN BRAIN AND NEUROLOGICAL DISORDERS

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH, CENTERS, ENDOWED CHAIRS, PROFESSORSHIPS AND OTHER PROGRAMS AT UT SOUTHWESTERN

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH, CENTERS, ENDOWED CHAIRS, PROFESSORSHIPS AND OTHER PROGRAMS AT UT SOUTHWESTERN

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OUTPATIENT CANCER TOWER AT THE HAROLD C. SIMMONS COMPREHENSIVE CANCER CENTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE UT SOUTHWESTERN

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES WILD HARE PROGRAM

SCHEDULE I, PART III:

THE FOUNDATION MAKES SCHOLARSHIPS AVAILABLE TO MEDICAL STUDENTS BASED UPON THE RECOMMENDATIONS OF THE SCHOLARSHIP AWARDS COMMITTEE OF THE UT SOUTHWESTERN MEDICAL SCHOOL. THE COMMITTEE IS COMPOSED OF THE ASSOCIATE DEANS FOR STUDENT AFFAIRS, THE VICE PRESIDENT FOR STUDENT & ALUMNI AFFAIRS, THE DIRECTOR OF ADMISSIONS, THE REGISTRAR & THE DIRECTOR OF FINANCIAL AID. SCHOLARSHIP AWARDS MAY BE BASED EITHER UPON FINANCIAL NEED OR UPON PRIOR OUTSTANDING ACADEMIC PERFORMANCE. ALL APPLICANTS ARE SCREENED WITH THE MANDATES OF THE STATE OF TEXAS. FELLOWSHIPS ARE MADE UPON THE RECOMMENDATION OF THE PRESIDENT OF THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AND THE APPROPRIATE MEDICAL CHAIRMAN.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number

75-0945939

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 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 type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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" on line 5a or 5b, describe in Part III.

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) KATHLEEN M. GIBSON PRESIDENT AND CEO	(i)	457,600.	0.	0.	113,900.	11,178.	582,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAY SCHLANKEY SR VICE PRESIDENT & CFO	(i)	237,828.	0.	0.	23,783.	2,546.	264,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, SCHEDULE J, LINE 4B

KATHLEEN GIBSON, KAY SCHLANKEY, AND ROXANE BARRY EACH PARTICIPATE IN AN EXECUTIVE NON-QUALIFIED PLAN. THEIR DEFERRALS AND CONTRIBUTIONS ARE:

KATHLEEN GIBSON - \$92,552

KAY SCHLANKEY - \$7,135

ROXANE BARRY - \$2,072

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number

75-0945939

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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	442,983.	FAIR MARKET VALUE
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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	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 nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF NON-CASH CONTRIBUTIONS REFLECTS THE TOTAL NUMBER OF CONTRIBUTIONS RATHER THAN THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A BROKERAGE SERVICE TO PROCESS AND SELL THEIR NON-CASH CONTRIBUTIONS OF PUBLIC SECURITIES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number

75-0945939

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

CORPORATION, COMMITTED TO THE DEVELOPMENT AND IMPROVEMENT OF MEDICAL

EDUCATION, MEDICAL RESEARCH AND PATIENT CARE IN THE NORTH TEXAS

COMMUNITY AND THROUGHOUT THE WORLD. IN 1943, THE FOUNDATION ESTABLISHED

SOUTHWESTERN MEDICAL COLLEGE, NOW KNOWN AS UT SOUTHWESTERN MEDICAL

CENTER (THE "CENTER"). THE FOUNDATION CONTINUES TO RAISE AND MANAGE

PRIVATE PHILANTHROPIC DOLLARS PRIMARILY FOR CONTINUED SUPPORT OF THE

CENTER THROUGH GRANTS AND SCHOLARSHIPS.

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

THE FOUNDATION ESTABLISHED SOUTHWESTERN MEDICAL COLLEGE, NOW KNOWN AS

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER (THE "CENTER"). THE

FOUNDATION CONTINUES TO RAISE AND MANAGE PRIVATE PHILANTHROPIC DOLLARS

PRIMARILY FOR CONTINUED SUPPORT OF THE CENTER THROUGH GRANTS AND

SCHOLARSHIPS.

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

FIELDS. THE FOUNDATION EARNS NO INCOME FROM THESE LECTURES.

FORM 990, PART VI, SECTION A, LINE 2:

SOME BOARD MEMBERS HAVE A FAMILY RELATIONSHIP WITH ONE ANOTHER. THESE

RELATIONSHIPS DO NOT AFFECT THE ORGANIZATION.

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

THE BOARD OF TRUSTEES HAS DELEGATED THE RESPONSIBILITY OF REVIEWING THE TAX

RETURN TO THE AUDIT COMMITTEE.

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number

75-0945939

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

THE SECRETARY AND ASSISTANT SECRETARY ANNUALLY REVIEW THE CODE OF CONDUCT AND CONFLICT OF INTEREST STATEMENTS FOR ANY CHANGES AND/OR NEW DISCLOSURES.

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

THE ORGANIZATION DETERMINES COMPENSATION UPON THE REVIEW AND APPROVAL:

- EXECUTIVE COMPENSATION COMMITTEE FOR THE PRESIDENT AND CEO
- PERSONNEL COMMITTEE FOR ALL OTHER OFFICERS

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, ND, NY
NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

IF THE ORGANIZATION RECEIVES A DOCUMENT REQUEST, THEY EVALUATE THE REQUESTS AND PROVIDE THE ORGANIZATIONAL AND GOVERNING DOCUMENTS ON A CASE BY CASE BASIS.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE AUDIT AND THE SELECTION OF INDEPENDENT AUDITORS.

FORM 990, PAGE 1, LINE 8:

THE AMOUNT ON PAGE 1, LINE 8 INCLUDES AN ADJUSTMENT FOR THE DECREASE IN VALUE OF SPLIT INTEREST CONTRIBUTIONS OF \$782,445.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **SOUTHWESTERN MEDICAL FOUNDATION** Employer identification number **75-0945939**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SWMF PROPERTIES, INC. - 75-2838956 3889 MAPLE AVE., SUITE 100 DALLAS, TX 75219	PROVIDE FUNDS TO SUPPORT THE CHARITABLE ACTIVITIES OF SW MEDICAL FOUNDATION	TEXAS	501(C)(3)	11A	N/A		X

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SWMF PROPERTIES, INC.	C	3,507,532.	FAIR VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

