

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 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 \$: 185,831,361.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.SWMEDICAL.ORG
K Form of organization: Corporation
L Year of formation: 1939
M State of legal domicile: TX

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22).

Part II Signature Block

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

Signature of officer: MICHAEL MCMAHAN, PRESIDENT
Date:
Print/Type preparer's name: CURTIS MAXFIELD
Preparer's signature: Curtis Maxfield
Date: 11/14/2024
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 \$ 45,837,064. including grants of \$ 44,546,549.) (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 45,837,064.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b 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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15	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>	16	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	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 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>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See 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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 59	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (88); 1b Enter the number of voting members included on line 1a, above, who are independent (88); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 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); 16b 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?

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. [X] 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 GIBSON PRESIDENT AND CEO - PARTIAL YEAR	40.00 0.25	X		X				696,312.	0.	9,020.
(2) MICHAEL MCMAHAN PRESIDENT AND CEO - PARTIAL YEAR	40.00 0.25	X		X				316,811.	0.	23,416.
(3) KAY SCHLANKEY SR VICE PRESIDENT & CFO	40.00 0.25			X				273,713.	0.	28,897.
(4) TRAE HOLMES SENIOR DIRECTOR OF ACCOUNTING	40.00					X		148,593.	0.	25,199.
(5) STEPHANIE VIDIKAN DIRECTOR OF PROJECT MANAGE	40.00					X		133,517.	0.	24,961.
(6) BRITTANY LEBLING DIRECTOR OF COMMUNICATIONS	40.00					X		130,535.	0.	18,308.
(7) EMILY DAVIS CORPORATE SECRETARY	40.00 0.25			X				122,869.	0.	21,998.
(8) REPHAEL FOSTER SENIOR FINANCIAL ANALYST & TREASURY	40.00					X		100,275.	0.	21,695.
(9) SARAH FLETCHER CHIEF FINANCIAL OFFICER	40.00			X				21,667.	0.	0.
(10) JERE W. THOMPSON, JR. CHAIRMAN OF THE BOARD	0.25	X		X				0.	0.	0.
(11) CHERYL D. ALSTON TRUSTEE	0.25	X						0.	0.	0.
(12) CHARLES ANDERSON TRUSTEE	0.25	X						0.	0.	0.
(13) KIM J. ASKEW TRUSTEE	0.25	X						0.	0.	0.
(14) KELVIN A. BAGGETT, M.D. TRUSTEE	0.25	X						0.	0.	0.
(15) RANDY BEST TRUSTEE	0.25	X						0.	0.	0.
(16) LUCY BILLINGSLEY TRUSTEE	0.25	X						0.	0.	0.
(17) JAN HART BLACK 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) RANDY BOWMAN TRUSTEE	0.25	X						0.	0.	0.
(19) TUCKER S. BRIDWELL TRUSTEE	0.25	X						0.	0.	0.
(20) DAVID O. BROWN TRUSTEE	0.25	X						0.	0.	0.
(21) J. ROBERT BROWN TRUSTEE	0.25	X						0.	0.	0.
(22) SHONN BROWN TRUSTEE	0.25	X						0.	0.	0.
(23) PETER D. BRUNDAGE TRUSTEE	0.25	X						0.	0.	0.
(24) LELAND R. BURK TRUSTEE	0.25	X						0.	0.	0.
(25) PETE CHILLIAN TRUSTEE	0.25	X						0.	0.	0.
(26) NITA P. CLARK TRUSTEE	0.25	X						0.	0.	0.
1b Subtotal								1,944,292.	0.	173,494.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,944,292.	0.	173,494.

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 17

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PEOPLE PERFORMANCE RESOURCES, LLC, 1914 SKILLMAN STREET, SUITE 110153, DALLAS, TX	HR MANAGEMENT SERVICES	509,943.
FUND EVALUATION GROUP, 201 EAST FIFTH STREET, SUITE 1600, CINCINNATI, OH 45202	INVESTMENT MANAGEMENT	393,279.
NORTHERN TRUST COMPANY 50 S. LASALLE STREET, CHICAGO, IL 60675	INVESTMENT MANAGEMENT	386,660.
LDWW GROUP MARKETING COMMUNICATIONS LP, 1444 OAK LAWN AVENUE, SUITE 100, DALLAS,	MARKETING SERVICES	328,502.
HUNTON ANDREWS KURTH LLP, 1445 ROSS AVENUE, SUITE 3700, DALLAS, TX 75202	LEGAL SERVICES	286,205.

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 5

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) DAVID R. CORRIGAN TRUSTEE	0.25	X						0.	0.	0.
(28) TIMOTHY P. COSTELLO TRUSTEE	0.25	X						0.	0.	0.
(29) LINDA PITTS CUSTARD TRUSTEE	0.25	X						0.	0.	0.
(30) ROBERT H. DEDMAN, JR. TRUSTEE	0.25	X						0.	0.	0.
(31) LINDA P. EVANS TRUSTEE	0.25	X						0.	0.	0.
(32) HILL A. FEINBERG TRUSTEE	0.25	X						0.	0.	0.
(33) ANDERSEN C. FISHER TRUSTEE	0.25	X						0.	0.	0.
(34) RICHARD W. FISHER TRUSTEE	0.25	X						0.	0.	0.
(35) CATE FORD TRUSTEE	0.25	X						0.	0.	0.
(36) HOLLAND P. GARY TRUSTEE	0.25	X						0.	0.	0.
(37) MARK D. GIBSON TRUSTEE	0.25	X						0.	0.	0.
(38) NANCY S. HALBREICH TRUSTEE	0.25	X						0.	0.	0.
(39) DAVID C. HALEY TRUSTEE	0.25	X						0.	0.	0.
(40) PILAR TABERNEO HENRY TRUSTEE	0.25	X						0.	0.	0.
(41) KENNETH A. HERSH TRUSTEE	0.25	X						0.	0.	0.
(42) JOAN BUCHANAN HILL TRUSTEE	0.25	X						0.	0.	0.
(43) J. HALE HOAK TRUSTEE	0.25	X						0.	0.	0.
(44) RICHARD E. HOFFMAN, MD TRUSTEE	0.25	X						0.	0.	0.
(45) JAMES R. HUFFINES TRUSTEE	0.25	X						0.	0.	0.
(46) ROD C. JONES 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) BOB JORDAN TRUSTEE	0.25	X						0.	0.	0.
(48) AMB. ROBERT W. JORDAN TRUSTEE	0.25	X						0.	0.	0.
(49) MICHAEL L. KAHN TRUSTEE	0.25	X						0.	0.	0.
(50) LINDA KAO TRUSTEE	0.25	X						0.	0.	0.
(51) GARY C. KELLY TRUSTEE	0.25	X						0.	0.	0.
(52) JAMES KEYES TRUSTEE	0.25	X						0.	0.	0.
(53) IMRAN KHAN TRUSTEE	0.25	X						0.	0.	0.
(54) CHRIS KLEINERT TRUSTEE	0.25	X						0.	0.	0.
(55) JOYCE LACERTE TRUSTEE	0.25	X						0.	0.	0.
(56) MARK LANGDALE TRUSTEE	0.25	X						0.	0.	0.
(57) SAMUEL D. LOUGHLIN TRUSTEE	0.25	X						0.	0.	0.
(58) JACK B. LOWE JR. TRUSTEE	0.25	X						0.	0.	0.
(59) S. TODD MACLIN TRUSTEE	0.25	X						0.	0.	0.
(60) NANCY CAIN MARCUS, PHD TRUSTEE	0.25	X						0.	0.	0.
(61) CHARLES W. MATTHEWS TRUSTEE	0.25	X						0.	0.	0.
(62) AMY MCKNIGHT TRUSTEE	0.25	X						0.	0.	0.
(63) DAVID B. MILLER TRUSTEE	0.25	X						0.	0.	0.
(64) SARAH K. MILLER TRUSTEE	0.25	X						0.	0.	0.
(65) KIT TENNISON MONCRIEF TRUSTEE	0.25	X						0.	0.	0.
(66) CARTER MONTGOMERY 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) J. RAY NIXON, JR. TRUSTEE	0.25	X						0.	0.	0.
(68) ALFREDA B. NORMAN TRUSTEE	0.25	X						0.	0.	0.
(69) LYDIA H. NOVAKOV TRUSTEE	0.25	X						0.	0.	0.
(70) CONNIE O'NEILL TRUSTEE	0.25	X						0.	0.	0.
(71) MARSHALL PAYNE TRUSTEE	0.25	X						0.	0.	0.
(72) JEANNE L. PHILLIPS TRUSTEE	0.25	X						0.	0.	0.
(73) DANIEL K. PODOLSKY, MD TRUSTEE	0.25	X						0.	0.	0.
(74) RICHARD R. POLLOCK TRUSTEE	0.25	X						0.	0.	0.
(75) MATTHEW S. RAMSEY TRUSTEE	0.25	X						0.	0.	0.
(76) KATIE H. ROBBINS TRUSTEE	0.25	X						0.	0.	0.
(77) CATHERINE M. ROSE TRUSTEE	0.25	X						0.	0.	0.
(78) DANIEL G. ROUTMAN TRUSTEE	0.25	X						0.	0.	0.
(79) ROBERT B. ROWLING TRUSTEE	0.25	X						0.	0.	0.
(80) STEVEN S. SCHIFF TRUSTEE	0.25	X						0.	0.	0.
(81) BRIAN SCHULTZ TRUSTEE	0.25	X						0.	0.	0.
(82) JENNIFER 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	285,450.				
	d Related organizations	1d	4,200,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,356,147.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 171,475.				
	h Total. Add lines 1a-1f			25,841,597.			
Program Service Revenue	2 a _____	Business Code					
	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)		12,429,971.			12429971.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,028,852.			1028852.	
	6 a Gross rents	6a	(i) Real	521.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	521.				
	d Net rental income or (loss)			521.		521.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	145,604,003.	87,819.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	112,937,408.	0.			
	c Gain or (loss)	7c	32,666,595.	87,819.			
	d Net gain or (loss)			32,754,414.	87,819.	32666595.	
8 a Gross income from fundraising events (not including \$ 285,450. of contributions reported on line 1c). See Part IV, line 18	8a		19,950.				
b Less: direct expenses	8b	103,256.					
c Net income or (loss) from fundraising events			-83,306.		-83,306.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a PARTNERSHIP INCOME	Business Code	523000	818,648.	818,648.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			818,648.			
12 Total revenue. See instructions			72,790,697.	0.	906,467.	46042633.	

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	43,682,594.	43,682,594.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	863,955.	863,955.		
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	809,372.	242,812.	323,748.	242,812.
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	1,380,840.	463,787.	524,030.	393,023.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,249.		49,286.	36,963.
9 Other employee benefits	130,622.	39,258.	52,105.	39,259.
10 Payroll taxes	140,370.	42,111.	56,148.	42,111.
11 Fees for services (nonemployees):				
a Management				
b Legal	185,790.		185,790.	
c Accounting	141,966.	2,226.	137,064.	2,676.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	851,290.		851,290.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	605,814.	131,185.	343,443.	131,186.
12 Advertising and promotion	65,659.			65,659.
13 Office expenses	61,474.	18,294.	24,887.	18,293.
14 Information technology	402,244.	110,624.	131,506.	160,114.
15 Royalties				
16 Occupancy	520,686.	138,242.	244,202.	138,242.
17 Travel	5,465.		5,465.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,274.	755.	12,012.	13,507.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,799.		68,799.	
23 Insurance	124,410.		124,410.	
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 UBIT	695,543.		695,543.	
b PUBLIC RELATIONS	437,905.	79,214.	225,977.	132,714.
c FOCUS GROUP/SPECIAL EVE	275,668.		159,799.	115,869.
d PRINTING AND POSTAGE	91,780.	10,408.	13,842.	67,530.
e All other expenses	195,845.	11,599.	88,010.	96,236.
25 Total functional expenses. Add lines 1 through 24e	51,850,614.	45,837,064.	4,317,356.	1,696,194.
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	7,764,277.	1	6,642,570.
	2 Savings and temporary cash investments	7,974,406.	2	3,033,711.
	3 Pledges and grants receivable, net	7,518,179.	3	12,884,422.
	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	69,152.	9	147,850.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,605,184.		
	b Less: accumulated depreciation	10b 674,767.	336,229.	10c 930,417.
	11 Investments - publicly traded securities	342,962,843.	11	417,028,914.
	12 Investments - other securities. See Part IV, line 11	745,858,069.	12	743,019,721.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,520,012.	15	16,275,607.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1123003167.	16	1199963212.	
Liabilities	17 Accounts payable and accrued expenses	4,569,091.	17	10,081,903.
	18 Grants payable	1,110,009.	18	1,033,331.
	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	0.	25	154,293.
	26 Total liabilities. Add lines 17 through 25	5,679,100.	26	11,269,527.
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	58,650,743.	27	61,651,097.
	28 Net assets with donor restrictions	1058673324.	28	1127042588.
	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	1117324067.	32	1188693685.
	33 Total liabilities and net assets/fund balances	1123003167.	33	1199963212.

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	72,790,697.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,850,614.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,940,083.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,117,324,067.
5	Net unrealized gains (losses) on investments	5	50,429,535.
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	1,188,693,685.

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

2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17917525.	14659367.	28846152.	23126440.	25841597.	110391081
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	17917525.	14659367.	28846152.	23126440.	25841597.	110391081
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)						23301560.
6 Public support. Subtract line 5 from line 4.						87089521.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	17917525.	14659367.	28846152.	23126440.	25841597.	110391081
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13316171.	10184305.	13826250.	15371725.	13371004.	66069455.
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						176469648
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 2023 (line 6, column (f), divided by line 11, column (f))	14	49.35 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	43.79 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 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 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. 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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,656,295.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>712,139.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>5,005,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>4,200,000.</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
--------------------------------------------------------------------	---------------------------------------------------------

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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

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

2023

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 about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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 elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held works of art for financial gain.

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 in 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	976,820,104.	1,096,540,874.	938,315,090.	845,982,842.	726,357,417.
b Contributions	12,080,461.	7,015,011.	17,970,162.	5,943,921.	33,909,929.
c Net investment earnings, gains, and losses	85,465,254.	-91,375,507.	170,206,380.	114,485,256.	104,552,075.
d Grants or scholarships	40,157,167.	35,360,274.	29,950,758.	28,096,930.	18,836,579.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,034,208,652.	976,820,104.	1,096,540,874.	938,315,090.	845,982,842.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 15.4300 %
 - b Permanent endowment 44.6600 %
 - c Term endowment 39.9100 %
- 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? | X | |
- 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		697,336.	178,185.	519,151.
d Equipment		858,834.	496,582.	362,252.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				930,417.

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	743,019,721.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	743,019,721.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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) FEDERAL TAX PAYABLE	154,293.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	154,293.

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	122,452,245.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	50,429,535.	
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	50,429,535.	
3	Subtract line 2e from line 1	3	72,022,710.	
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	851,290.	
b	Other (Describe in Part XIII.)	4b	-83,303.	
c	Add lines 4a and 4b	4c	767,987.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	72,790,697.	

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	51,082,627.
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	51,082,627.	
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	851,290.	
b	Other (Describe in Part XIII.)	4b	-83,303.	
c	Add lines 4a and 4b	4c	767,987.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	51,850,614.	

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, 2023, 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 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -83,303.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -83,303.

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 the 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 the 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 the 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 the 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 the 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 the 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	305,400.		305,400.
	2	Less: Contributions	285,450.		285,450.
	3	Gross income (line 1 minus line 2)	19,950.		19,950.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	25,355.		25,355.
	8	Entertainment	4,631.		4,631.
	9	Other direct expenses	73,270.		73,270.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			103,256.
11	Net income summary. Subtract line 10 from line 3, column (d)			-83,306.	

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

2023

**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
COLLIN COUNTY HEALTH CARE FOUNDATION - 825 NORTH MCDONALD STREET - MCKINNEY, TX 75069	75-6000873	GOVERNMENT	90,000.	0.			TO SUPPORT THE PROGRAMS OF THE COLLIN COUNTY HEALTH DEPARTMENT
PHILANTHROPY SOUTHWEST 3000 PEGASUS PARK DRIVE, SUITE 706 DALLAS, TX 75247	51-0163529	501(C)(3)	6,000.	0.			COMMUNITY EVENT
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - 821 SOUTH AYCOCK STREET - GREENSBORO, NC 27403	56-6001468	170(C)(1)	26,348.	0.			TO SUPPORT THE BRENDA WELLING RECHTINE SCHOLARSHIP FUND
YOUNGSTOWN STATE UNIVERSITY FOUNDATION - 655 WICK AVENUE - YOUNGSTOWN, OH 44502	34-6576610	170(B)(1)(A)(VI)	17,566.	0.			TO SUPPORT THE THOMAS W. CROGAN III MEMORIAL SCHOLARSHIP IN NURSING FUND
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	20,000.	0.			TO SUPPORT THE DWIGHT POWELL CHILDREN AND FAMILY SUPPORT PROGRAM
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	21,100.	0.			TO SUPPORT WOMEN IN SCIENCE AND MEDICINE ADVISORY COMMITTEE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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)	25,000.	0.			TO SUPPORT MEDICAL RESEARCH
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)	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)	125,000.	0.			TO SUPPORT AMGEN SCHOLARS PROGRAM
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,000.	0.			TO SUPPORT THE UT SOUTHWESTERN PITCH COMPETITION
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	11,625.	0.			TO SUPPORT FOR PALLIATIVE CARE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	8,885.	0.			TO SUPPORT BEHAVIORAL NEUROLOGY AND DEMENTIA
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	648,821.	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)	25,000.	0.			TO SUPPORT DEPRESSION RESEARCH AND CLINICAL CARE

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 THE DEPARTMENT OF NEUROLOGICAL SURGERY
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	25,000.	0.			TO SUPPORT THE PROJECT: ESTABLISHING A CARE NAVIGATION MODEL TO ADDRESS PSYCHOSOCIAL
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	15,109.	0.			TO SUPPORT PEDIATRIC ONCOLOGY RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	25,000.	0.			TO SUPPORT FUND FOR DIABETES RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,033.	0.			TO SUPPORT THE CENTER FOR DEPRESSION RESEARCH AND CLINICAL CARE UNDER THE DIRECTION OF MADHUKAR
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	12,000.	0.			TO SUPPORT THE PARKLAND HOSPITAL NEURO-TRAUMA AWARD
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	10,000.	0.			TO SUPPORT BIPOLAR RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	26,000.	0.			TO SUPPORT VARIOUS INITIATIVES AT UTSW
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	40,420.	0.			TO SUPPORT DEPRESSION 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 DEPRESSION RESEARCH AND CLINICAL CARE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	34,055,660.	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)	39,675.	0.			TO SUPPORT CANCER RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	17,048.	0.			TO SUPPORT MEDICAL RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT OBESITY AND DIABETES RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	200,000.	0.			TO SUPPORT PEDIATRIC KIDNEY DISEASE RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	2,066,661.	0.			2022-2023 ANNUAL GRANT
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	150,000.	0.			TO SUPPORT RESEARCH IN THE AREA OF MULTIPLE SCLEROSIS AND RELATED ACTIVITIES
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	1,000,000.	0.			TO SUPPORT THE HAROLD AND ANNETTE SIMMONS COMPREHENSIVE CENTER FOR RESEARCH AND TREATMENT IN

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)	960,000.	0.			TO SUPPORT THE NEURO WELLNESS IN BRAINS OF INFANTS (NEWBI) PROGRAM
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	300,000.	0.			TO SUPPORT ONGOING EFFORTS AND ADVANCEMENT OF UTSW SIMULATION CENTER
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	294,189.	0.			TO SUPPORT THE STUDENT-RUN FREE CLINICS
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	288,345.	0.			TO SUPPORT INITIATIVES OF THE PETER O'DONNELL, JR. BRAIN INSTITUTE
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	247,500.	0.			TO SUPPORT PROJECT "INVESTIGATING HUMAN TUMOR METABOLISM IN VIVO TO PREDICT MELANOMA
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	200,000.	0.			TO SUPPORT DR. CLAUS ROEHRBORN'S PROSTATE CANCER RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	160,000.	0.			TO SUPPORT THE HOPE PROGRAM
THE STROKE CENTER 5500 SOUTHWESTERN MEDICAL AVENUE DALLAS, TX 75235	75-1292762	170(B)(1)(A)(V)	40,000.	0.			TO SUPPORT THE PROGRAMS OF THE STROKE CENTER-DALLAS
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	133,125.	0.			TO SUPPORT BREAST CANCER 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)	1,000,000.	0.			TO SUPPORT THE TI BIOMEDICAL ENGINEERING AND SCIENCES BUILDING
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	102,101.	0.			TO SUPPORT 2023 CARY COUNCIL DOCSTARS
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT ACTIVITIES UNDER THE DIRECTION OF DR. CRAIG RUBIN
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	100,000.	0.			TO SUPPORT THE OR BLACK BOX TECHNOLOGY
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	165,000.	0.			TO SUPPORT THE ALZHEIMER'S SIGNATURE PROGRAM
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	5,050.	0.			TO SUPPORT HEART RESEARCH
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,000.	0.			TO SUPPORT THE TOTAL CARE PROGRAM AT THE O'DONNELL BRAIN INSTITUTE
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
UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	170(B)(1)(A)(V)	50,000.	0.			TO SUPPORT NGLY1-DEFICIENCY RESEARCH

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	7	863,955.	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 THE PROJECT: ESTABLISHING A CARE NAVIGATION MODEL TO ADDRESS PSYCHOSOCIAL NEEDS IN INDIVIDUALS WITH DEPRESSION OR OTHER EMOTIONAL DESTRESS

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CENTER FOR DEPRESSION RESEARCH AND CLINICAL CARE UNDER THE DIRECTION OF MADHUKAR TRIVEDI, M.D.

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 HAROLD AND ANNETTE SIMMONS COMPREHENSIVE CENTER FOR RESEARCH AND TREATMENT IN BRAIN AND NEUROLOGICAL DISORDERS UNDER THE DIRECTION OF DR. JOSEPH TAKAHASHI

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROJECT "INVESTIGATING HUMAN TUMOR METABOLISM IN VIVO TO PREDICT MELANOMA METASTASIS AND THERAPY RESPONSE"

SCHEDULE I, PART III:

THE FOUNDATION MAKES SCHOLARSHIPS AVAILABLE TO MEDICAL STUDENTS BASED UPON THE RECOMMENDATIONS OF THE SCHOLARSHIP AWARDS COMMITTEE OF THE UT

**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

2023

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		

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

Schedule J (Form 990) 2023

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 GIBSON PRESIDENT AND CEO - PARTIAL YEAR	(i)	297,243.	0.	399,069.	0.	9,020.	705,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL MCMAHAN PRESIDENT AND CEO - PARTIAL YEAR	(i)	316,811.	0.	0.	15,398.	8,018.	340,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAY SCHLANKEY SR VICE PRESIDENT & CFO	(i)	273,713.	0.	0.	27,371.	1,526.	302,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRAE HOLMES SENIOR DIRECTOR OF ACCOUNTING	(i)	148,593.	0.	0.	15,000.	10,199.	173,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHANIE VIDIKAN DIRECTOR OF PROJECT MANAGE	(i)	133,517.	0.	0.	13,536.	11,425.	158,478.	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)							

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

MS. GIBSON'S COMPENSATION REFLECTS A DISTRIBUTION FROM A DEFERRED

COMPENSATION PLAN BALANCE ACCUMULATED DURING HER 10+ YEAR TENURE WITH

THE FOUNDATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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	8	171,475.	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?

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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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

2023

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.

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

Schedule O (Form 990) 2023

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number

75-0945939

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

THE SECRETARY ANNUALLY REVIEWS 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, MO

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 INCREASE IN VALUE OF SPLIT INTEREST CONTRIBUTIONS OF \$357,891.

**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

2023

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	4,200,000.	FAIR VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

