

PUBLIC DISCLOSURE COPY

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.

2024

Open to Public Inspection

A For the 2024 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 \$: 399,168,699.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.SWMEDICAL.ORG
K Form of organization:
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 a sub-table for Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year.

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
Preparer's name: CURTIS MAXFIELD
Preparer's signature: Curtis Maxfield
Date: 11/17/2025
Firm's name: WHITLEY PENN, LLP
Firm's address: 8343 DOUGLAS AVENUE, SUITE 400 DALLAS, TX 75225

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 \$ 49,875,774. including grants of \$ 48,528,987.) (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 49,875,774.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated 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... 87; 1b Enter the number of voting members included... 87; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 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) MICHAEL MCMAHAN PRESIDENT AND CEO | 40.00 0.25 | | | X | | | | 441,583. | 0. | 48,760. |
| (2) SARAH FLETCHER CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 263,000. | 0. | 27,063. |
| (3) TRAE HOLMES SENIOR DIRECTOR OF ACCOUNT | 40.00 | | | | | X | | 165,278. | 0. | 30,994. |
| (4) STEPHANIE VIDIKAN SENIOR DIRECTOR OF OPERATIONS | 40.00 | | | | | X | | 148,350. | 0. | 28,649. |
| (5) EMILY DAVIS CORPORATE SECRETARY | 40.00 0.25 | | | X | | | | 150,040. | 0. | 26,810. |
| (6) BRITTANY LEBLING DIRECTOR OF COMMUNICATIONS | 40.00 | | | | | X | | 136,062. | 0. | 16,168. |
| (7) BLAKE EVANS DIRECTOR OF DONOR RELATIONS | 40.00 | | | | | X | | 110,920. | 0. | 23,030. |
| (8) RAPHAEL FOSTER SENIOR FINANCIAL ANALYST AND TREASUR | 40.00 | | | | | X | | 108,304. | 0. | 23,473. |
| (9) JERE W. THOMPSON, JR. CHAIRMAN OF THE BOARD | 0.25 | X | | X | | | | 0. | 0. | 0. |
| (10) CHERYL D. ALSTON TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (11) LIZ ARMSTRONG TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (12) KIM J. ASKEW TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (13) KELVIN A. BAGGETT, M.D. TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (14) RANDY BEST TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (15) LUCY BILLINGSLEY TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (16) JAN HART BLACK TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (17) RANDY BOWMAN 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) TUCKER S. BRIDWELL TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (19) DAVID O. BROWN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (20) J. ROBERT BROWN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (21) SHONN BROWN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (22) PETER D. BRUNDAGE TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (23) LELAND R. BURK TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (24) JENNIFER CHANDLER 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 | | | | | | | | 1,523,537. | 0. | 224,947. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,523,537. | 0. | 224,947. |

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 8

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 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 |
|--|--------------------------------|---------------------|
| LDWW GROUP MARKETING COMMUNICATIONS LP, 1444 OAK LAWN AVENUE, SUITE 100, DALLAS, | MARKETING SERVICES | 402,482. |
| FUND EVALUATION GROUP, 201 EAST FIFTH STREET, SUITE 1600, CINCINNATI, OH 45202 | INVESTMENT MANAGEMENT | 399,588. |
| PEOPLE PERFORMANCE RESOURCES, LLC, 1914 SKILLMAN STREET, SUITE 110153, DALLAS, TX | HR MANAGEMENT SERVICES | 393,381. |
| NORTHERN TRUST COMPANY 50 S. LASALLE STREET, CHICAGO, IL 60675 | INVESTMENT MANAGEMENT | 384,406. |
| AFFINAQUEST TECHNOLOGIES, LLC 17304 PRESTON ROAD, DALLAS, TX 75252 | DATA MANAGEMENT | 288,421. |

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 8

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) KATHY CROW TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (30) LINDA PITTS CUSTARD TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (31) ROBERT H. DEDMAN, JR. TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (32) LINDA P. EVANS TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (33) CURT FARMER TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (34) HILL A. FEINBERG TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (35) ANDERSEN C. FISHER TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (36) CATE FORD TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (37) HOLLAND P. GARY TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (38) MARK D. GIBSON TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (39) MANDY GINSBERG TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (40) DAVID C. HALEY TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (41) PILAR TABERNEO HENRY TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (42) KENNETH A. HERSH TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (43) JOAN BUCHANAN HILL TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (44) JAMES R. HUFFINES TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (45) KAY BAILEY HUTCHISON TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (46) JACOB 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) ROD C. JONES TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (48) BOB JORDAN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (49) ROBERT W. JORDAN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (50) MICHAEL L. KAHN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (51) LINDA KAO 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) CAREN KLINE TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (56) JOYCE LACERTE TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (57) MARK LANGDALE TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (58) TODD LEMKIN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (59) JACK B. LOWE JR. 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) MATTHEW S. RAMSEY TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (75) KATIE H. ROBBINS TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (76) CATHERINE M. ROSE TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (77) DANIEL G. ROUTMAN TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (78) ROBERT B. ROWLING TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (79) BRIAN SCHULTZ TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (80) JENNIFER SCRIPPS TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (81) DAVID T. SEATON TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (82) NICOLE G. SMALL TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (83) BONNIE BASS SMITH TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (84) JERRY V. SMITH TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (85) MARVIN J. STONE, MD TRUSTEE | 0.25 | X | | | | | | 0. | 0. | 0. |
| (86) SAM L. SUSSER 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 | 401,790. | | | | |
| | d | Related organizations | 1d | 1,000,000. | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 56,157,074. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 482,858. | | | | |
| | h | Total. Add lines 1a-1f | | 57,558,864. | | | | |
| 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) | | 10,730,691. | | | 10730691. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | 864,390. | | | 864,390. | |
| | 6 a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | 325,539,461. | 415,714. | | |
| | | | | (ii) Other | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 215,976,611. | 0. | | | |
| | c | Gain or (loss) | 7c | 109,562,850. | 415,714. | | | |
| d | Net gain or (loss) | | 109978564. | | 415,714. | 109562850 | | |
| 8 a | Gross income from fundraising events (not including \$ 401,790. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 14,700. | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 8b | 122,838. | | | | | |
| c | Net income or (loss) from fundraising events | | -108,138. | | | -108,138. | | |
| 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 | 3,890,939. | 3890939. | | |
| | b | FEDERAL INCOME TAX BENEFIT | | 900099 | 153,940. | | 153,940. | |
| | c | _____ | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 4,044,879. | | | |
| 12 | Total revenue. See instructions | | | 183069250. | 0. | 4306653. | 121203733 | |

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 | 47,455,474. | 47,455,474. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,073,513. | 1,073,513. | | |
| 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 | 957,256. | 287,177. | 382,902. | 287,177. |
| 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 | 1,259,667. | 377,900. | 503,867. | 377,900. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 110,500. | 33,150. | 44,200. | 33,150. |
| 9 Other employee benefits | 133,497. | 39,956. | 53,586. | 39,955. |
| 10 Payroll taxes | 138,764. | 41,629. | 55,506. | 41,629. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 189,829. | | 189,829. | |
| c Accounting | 150,178. | 2,387. | 145,404. | 2,387. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 844,808. | | 844,808. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 408,253. | 115,185. | 177,883. | 115,185. |
| 12 Advertising and promotion | 162,807. | | | 162,807. |
| 13 Office expenses | 40,233. | 12,891. | 14,451. | 12,891. |
| 14 Information technology | 417,882. | 112,537. | 150,051. | 155,294. |
| 15 Royalties | | | | |
| 16 Occupancy | 702,485. | 210,745. | 280,995. | 210,745. |
| 17 Travel | 1,299. | | 1,289. | 10. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 28,756. | 1,631. | 5,750. | 21,375. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 96,905. | | 96,905. | |
| 23 Insurance | 134,871. | | 134,871. | |
| 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 PUBLIC RELATIONS | 434,722. | 92,306. | 235,455. | 106,961. |
| b FOCUS GROUP/SPECIAL EVE | 320,599. | | 151,241. | 169,358. |
| c FOUNDATION DEVELOPMENT | 70,154. | 4,774. | | 65,380. |
| d GENERAL AND ADMINISTATI | 69,144. | | 69,144. | |
| e All other expenses | 103,429. | 14,519. | 30,947. | 57,963. |
| 25 Total functional expenses. Add lines 1 through 24e | 55,305,025. | 49,875,774. | 3,569,084. | 1,860,167. |
| 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 | 6,642,570. | 1 | 10,249,082. |
| | 2 Savings and temporary cash investments | 3,033,711. | 2 | 8,961,512. |
| | 3 Pledges and grants receivable, net | 12,884,422. | 3 | 48,274,718. |
| | 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 | 147,850. | 9 | 152,287. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,933,906. | | |
| | b Less: accumulated depreciation | 10b 750,386. | 930,417. | 10c 1,183,520. |
| | 11 Investments - publicly traded securities | 417,028,914. | 11 | 513,762,007. |
| | 12 Investments - other securities. See Part IV, line 11 | 743,019,721. | 12 | 689,068,791. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 16,275,607. | 15 | 18,990,274. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1199963212. | 16 | 1290642191. | |
| Liabilities | 17 Accounts payable and accrued expenses | 10,081,903. | 17 | 10,309,628. |
| | 18 Grants payable | 1,033,331. | 18 | 1,063,550. |
| | 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 | 154,293. | 25 | 0. |
| | 26 Total liabilities. Add lines 17 through 25 | 11,269,527. | 26 | 11,373,178. |
| 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 | 61,651,097. | 27 | 65,362,424. |
| | 28 Net assets with donor restrictions | 1127042588. | 28 | 1213906589. |
| | 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 | 1188693685. | 32 | 1279269013. |
| 33 Total liabilities and net assets/fund balances | 1199963212. | 33 | 1290642191. | |

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 | 183,069,250. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 55,305,025. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 127,764,225. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,188,693,685. |
| 5 | Net unrealized gains (losses) on investments | 5 | -37,188,897. |
| 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 | 1,279,269,013. |

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 | | |

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 14659367. | 28846152. | 23126440. | 25841597. | 57558864. | 150032420 |
| 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 | 14659367. | 28846152. | 23126440. | 25841597. | 57558864. | 150032420 |
| 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) | | | | | | 51486386. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 98546034. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 14659367. | 28846152. | 23126440. | 25841597. | 57558864. | 150032420 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 12754658. | 12424287. | 13930257. | 13371004. | 11179367. | 63659573. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | 169,600. | 179,941. | 894,949. | 1244490. |
| 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 | | | | | | 214945595 |
| 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 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 45.85 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 49.35 % |
| 16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

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

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (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 (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 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-2024 | (iii) Distributable Amount for 2024 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Schedule B (Form 990)

(Rev. December 2024) 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

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number

75-0945939

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

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

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

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

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

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

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>1,501,500.</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>25,000,000.</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>20,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>1,450,000.</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>1,439,210.</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>1,250,000.</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)

(Rev. December 2024)

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

**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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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 | 1,034,208,652. | 976,820,104. | 1,096,540,874. | 938,315,090. | 845,982,842. |
| b Contributions | 12,604,773. | 12,080,461. | 7,015,011. | 17,970,162. | 5,943,921. |
| c Net investment earnings, gains, and losses | 76,961,781. | 85,465,254. | -91,375,507. | 170,206,380. | 114,485,256. |
| d Grants or scholarships | 41,549,991. | 40,157,167. | 35,360,274. | 29,950,758. | 28,096,930. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,082,225,215. | 1,034,208,652. | 976,820,104. | 1,096,540,874. | 938,315,090. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 15.5400 %
 - b** Permanent endowment 43.4120 %
 - c** Term endowment 41.0480 %
- 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 | | 753,982. | 217,688. | 536,294. |
| d Equipment | | 1,130,910. | 532,698. | 598,212. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 1,183,520. |

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 | 689,068,791. | 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)) | 689,068,791. | |

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

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 | 144,989,743. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -37,188,897. |
| 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 | -37,188,897. |
| 3 | Subtract line 2e from line 1 | 3 | 182,178,640. |
| 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 | 844,808. |
| b | Other (Describe in Part XIII.) | 4b | 45,802. |
| c | Add lines 4a and 4b | 4c | 890,610. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 183,069,250. |

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 | 54,414,415. |
| 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 | 54,414,415. |
| 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 | 844,808. |
| b | Other (Describe in Part XIII.) | 4b | 45,802. |
| c | Add lines 4a and 4b | 4c | 890,610. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 55,305,025. |

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 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, 2024, 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 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

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 | 416,490. | | | 416,490. |
| | 2 Less: Contributions | 401,790. | | | 401,790. |
| | 3 Gross income (line 1 minus line 2) | 14,700. | | | 14,700. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 35,205. | | | 35,205. |
| | 8 Entertainment | 5,145. | | | 5,145. |
| | 9 Other direct expenses | 82,488. | | | 82,488. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 122,838. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -108,138. | |

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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 |
|---|----------------|--|---------------------------------|---|--|--|---|
| AMERICAN ACADEMY OF RESTORATIVE DENTISTRY - PO BOX 1764 - BROKEN ARROW, OK 74013 | 46-1861202 | 501(C)(6) | 73,200. | 0. | | | TO SUPPORT THE EDUCATIONAL EFFORTS OF THE AMERICAN ACADEMY OF RESTORATIVE DENTISTRY |
| BIONORTH TX 2330 INWOOD ROAD, STE 340 DALLAS, TX 75235 | 47-1752944 | 501(C)(6) | 10,000. | 0. | | | COMMUNITY EVENT |
| CANCER PREVENTION INITIATIVE INC 1722 ROUTH STREET STE. 770 DALLAS, TX 75201 | 47-3425850 | 170(B)(1)(A)(VI) | 1,595,000. | 0. | | | CANCER PREVENTION INITIATIVE |
| COLLIN COUNTY HEALTH CARE FOUNDATION - 825 NORTH MCDONALD STREET - MCKINNEY, TX 75069 | 75-6000873 | GOVERNMENT | 98,000. | 0. | | | TO SUPPORT THE PROGRAMS OF THE COLLIN COUNTY HEALTH DEPARTMENT |
| DALLAS COUNTY MEDICAL SOCIETY 611 FAIRMOUNT STREET DALLAS, TX 75201 | 75-0223610 | 501(C)(6) | 80,000. | 0. | | | TO SUPPORT THE DALLAS COUNTY MEDICAL SOCIETY |
| LAUNCHBIO INC 10210 CAMPUS POINT DRIVE, STE 150 SAN DIEGO, CA 92121 | 47-4851964 | 170(B)(1)(A)(VI) | 7,500. | 0. | | | COMMUNITY EVENT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.
- 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) (Rev. 12-2024)

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| PARKLAND FOUNDATION 1341 W MOCKINGBIRD LANE 1100 DALLAS, TX 75247 | 75-2089180 | 170(B)(1)(A)(VI) | 252,500. | 0. | | | COMMUNITY EVENT |
| PHOENIX HOUSES OF TEXAS INC 1910 PACIFIC AVENUE 10500 DALLAS, TX 75201 | 13-3810073 | 170(B)(1)(A)(VI) | 53,528. | 0. | | | TO SUPPORT PROGRAMS AT THE PHOENIX HOUSE OF TEXAS |
| TEXAS WOMAN'S UNIVERSITY 5500 SOUTHWESTERN MEDICAL AVENUE DALLAS, TX 75235 | 75-6002618 | 170(B)(1)(A)(VI) | 40,000. | 0. | | | TO SUPPORT THE STROKE CENTER AT TEXAS WOMAN'S UNIVERSITY DALLAS |
| THE JUNIOR LEAGUE OF DALLAS 8003 INWOOD ROAD DALLAS, TX 75209 | 75-1004680 | 509(A)(2) | 5,250. | 0. | | | COMMUNITY EVENT |
| UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - 821 SOUTH AYCOCK STREET - GREENSBORO, NC 27403 | 56-6001468 | 170(C)(1) | 27,544. | 0. | | | TO SUPPORT THE BRENDA WELLING RECHTINE SCHOLARSHIP FUND |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 677,048. | 0. | | | MARY R. SANER ENDOWMENT FUND ANNUAL 4% DISTRIBUTION TO BE APPLIED TO OUTSTANDING |
| YOUNGSTOWN STATE UNIVERSITY FOUNDATION - 655 WICK AVENUE - YOUNGSTOWN, OH 44502 | 34-6576610 | 170(B)(1)(A)(VI) | 18,364. | 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) | 17,345,872. | 0. | | | SPRING 2024 SEMI-ANNUAL 4.5% DISTRIBUTIONS |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 17,475,561. | 0. | | | SUMMER 2024 SEMI-ANNUAL 4.5% DISTRIBUTIONS |

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) | 150,000. | 0. | | | TO SUPPORT 2024 CARY COUNCIL DOCSTARS |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 104,553. | 0. | | | TO SUPPORT ALZHEIMER'S RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 100,000. | 0. | | | TO SUPPORT BEHAVIORAL NEUROLOGY AND DEMENTIA RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 18,000. | 0. | | | TO SUPPORT BRAIN TUMOR RESEARCH UNDER ELIZABETH MAHER, M.D., PH.D. |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 45,000. | 0. | | | TO SUPPORT BREAST CANCER RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 10,575. | 0. | | | TO SUPPORT CANCER RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 10,000. | 0. | | | TO SUPPORT CARE OF VULNERABLE ELDERLY (COVE) PROGRAM |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 27,500. | 0. | | | TO SUPPORT DEPRESSION RESEARCH AND CLINICAL CARE |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 10,000. | 0. | | | TO SUPPORT DR. MACK MITCHELL'S WORK |

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) | 30,000. | 0. | | | TO SUPPORT DR. PANAGIOTIS MASTORAKOS, ASSISTANT PROFESSOR OF NUEROLOGICAL SURGERY. |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 10,000. | 0. | | | TO SUPPORT FAMILY MEDICINE |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 20,000. | 0. | | | TO SUPPORT FUND FOR GI MOTILITY AT UTSW |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 50,000. | 0. | | | TO SUPPORT GASTROINTESTINAL CANCER RESEARCH UNDER THE DIRECTION OF TIMOTHY |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 500,000. | 0. | | | TO SUPPORT GULF WAR SYNDROME RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 1,380,000. | 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) | 2,127,101. | 0. | | | TO SUPPORT KEY ACTIVITIES AT UT SOUTHWESTERN MEDICAL SCHOOL |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 8,500. | 0. | | | TO SUPPORT MEDICAL CARE |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 49,935. | 0. | | | TO SUPPORT MEDICAL RESEARCH |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 25,000. | 0. | | | TO SUPPORT MISCELLANEOUS INITIATIVES AT UT SOUTHWESTERN |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 10,950. | 0. | | | TO SUPPORT NEURO-METABOLIC DISEASE RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 250,000. | 0. | | | TO SUPPORT NEW EQUIPMENT FOR ALZHEIMER'S RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 100,000. | 0. | | | TO SUPPORT ONCOLOGY SERVICES |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 15,000. | 0. | | | TO SUPPORT OVARIAN CANCER RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 100,000. | 0. | | | TO SUPPORT POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS) RESEARCH |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 60,000. | 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) | 500,000. | 0. | | | TO SUPPORT RESEARCH IN THE AREA OF PROSTATE CANCER UNDER THE DIRECTION OF DR. KEVIN |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 125,000. | 0. | | | TO SUPPORT THE AMGEN SCHOLARS PROGRAM UNDER THE DIRECTION OF ARNALDO DIAZ VAZQUEZ, PH.D. |

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) | 50,000. | 0. | | | TO SUPPORT THE CDRC BIOREPOSITORY |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 111,105. | 0. | | | TO SUPPORT THE CENTER FOR DEPRESSION RESEARCH AND CLINICAL CARE |
| 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 OF DR. SHAWN BURGESS |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 17,795. | 0. | | | TO SUPPORT THE CONSTRUCTION OF A NEW PEDIATRIC CAMPUS JOINTLY DEVELOPED BY UTSW AND |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 10,000. | 0. | | | TO SUPPORT THE DIVISION OF RHEUMATIC DISEASES |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 53,104. | 0. | | | TO SUPPORT THE ELLER CDRC RESEARCH FUND |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 500,000. | 0. | | | TO SUPPORT THE EXPANSION OF AN OPERATING ROOM "BLACK BOX" |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 1,000,040. | 0. | | | TO SUPPORT THE HAROLD C. SIMMONS COMPREHENSIVE CANCER CENTER |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 160,000. | 0. | | | TO SUPPORT THE HEALING OVER PSYCHOSIS EARLY PROGRAM UNDER THE DIRECTION OF ELENA I. |

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) | 50,000. | 0. | | | TO SUPPORT THE HOPE PROGRAM |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 572,440. | 0. | | | TO SUPPORT THE O'DONNELL BRAIN INSTITUTE |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 11,600. | 0. | | | TO SUPPORT THE PARKLAND MEMORIAL HOSPITAL NEURO-TRAUMA AWARD HONORING MAUREEN AND |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 15,000. | 0. | | | TO SUPPORT THE RESEARCH UNDER THE DIRECTION OF DR. DAVID GERBER |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 300,000. | 0. | | | TO SUPPORT UT SOUTHWESTERN CLINICAL SERVICE INITIATIVE (EXCELLENCE IN CLINICAL |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 10,000. | 0. | | | TO SUPPORT UTSW |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 537,996. | 0. | | | TO SUPPORT VARIOUS INITIATIVES AT UTSW |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 18,200. | 0. | | | TO SUPPORT WOMEN IN SCIENCE AND MEDICINE ADVISORY COMMITTEE |
| UT SOUTHWESTERN 5323 HARRY HINES BOULEVARD DALLAS, TX 75390 | 74-6000203 | 170(B)(1)(A)(V) | 150,000. | 0. | | | TO SUPPORT THE LAUNCH OF A NEW CHAPLAINCY AND BEREAVEMENT SUPPORT PROGRAM IN THE SIMMONS |

Schedule I (Form 990)

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 | 8 | 1,073,513. | 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 ELDERLY PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GASTROINTESTINAL CANCER RESEARCH UNDER THE DIRECTION OF TIMOTHY BROWN, M.D.

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

Part IV Supplemental Information

RESPONSE"

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH IN THE AREA OF PROSTATE CANCER UNDER THE DIRECTION OF DR. KEVIN COURTNEY AND IN COLLABORATION WITH THE GENITOURINARY DISEASE ORIENTED TEAM OF THE UT SOUTHWESTERN HAROLD C. SIMMONS COMPREHENSIVE CANCER CENTER FOR THE PURPOSE OF COORDINATING CLINICAL TRIALS TO ADVANCE RE OF PATIENTS WITH PROSTATE CANCER

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONSTRUCTION OF A NEW PEDIATRIC CAMPUS JOINTLY DEVELOPED BY UTSW AND CHILDREN'S

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HEALING OVER PSYCHOSIS EARLY PROGRAM UNDER THE DIRECTION OF ELENA I. IVLEVA, M.D., PH.D.

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PARKLAND MEMORIAL HOSPITAL NEURO-TRAUMA AWARD HONORING MAUREEN AND ROBERT DECHERD, DUKE SAMSON, M.D., JIM THORNTON, M.D. AND BABU WELCH, M.D. ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UT SOUTHWESTERN CLINICAL SERVICE INITIATIVE (EXCELLENCE IN CLINICAL PRACTICE)

NAME OF ORGANIZATION OR GOVERNMENT: UT SOUTHWESTERN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LAUNCH OF A NEW CHAPLAINCY AND BEREAVEMENT SUPPORT PROGRAM IN THE SIMMONS CANCER CENTER AT UTSW

SCHEDULE I, PART III:

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

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

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 | 1b | |
| 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? | 2 | X |
| 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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| 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? | 5a | X |
| b Any related organization? | 5b | X |
| 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? | 6a | X |
| b Any related organization? | 6b | X |
| 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 | 7 | X |
| 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 | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) (Rev. 12-2024)

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) MICHAEL MCMAHAN PRESIDENT AND CEO | (i) | 441,583. | 0. | 0. | 34,500. | 14,260. | 490,343. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SARAH FLETCHER CHIEF FINANCIAL OFFICER | (i) | 263,000. | 0. | 0. | 26,300. | 763. | 290,063. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) TRAE HOLMES SENIOR DIRECTOR OF ACCOUNT | (i) | 165,278. | 0. | 0. | 17,250. | 13,744. | 196,272. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) STEPHANIE VIDIKAN SENIOR DIRECTOR OF OPERATIONS | (i) | 148,350. | 0. | 0. | 14,950. | 13,699. | 176,999. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) EMILY DAVIS CORPORATE SECRETARY | (i) | 150,040. | 0. | 0. | 15,100. | 11,710. | 176,850. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) BRITTANY LEBLING DIRECTOR OF COMMUNICATIONS | (i) | 136,062. | 0. | 0. | 1,650. | 14,518. | 152,230. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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 | 10 | 482,858. | 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**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported on 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? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2024

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, PART I, LINE 32B:

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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.

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

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

Schedule O (Form 990) (Rev. 12-2024)

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

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

Schedule R (Form 990) (Rev. 1-2025)

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 | 1,000,000. | FAIR VALUE |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

| Section 382 Annual Limitation | | Section 382 Carryover | | | | | | | | | |
|-------------------------------|---------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 12/31/18 | Amount Used for 12/31/19 | Amount Used for 12/31/21 | Amount Used for 12/31/22 | Amount Used for |
| A | 2012 | 7,325. | 7,325. | 7,325. | | | | | | | |
| B | 2013 | 106,118. | 106,118. | 106,118. | | | | | | | |
| C | 2014 | 367,313. | 367,313. | 367,313. | | | | | | | |
| D | 2015 | 783,750. | 783,750. | 783,750. | | | | | | | |
| E | 2016 | 839,464. | 839,464. | 520,004. | 98,714. | 220,746. | | | | | |
| F | 2017 | 1,769,685. | 1,769,685. | | | 1,181,217. | 588,468. | | | | |
| G | | | | | | | | | | | |
| H | | | | | | | | | | | |
| I | | | | | | | | | | | |
| J | | | | | | | | | | | |
| K | | | | | | | | | | | |
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| P | | | | | | | | | | | |
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| R | | | | | | | | | | | |
| S | | | | | | | | | | | |
| T | | | | | | | | | | | |
| U | | | | | | | | | | | |
| V | | | | | | | | | | | |
| W | | | | | | | | | | | |
| Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |
| G | | | | | | | | | | | |
| H | | | | | | | | | | | |
| I | | | | | | | | | | | |
| J | | | | | | | | | | | |
| K | | | | | | | | | | | |
| L | | | | | | | | | | | |
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| P | | | | | | | | | | | |
| Q | | | | | | | | | | | |
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| S | | | | | | | | | | | |
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| V | | | | | | | | | | | |
| W | | | | | | | | | | | |

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 1,290,642,192, D Employer identification number 75-0945939, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (checked)

L The books are in care of MICHAEL MCMAHAN Telephone number 214-351-6143

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 1: 895,949. Line 11: 894,949.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 1: 187,939. Line 7: 187,939.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Line 4: 187,939.

Part III Tax and Payments (continued)

| | | | | |
|------------|--|-----------|----------|----|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | | 5 | 0. |
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | 486,618. | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | | |
| c | Tax deposited with Form 8868 | 6c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e | Backup withholding (see instructions) | 6e | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g | Elective payment election amount from Form 3800 | 6g | | |
| h | Payment from Form 2439 | 6h | | |
| i | Credit from Form 4136 | 6i | | |
| j | Other (see instructions) | 6j | | |
| 7 | Total payments. Add lines 6a through 6j | 7 | 486,618. | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> | 8 | | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | 298,679. | |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax 298,679. Refunded | 11 | | 0. |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | Yes | No |
|---|-----------------------------------|----|
| 1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____ | | X |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? _____ If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ | | |
| 4 Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| Business Activity Code | Available post-2017 NOL carryover | |
| 523000 | \$ 3,153,210. | |
| | \$ | |
| | \$ | |
| | \$ | |
| 6 a Reserved for future use | | |
| b Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **CURTIS MAXFIELD** Preparer's signature: *Curtis Maxfield* Date: 11/17/2025 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**

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|---|--|
| A Name of the organization SOUTHWESTERN MEDICAL FOUNDATION | B Employer identification number 75-0945939 |
| C Unrelated business activity code (see instructions) 523000 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **QPI INVESTMENT ACTIVITIES**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|----------------------|--------------|------------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a 415,714. | | 415,714. |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 | 5 3,890,939. | | 3,890,939. |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 4,306,653. | | 4,306,653. |

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | |
|--|-----------|------------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | |
| 9 Depletion | 9 | 257,494. |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) | 14 | |
| 15 Total deductions. Add lines 1 through 14 | 15 | 257,494. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 4,049,159. |
| 17 Deduction for net operating loss. See instructions STMT 2 STMT 4 | 17 | 3,153,210. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 895,949. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

| | | |
|---|---|--|
| 1 Inventory at beginning of year | 1 | |
| 2 Purchases | 2 | |
| 3 Cost of labor | 3 | |
| 4 Additional section 263A costs (attach statement) | 4 | |
| 5 Other costs (attach statement) | 5 | |
| 6 Total. Add lines 1 through 5 | 6 | |
| 7 Inventory at end of year | 7 | |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 Total dividends-received deductions included in line 10 | 0. | | | |

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | | Exempt Controlled Organizations | | |
|------------------------------------|---|-------------------------------------|--|---|-------------------------------------|---|
| | | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). | | |
| Totals | | | 0. | 0. | | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|--|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____ | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____ | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____ | 4 | |
| 5 | Gross income from activity that is not unrelated business income _____ | 5 | |
| 6 | Expenses attributable to income entered on line 5 _____ | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 | |

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

| DESCRIPTION | NET INCOME OR (LOSS) |
|--|-------------------------|
| ALIGN CAPITAL PARTNERS FUND I, LP - ORDINARY BUSINESS INCOME (LOSS) | 559,692. |
| ALIGN CAPITAL PARTNERS FUND I, LP - NET RENTAL REAL ESTATE INCOME | 85. |
| ALIGN CAPITAL PARTNERS FUND I, LP - OTHER INCOME (LOSS) | -14,530. |
| ALIGN CAPITAL PARTNERS FUND II, LP - ORDINARY BUSINESS INCOME (LOSS) | -69,111. |
| ALIGN CAPITAL PARTNERS FUND II, LP - OTHER INCOME (LOSS) | -195. |
| CROW HOLDINGS REALTY PARTNERS VII-A, LP - NET RENTAL REAL ESTATE INCOME | 459. |
| ENERGY & MINERALS GROUP FUND II, LP - ORDINARY BUSINESS INCOME (LOSS) | 201,263. |
| ENERGY & MINERALS GROUP FUND II, LP - INTEREST INCOME | 163. |
| ENERGY & MINERALS GROUP FUND II, LP - OTHER INCOME (LOSS) | -13,436. |
| ENERGY SPECTRUM PARTNERS VII LP - ORDINARY BUSINESS INCOME (LOSS) | 109,805. |
| ENR PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS) | 1,468,618. |
| ENR PARTNERS, LP - OTHER INCOME (LOSS) | 938,579. |
| ENR PARTNERS II LP - ORDINARY BUSINESS INCOME (LOSS) | 678,306. |
| ENR PARTNERS II LP - INTEREST INCOME | 2. |
| ENR PARTNERS II LP - OTHER INCOME (LOSS) | -826,927. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - ORDINARY BUSINESS INCOME (LOSS) | -26,124. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - ROYALTIES | 920. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - OTHER INCOME (LOSS) | -87. |
| FALCON STRATEGIC PARTNERS IV LP - ORDINARY BUSINESS INCOME (LOSS) | 18,022. |
| FALCON STRATEGIC PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS) | -9,228. |
| FALCON STRATEGIC PARTNERS V, LP - OTHER INCOME (LOSS) | -10. |
| FEG SELECT, LLC - OTHER INCOME (LOSS) | -5,457. |
| GEM REALTY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS) | -4,038. |
| GEM REALTY FUND V, L.P. - NET RENTAL REAL ESTATE INCOME | -22,766. |
| IRON POINT REAL ESTATE PARTNERS II-TE, LP - ORDINARY BUSINESS INCOME (LOSS) | -5,525. |
| IRON POINT REAL ESTATE PARTNERS II-TE, LP - NET RENTAL REAL ESTATE INCOME | 1,979. |
| IRON POINT REAL ESTATE PARTNERS II-TE, LP - INTEREST INCOME | 9,842. |
| IRON POINT REAL ESTATE PARTNERS II-TE, LP - OTHER INCOME (LOSS) | -1,010. |
| IRON POINT REAL ESTATE PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS) | -17,770. |
| IRON POINT REAL ESTATE PARTNERS III, LP - NET RENTAL REAL ESTATE INCOME | -143,758. |
| IRON POINT REAL ESTATE PARTNERS III, LP - INTEREST INCOME | 362. |
| IRON POINT REAL ESTATE PARTNERS III, LP - OTHER INCOME (LOSS) | -219. |
| NWC AIV, LP - ORDINARY BUSINESS INCOME (LOSS) | 25,177. |
| PELICAN ENERGY PARTNERS II LP - ORDINARY BUSINESS INCOME (LOSS) | 1,060,986. |

STATEMENT(S) 1

SOUTHWESTERN MEDICAL FOUNDATION

75-0945939

| | |
|--|--------------------------|
| PELICAN ENERGY PARTNERS III LP - ORDINARY BUSINESS INCOME (LOSS) | 542,530. |
| ROCKLAND POWER PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS) | 604,156. |
| ROCKLAND POWER PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS) | -439,662. |
| SAGE ROAD ENERGY II, LP - ORDINARY BUSINESS INCOME (LOSS) | 90,863. |
| SAGE ROAD ENERGY II, LP - OTHER INCOME (LOSS) | -680,489. |
| CROW HOLDINGS REALTY PARTNERS IX, LP - ORDINARY BUSINESS INCOME (LOSS) | 18. |
| CROW HOLDINGS REALTY PARTNERS IX, LP - NET RENTAL REAL ESTATE INCOME | -115,329. |
| SILVER HILL ENERGY PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS) | 752,908. |
| SILVER HILL ENERGY PARTNERS III, LP - OTHER INCOME (LOSS) | -311,569. |
| ROCKLAND POWER PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS) | 43,561. |
| IPI PARTNERS II-A, LP - OTHER INCOME (LOSS) | -6,612. |
| LIME ROCK NEW ENERGY LP - ORDINARY BUSINESS INCOME (LOSS) | 166,234. |
| CROW HOLDINGS REALTY PARTNERS X, LP - NET RENTAL REAL ESTATE INCOME | -4,791. |
| CROW HOLDINGS REALTY PARTNERS X, LP - INTEREST INCOME | 2,098. |
| CROW HOLDINGS REALTY PARTNERS X, LP - OTHER INCOME (LOSS) | -20,108. |
| MARCUS CAPITAL PARTNERS FUND IV, LP - NET RENTAL REAL ESTATE INCOME | -28,865. |
| RCP ENERGY CO-INVEST I, LP - ORDINARY BUSINESS INCOME (LOSS) | -21,374. |
| ALIGN CAPITAL PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS) | -44,561. |
| ALIGN CAPITAL PARTNERS FUND III, LP - OTHER INCOME (LOSS) | -4,891. |
| CANYON CLO FUND IV, LP - INTEREST INCOME | 536. |
| CANYON CLO FUND IV, LP - DIVIDEND INCOME | 43,191. |
| CANYON CLO FUND IV, LP - OTHER INCOME (LOSS) | -78,909. |
| SILVER HILL ENERGY PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS) | 15,795. |
| SILVER HILL ENERGY PARTNERS IV, LP - OTHER INCOME (LOSS) | -531,059. |
| ALIGN COLLABORATE FUND I LP - ORDINARY BUSINESS INCOME (LOSS) | 5,830. |
| ALIGN COLLABORATE FUND I LP - OTHER INCOME (LOSS) | -2,631. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | <u><u>3,890,939.</u></u> |

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 2

PRIOR YEAR POST
2017 NOL
3,153,210.

NOL DEDUCTION
3,153,210.

CARRYFORWARD OF
POST 2017 NOL
0.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/19 | 1,990,431. | 1,407,574. | 582,857. | 582,857. |
| 12/31/20 | 2,570,353. | 0. | 2,570,353. | 2,570,353. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 3,153,210. | 3,153,210. |

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 4

| | |
|--|------------|
| TAXABLE INCOME FROM ALL ENTITIES | 4,052,358. |
| THIS ENTITIES PORTION OF TAXABLE INCOME | 4,049,159. |
| THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS | 99.92% |
| THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS | 0. |
| TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS | 4,049,159. |
| 80% INCOME LIMITATION | 3,239,327. |
| POST-2017 AVAILABLE | 3,153,210. |
| LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION | 3,153,210. |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

| | |
|--|---|
| Name SOUTHWESTERN MEDICAL FOUNDATION | Employer identification number 75-0945939 |
|--|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | -139. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -139. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 114,236. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 301,617. |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 415,853. |

Part III Summary of Parts I and II

| | | |
|--|-----------|-----------------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 415,714. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 415,714. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

SOUTHWESTERN MEDICAL FOUNDATION

75-0945939

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | SEE STATEMENT 5 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3
4
5
6
7 **301,617.**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9 **301,617.**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11 ()
12
13
14
15
16
17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|--|------------|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 Gross sales price (Note: See line 1a before completing.) | 20 | | |
| 21 Cost or other basis plus expense of sale | 21 | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | | |
| 25 If section 1245 property: | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | |
| b Enter the smaller of line 24 or 25a | 25b | | |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | |
| a Additional depreciation after 1975. See instructions | 26a | | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | |
| e Enter the smaller of line 26c or 26d | 26e | | |
| f Section 291 amount (corporations only) | 26f | | |
| g Add lines 26b, 26e, and 26f | 26g | | |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | |
| a Soil, water, and land clearing expenses | 27a | | |
| b Line 27a multiplied by applicable percentage | 27b | | |
| c Enter the smaller of line 24 or 27b | 27c | | |
| 28 If section 1254 property: | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | |
| b Enter the smaller of line 24 or 28a | 28b | | |
| 29 If section 1255 property: | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | |
|--|-----------|--|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|--|-----------------|------------------------|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 Recomputed depreciation. See instructions | 34 | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | |

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|------------------|--------------|----------------|-------|------------------|-------------------|
| ALIGN CAPITAL PARTNERS FUND II, LP | | | | | | 79. |
| ENERGY & MINERALS GROUP FUND II, LP | | | | | | 566. |
| ENERGY SPECTRUM PARTNERS VII LP | | | | | | -65. |
| ENR PARTNERS II LP | | | | | | 2,213. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI, FALCON STRATEGIC PARTNERS V, LP | | | | | | -964. 117,796. |
| IRON POINT REAL ESTATE PARTNERS II-TE, L | | | | | | 16,844. |
| CROW HOLDINGS REALTY PARTNERS IX, LP | | | | | | 145,217. |
| SILVER HILL ENERGY PARTNERS III, LP | | | | | | 15,199. |
| ALIGN CAPITAL PARTNERS FUND III, LP | | | | | | 4,732. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 301,617. |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

| | |
|--|---|
| Name SOUTHWESTERN MEDICAL FOUNDATION | Employer identification number 75-0945939 |
|--|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | -139. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -139. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 114,236. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 301,617. |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 415,853. |

Part III Summary of Parts I and II

| | | |
|--|-----------|-----------------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 415,714. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 415,714. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-T**

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

| | |
|--|---|
| Name SOUTHWESTERN MEDICAL FOUNDATION | Employer identification number 75-0945939 |
|--|---|

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

| | | | |
|--|----|---|----------|
| 1 Total tax (see instructions) | | 1 | 187,939. |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | | |
| c Credit for federal tax paid on fuels (see instructions) | 2c | | |
| d Total. Add lines 2a through 2c | 2d | | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | 3 | | 187,939. |
| 4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | 4 | | 37,788. |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | | 37,788. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

| | | (a) | (b) | (c) | (d) |
|---|----|----------|----------|----------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 04/15/24 | 06/15/24 | 09/15/24 | 12/15/24 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10 | 9,447. | 84,523. | 46,984. | 46,985. |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | 11 | 486,618. | | | |
| Complete lines 12 through 18 of one column before going to the next column. | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | 477,171. | 392,648. | 345,664. |
| 13 Add lines 11 and 12 | 13 | | 477,171. | 392,648. | 345,664. |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | | | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 486,618. | 477,171. | 392,648. | 345,664. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 0. | 0. | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | | | | |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | 477,171. | 392,648. | 345,664. | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|--|--------------|-----|-----|-----|
| 19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19 | | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2024 and before 7/1/2024 | 21 | | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$... | 22 \$ | \$ | \$ | \$ |
| 23 Number of days on line 20 after 6/30/2024 and before 10/1/2024 | 23 | | | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$... | 24 \$ | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2024 and before 1/1/2025 | 25 | | | |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$... | 26 \$ | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2024 and before 4/1/2025 | 27 | | | |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$... | 28 \$ | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2025 and before 7/1/2025 | 29 | | | |
| 30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ | 30 \$ | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2025 and before 10/1/2025 | 31 | | | |
| 32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ | 32 \$ | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2025 and before 1/1/2026 | 33 | | | |
| 34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ | 34 \$ | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2025 and before 3/16/2026 | 35 | | | |
| 36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ | 36 \$ | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 \$ | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns | 38 \$ | | | 0. |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

SOUTHWESTERN MEDICAL FOUNDATION

75-0945939

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | SEE STATEMENT 6 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

301,617.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

301,617.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|----|----|----|----|----|----|----|
| | | | | | | |
| | | | | | | |
| | | | | | | |

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|--|------------|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 Gross sales price (Note: See line 1a before completing.) | 20 | | |
| 21 Cost or other basis plus expense of sale | 21 | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | | |
| 25 If section 1245 property: | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | |
| b Enter the smaller of line 24 or 25a | 25b | | |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | |
| a Additional depreciation after 1975. See instructions | 26a | | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | |
| e Enter the smaller of line 26c or 26d | 26e | | |
| f Section 291 amount (corporations only) | 26f | | |
| g Add lines 26b, 26e, and 26f | 26g | | |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | |
| a Soil, water, and land clearing expenses | 27a | | |
| b Line 27a multiplied by applicable percentage | 27b | | |
| c Enter the smaller of line 24 or 27b | 27c | | |
| 28 If section 1254 property: | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | |
| b Enter the smaller of line 24 or 28a | 28b | | |
| 29 If section 1255 property: | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | |
|--|-----------|--|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|--|-----------------|------------------------|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 Recomputed depreciation. See instructions | 34 | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | |

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|------------------|--------------|----------------|-------|------------------|-------------------|
| ALIGN CAPITAL PARTNERS FUND II, LP | | | | | | 79. |
| ENERGY & MINERALS GROUP FUND II, LP | | | | | | 566. |
| ENERGY SPECTRUM PARTNERS VII LP | | | | | | -65. |
| ENR PARTNERS II LP | | | | | | 2,213. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI, FALCON STRATEGIC PARTNERS V, LP | | | | | | -964. 117,796. |
| IRON POINT REAL ESTATE PARTNERS II-TE, L | | | | | | 16,844. |
| CROW HOLDINGS REALTY PARTNERS IX, LP | | | | | | 145,217. |
| SILVER HILL ENERGY PARTNERS III, LP | | | | | | 15,199. |
| ALIGN CAPITAL PARTNERS FUND III, LP | | | | | | 4,732. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 301,617. |

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

Attachment Sequence No. **865**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership

RUBICON TECHNOLOGY PARTNERS III L.P.

1470 WALNUT STREET, SUITE 400

BOULDER, CO 80302

2(a) EIN (if any)

98-1521586

2(b) Reference ID number

3 Country under whose laws organized

CAYMAN ISLANDS

| | | | | | |
|--|---|---|---|--|---|
| 4 Date of organization 03/13/2020 | 5 Principal place of business CAYMAN ISLANDS | 6 Principal business activity code number 523900 | 7 Principal business activity INVESTMENT | 8a Functional currency US DOLLARS | 8b Exchange rate (see instructions) 1.000000 |
|--|---|---|---|--|---|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

WALKERS CORPORATE LIMITED

27 HOSPITAL ROAD

GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions \$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized?

LIMITED PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **RUBICON TECHNOLOGY PARTNERS III L** EIN (if any) **98-1521586** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 312,396. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 312,396. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.6400** % (b) After the transfer **.6400** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

2024

Information furnished for the foreign partnership's tax year

Attachment Sequence No. **865**

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership
GGV CAPITAL VIII LP

**3000 SAND HILL ROAD BLDG 4 SUITE 230
MENLO PARK, CA 94025**

2(a) EIN (if any)

98-1560527

2(b) Reference ID number

3 Country under whose laws organized

CAYMAN ISLANDS

| | | | | | |
|--|--------------------------------------|---|--|--|---|
| 4 Date of organization 10/30/2020 | 5 Principal place of business | 6 Principal business activity code number 525990 | 7 Principal business activity INVESTMENTS | 8a Functional currency US DOLLARS | 8b Exchange rate (see instructions) 1.000000 |
|--|--------------------------------------|---|--|--|---|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
**MAPLES CORPORATE SERVICES LIMITED
P.O. BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY1-110**

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**STEPHEN A. HYNDMAN
3000 SAND HILL ROAD, 4-230
MENLO PARK, CA 94025**

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

0

9 How is this partnership classified under the law of the country in which it's organized?

EXEMPT L.P.

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions Yes No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI _____
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | | | Firm's EIN | |
| | Firm's address | | | Phone no. | |

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest **b** Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
| | | | | |

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
| | | | |

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest | |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
| | | | | | Capital | Profits |
| | | | | <input type="checkbox"/> | % | % |
| | | | | <input type="checkbox"/> | % | % |

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|---------------------------|---|--------------|-------------------------------|------------------------------|
| GGV VIII INVESTMENTS, LLC | 3000 SAND HILL ROAD, #4-230 MENLO PARK, CA 94025 | 98-1580291 | | X |

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **GGV CAPITAL VIII LP** EIN (if any) **98-1560527** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 480,000. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 480,000. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.3300** % (b) After the transfer **.3280** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

2024

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Attachment
Sequence No. **865**

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership

LIME ROCK NEW ENERGY, LP

274 RIVERSIDE AVE, 3RD FLOOR

WESTPORT, CT 06880

2(a) EIN (if any)

98-1514286

2(b) Reference ID number

3 Country under whose laws organized

CAYMAN ISLANDS

| | | | | | |
|--|---|---|---|--|--|
| 4 Date of organization 10/18/2019 | 5 Principal place of business CAYMAN ISLANDS | 6 Principal business activity code number 523900 | 7 Principal business activity INVESTMENT | 8a Functional currency US DOLLARS | 8b Exchange rate (see instructions) |
|--|---|---|---|--|--|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

LIME ROCK MANAGEMENT LP
274 RIVERSIDE AVE, 3RD FLOOR
WESTPORT, CT 06880

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

0

9 How is this partnership classified under the law of the country in which it's organized?

LIMITED PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions Yes No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI _____
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | | | Firm's EIN | |
| | Firm's address | | | Phone no. | |

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest **b** Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
| | | | | |

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
| | | | |

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest | |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
| | | | | | Capital | Profits |
| | | | | <input type="checkbox"/> | % | % |
| | | | | <input type="checkbox"/> | % | % |

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| | Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|---------------|------|---------|--------------|-------------------------------|------------------------------|
| STMT 7 | | | | | |

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **LIME ROCK NEW ENERGY, LP** EIN (if any) **98-1514286** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 708,693. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 708,693. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **1.9400** % (b) After the transfer **1.7270** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

Attachment Sequence No. **865**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership

GGV DISCOVERY III, L.P.

**3000 SAND HILL ROAD BLDG 4 SUITE 230
MENLO PARK, CA 94025**

2(a) EIN (if any)

98-1561085

2(b) Reference ID number

3 Country under whose laws organized

CAYMAN ISLANDS

| | | | | | |
|--|---|---|---|---|---|
| 4 Date of organization 10/30/2020 | 5 Principal place of business CAYMAN ISLANDS | 6 Principal business activity code number 525990 | 7 Principal business activity INVESTMENT | 8a Functional currency USD | 8b Exchange rate (see instructions) 1.000000 |
|--|---|---|---|---|---|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

**MAPLES CORPORATE SERVICES LIMITED
P.O. BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY1-110**

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**STEPHEN A. HYNDMAN
3000 SAND HILL ROAD, 4-230
MENLO PARK, CA 94025**

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No

If "Yes," enter the total amount of the disallowed deductions \$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions **0**

9 How is this partnership classified under the law of the country in which it's organized? **EXEMPT L.P.**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **GGV DISCOVERY III, L.P.** EIN (if any) **98-1561085** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 200,118. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 200,118. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.3300** % (b) After the transfer **.3300** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

2024

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership

RUBICON TECHNOLOGY PARTNERS IV LP

1470 WALNUT STREET, SUITE 400

BOULDER, CO 80302

2(a) EIN (if any)

98-1625673

2(b) Reference ID number

3 Country under whose laws organized

CAYMAN ISLANDS

| | | | | | |
|--|---|---|---|--|---|
| 4 Date of organization 03/03/2022 | 5 Principal place of business CAYMAN ISLANDS | 6 Principal business activity code number 523900 | 7 Principal business activity INVESTMENT | 8a Functional currency US DOLLARS | 8b Exchange rate (see instructions) 1.000000 |
|--|---|---|---|--|---|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

WALKERS CORPORATE LIMITED

27 HOSPITAL ROAD

GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized?

LIMITED PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions Yes No
- b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI _____
- d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member _____ Date _____

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | | | Firm's EIN | |
| | Firm's address | | | Phone no. | |

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
| | | | | |

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
| | | | |

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest | |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
| | | | | | Capital | Profits |
| | | | | <input type="checkbox"/> | % | % |
| | | | | <input type="checkbox"/> | % | % |

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|------|---------|--------------|-------------------------------|------------------------------|
| | | | | |

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **RUBICON TECHNOLOGY PARTNERS IV LP** EIN (if any) **98-1625673** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 1,022,155. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 1,022,155. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.3700** % (b) After the transfer **.3690** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

2024

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership

GGV CAPITAL VIII PLUS, L.P.

**3000 SAND HILL ROAD BLDG 4 SUITE 230
MENLO PARK, CA 94025**

2(a) EIN (if any)

98-1560888

2(b) Reference ID number

3 Country under whose laws organized

CAYMAN ISLANDS

| | | | | | |
|--|---|---|---|---|---|
| 4 Date of organization 10/30/2020 | 5 Principal place of business CAYMAN ISLANDS | 6 Principal business activity code number 525990 | 7 Principal business activity INVESTMENT | 8a Functional currency USD | 8b Exchange rate (see instructions) 1.000000 |
|--|---|---|---|---|---|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**STEPHEN A. HYNDMAN
3000 SAND HILL ROAD, 4-230
MENLO PARK, CA 94025**

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

0

9 How is this partnership classified under the law of the country in which it's organized?

EXEMPT L.P.

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **GGV CAPITAL VIII PLUS, L.P.** EIN (if any) **98-1560888** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 132,000. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 132,000. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.3280** % (b) After the transfer **.3280** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

2024

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Attachment
Sequence No. **865**

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership

RUBICON TECHNOLOGY PARTNERS II L.P.

1470 WALNUT STREET, SUITE 400

BOULDER, CO 80302

2(a) EIN (if any)

37-1843507

2(b) Reference ID number

3 Country under whose laws organized

CAYMAN ISLANDS

| | | | | | |
|--|---|---|---|---|---|
| 4 Date of organization 04/15/2019 | 5 Principal place of business CAYMAN ISLANDS | 6 Principal business activity code number 523900 | 7 Principal business activity INVESTMENT | 8a Functional currency USD | 8b Exchange rate (see instructions) 1.000000 |
|--|---|---|---|---|---|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

WALKERS CORPORATE LIMITED

27 HOSPITAL ROAD

GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized?

LIMITED PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions Yes No
- b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI _____
- d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | | | Firm's EIN | |
| | Firm's address | | | Phone no. | |

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
| | | | | |

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
| | | | |

AVAILABLE UPON REQUEST

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest | |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
| | | | | | Capital | Profits |
| | | | | <input type="checkbox"/> | % | % |
| | | | | <input type="checkbox"/> | % | % |

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|------|---------|--------------|-------------------------------|------------------------------|
| | | | | |

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **RUBICON TECHNOLOGY PARTNERS II L.** EIN (if any) **37-1843507** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 701,009. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 701,009. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **1.1490** % (b) After the transfer **1.1735** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

2024

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

75-0945939

SOUTHWESTERN MEDICAL FOUNDATION

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) | | |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
| | | | Category 1 | Category 2 | Constructive owner |
| | | | | | |

G1 Name and address of foreign partnership

TEMBO CAPITAL MINING FUND III LP

2(a) EIN (if any)

98-1545731

2(b) Reference ID number

GROUND FL CAMBRIDGE HOUSE LE TRUCHO

ST PETER PORT, GUERNSEY GY1 1WD

3 Country under whose laws organized

GUERNSEY

| | | | | | |
|--|---|---|---|--|--|
| 4 Date of organization 10/16/2019 | 5 Principal place of business GUERNSEY | 6 Principal business activity code number 523900 | 7 Principal business activity INVESTMENT | 8a Functional currency US DOLLARS | 8b Exchange rate (see instructions) |
|--|---|---|---|--|--|

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized?

PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet **both** of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," **don't** complete Schedules L, M-1, and M-2.

Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOUTHWESTERN MEDICAL FOUNDATION** Filer's identifying number **75-0945939**

Name of foreign partnership **TEMBO CAPITAL MINING FUND III LP** EIN (if any) **98-1545731** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Recovery period | (f) Section 704(c) allocation method | (g) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash | 12/31/24 | | 2,175,516. | | | | |
| Stock, notes receivable and payable, and other securities | | | | | | | |
| Inventory | | | | | | | |
| Tangible property used in trade or business | | | | | | | |
| Intangible property described in section 197(f)(9) | | | | | | | |
| Intangible property, other than intangible property described in section 197(f)(9) | | | | | | | |
| Other property | | | | | | | |
| Totals | | | 2,175,516. | | | | |

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **1.9100** % (b) After the transfer **1.9900** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

| (a) Type of property | (b) Date of original transfer | (c) Date of disposition | (d) Manner of disposition | (e) Gain recognized by partnership | (f) Depreciation recapture recognized by partnership | (g) Gain allocated to partner | (h) Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 7

| NAME | ADDRESS | IDENTIFYING NUMBER | TOTAL ORDINARY INCOME OR (LOSS) | CK IF FOR- EIGN P'SH |
|----------------------------|--|-----------------------|--|----------------------------------|
| LRNE-PTO HOLDINGS, L.P. | 274 RIVERSIDE AVE, 3RD FLO WESTPORT, CT 06880 | 85-3552143 | | |
| LRNE-EPE HOLDINGS, L.P. | 274 RIVERSIDE AVE, 3RD FLO WESTPORT, CT 06880 | 87-3862777 | | |
| SW HOLDINGS, INC. | 274 RIVERSIDE AVE, 3RD FLO WESTPORT, CT 06880 | 98-1587606 | | X |

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 8

| NAME | ADDRESS | IDENTIFYING NUMBER | TOTAL ORDINARY INCOME OR (LOSS) | CK IF FOR- EIGN P'SH |
|-------------------------------|---|-----------------------|--|----------------------------------|
| TEMBO CAPITAL ELIM CO-INVE | GROUND FL CAMBRIDGE HOUSE ST PETER PORT, GUERNSEY GY | 98-1545716 | | X |
| TEMBO CAPITAL HOLDINGS GUE | GROUND FL CAMBRIDGE HOUSE ST PETER PORT, GUERNSEY GY | 98-1701284 | | X |

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

| | |
|--|--|
| Name of transferor SOUTHWESTERN MEDICAL FOUNDATION | Identifying number (see instructions) 75-0945939 |
|--|--|

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
| N/A | |

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
| | |

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

| | |
|---|--------------------------------------|
| 4 Name of transferee (foreign corporation) ELLIOTT INTERNATIONAL LIMITED | 5a Identifying number, if any |
|---|--------------------------------------|

| | |
|--|---|
| 6 Address (including country) HARMONIC FUND SERVICES, CAYMAN CORP CNTR 4TH FLOOR, 27 GEORGETOWN, GRAND CAYMAN CAYMAN ISLANDS | 5b Reference ID number ELLIOT INTERNAT |
|--|---|

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|------------------|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash | 12/31/2024 | | 2,100,464. | | |

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Stock and securities | | | | | |
| Inventory | | | | | |
| Other property (not listed under another category) | | | | | |
| Property with built-in loss | | | | | |
| Totals | | | | | |

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____
- 13** Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

| Type of property | (a) Date of transfer | (b) Description of property | (c) Useful life | (d) Arm's length price on date of transfer | (e) Cost or other basis | (f) Income inclusion for year of transfer |
|--------------------------------------|-------------------------|--------------------------------|--------------------|---|----------------------------|--|
| Property described in sec. 367(d)(4) | | | | | | |
| Totals | | | | | | |

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .107 % (b) After .104 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SEC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

| | |
|--|--|
| Name of transferor SOUTHWESTERN MEDICAL FOUNDATION | Identifying number (see instructions) 75-0945939 |
|--|--|

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
| N/A | |

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

| Name of partnership | EIN of partnership |
|---|--------------------|
| GUIDEPOST GROWTH EQUITY IV-A, LP | 93-1786433 |

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

| | |
|--|---|
| 4 Name of transferee (foreign corporation) STRATEGIC VALUE CAPITAL SOLUTIONS FEEDER FUND II, LP | 5a Identifying number, if any 86-3738395 |
|--|---|

| | |
|---|---|
| 6 Address (including country) 100 W PUTMAN AVENUE GREENWITCH, CT 06830 | 5b Reference ID number STRATEGIC VALUE |
|---|---|

7 Country code of country of incorporation or organization
CT

8 Foreign law characterization (see instructions)

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|------------------|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash | 12/31/2024 | | 1,225,252. | | |

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Stock and securities | | | | | |
| Inventory | | | | | |
| Other property (not listed under another category) | | | | | |
| Property with built-in loss | | | | | |
| Totals | | | | | |

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____
- 13** Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

| Type of property | (a) Date of transfer | (b) Description of property | (c) Useful life | (d) Arm's length price on date of transfer | (e) Cost or other basis | (f) Income inclusion for year of transfer |
|--------------------------------------|-------------------------|--------------------------------|--------------------|---|----------------------------|--|
| Property described in sec. 367(d)(4) | | | | | | |
| Totals | | | | | | |

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .250 % (b) After .244 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SEC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

| | |
|--|--|
| Name of transferor SOUTHWESTERN MEDICAL FOUNDATION | Identifying number (see instructions) 75-0945939 |
|--|--|

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
| | |
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| | |

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
| N/A | |

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
| | |

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

| | |
|--|--------------------------------------|
| 4 Name of transferee (foreign corporation) KAIZEN REGTECH GROUP LIMITED | 5a Identifying number, if any |
|--|--------------------------------------|

| | |
|---|--|
| 6 Address (including country) 30 ST MARY AXE LONDON, ENGLAND EC3A 8BF UNITED KINGDOM | 5b Reference ID number KAIZEN REGTECH |
|---|--|

7 Country code of country of incorporation or organization
UK

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|------------------|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash | 12/31/2024 | | 574,676. | | |

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Stock and securities | | | | | |
| Inventory | | | | | |
| Other property (not listed under another category) | | | | | |
| Property with built-in loss | | | | | |
| Totals | | | | | |

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

| Type of property | (a) Date of transfer | (b) Description of property | (c) Useful life | (d) Arm's length price on date of transfer | (e) Cost or other basis | (f) Income inclusion for year of transfer |
|--------------------------------------|-------------------------|--------------------------------|--------------------|---|----------------------------|--|
| Property described in sec. 367(d)(4) | | | | | | |
| Totals | | | | | | |

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SEC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

| | |
|--|--|
| Name of transferor SOUTHWESTERN MEDICAL FOUNDATION | Identifying number (see instructions) 75-0945939 |
|--|--|

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
| | |
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| | |

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
| | |

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
| | |

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

| | |
|--|--------------------------------------|
| 4 Name of transferee (foreign corporation) KAIZEN REGTECH GROUP LIMITED | 5a Identifying number, if any |
|--|--------------------------------------|

| | |
|---|--|
| 6 Address (including country) 30 ST MARY AXE LONDON, ENGLAND EC3A 8BF UNITED KINGDOM | 5b Reference ID number KAIZEN REGTECH |
|---|--|

7 Country code of country of incorporation or organization
UK

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|------------------|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash | 12/31/2024 | | 443,661. | | |

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

| Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Stock and securities | | | | | |
| Inventory | | | | | |
| Other property (not listed under another category) | | | | | |
| Property with built-in loss | | | | | |
| Totals | | | | | |

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

| Type of property | (a) Date of transfer | (b) Description of property | (c) Useful life | (d) Arm's length price on date of transfer | (e) Cost or other basis | (f) Income inclusion for year of transfer |
|--------------------------------------|-------------------------|--------------------------------|--------------------|---|----------------------------|--|
| Property described in sec. 367(d)(4) | | | | | | |
| Totals | | | | | | |

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After .272 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SEC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No