

A For the 2015 calendar year, or tax year beginning 09-01-2015, and ending 08-31-2016

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Southwest Key Programs Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
6002 Jain Lane

City or town, state or province, country, and ZIP or foreign postal code
Austin, TX 78721

D Employer identification number
74-2481167 **3 90507**

E Telephone number
(512) 462-2181

G Gross receipts \$ 242,615,955

F Name and address of principal officer
Dr Juan Sanchez
6002 Jain Lane
Austin, TX 78721

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.swkey.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987 **M** State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission is opening doors to opportunity, so individuals can achieve their dreams

2 Check this box if the organization's principal operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4,564
6 Total number of volunteers (estimate if necessary)	6	330
7a Total unrelated business revenue from Part VIII, column (A), line 2	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	156,434,153	240,900,527
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7)	36,499	102,012
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,472,181	1,593,012
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	158,942,833	242,595,551
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	33,290
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	108,781,616	159,311,493
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,254		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,620,169	66,712,956
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,401,785	226,057,739
19 Revenue less expenses. Subtract line 18 from line 12	8,541,048	16,537,812	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 67,581,150	End of Year 101,686,304
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, my knowledge and belief, it is true, correct, and complete. Declaration preparer has any knowledge

Sign Here

Signature of officer
Melody Chung CFO
Type or print name and title

Paid

Print/Type preparer's name
Wallace F Helin

Preparer's signature
Wallace F Helin

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POSTMARK RECEIVED
06 25 2018
CINCINNATI
SERVICE CENTER

RECEIVED
JUN 25 2018

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