Salary Supplement Reporting - Part I

In accordance with Texas Government Code, Section 659.0201(i), each state agency (agency) and higher education institution as defined by Section 61.003 of the Texas Education Code, receiving a gift, grant, donation, or other consideration from a person that is designated to be used as a salary supplement for a named person, position, or endowment shall report certain information to the State Auditor. This questionnaire is designed to collect that information, which will be reported to the Legislature. Any questions concerning the interpretation of this section of the Texas Government Code should be directed to your agency's or higher education institution's legal counsel.

Please complete this section of the questionnaire (Part I) and return it to the State Auditor's Office. Questionnaires should be e-mailed directly to xxxx at xxx, no later than mm/dd/yyyy. Please note that reporting requirements that are specified in Article IX, Section 3.02, General Appropriations Act (83rd Legislature), should be reported separately. To report information as required by Texas Government Code, Section 659.0201 (d), please complete Part II of this questionnaire.

| Contact Information | | | | | | | |
|---|---------------------------|--|---|--|--|--|--|
| Agency/Higher Education Institution: | | The University of Texas Southwestern Medical Center | | | | | |
| Name: | | Abraham Mathew | | | | | |
| Title: | | Assistant Vice President - Office of Budget | | | | | |
| Phone Number: | | 214.648.2514 | | | | | |
| Email Address: | | abraham.mathew@UTSouthwestern.edu | | | | | |
| | Questionnaire | | | | | | |
| 1. In fiscal year 2013, did y | your agency or higher edu | ication institution receive a gift, gra | nt, donation, or other consideration | from a person that was designated to be used as a sala | ary supplement for a named person, position, or endowment? | | |
| No. | | | | | | | |
| 2. If the answer to question 1 was "yes," please complete the information in the table below for each individual salary supplement. Please insert additional rows if necessary. If the answer to question 1 was "no," please go to question number 3. | | | | | | | |
| | | | Detailed Information for | Each Salary Supplement | | | |
| Was the gift, grant, or donation or other consideration to the agency or higher education institution from an individual or from an | | If the entity is a nonprofit entity, is it classified as a supporting | If the entity is classified as a supporting organization by the Internal Revenue Service, please list the type of supporting organization and the name of the | | Please list any internal or external oversight procedures your agency or higher education institution has established to monitor the use of any gifts, grants, donations, or other considerations your agency or | | |
| entity? | list the type of entity. | Revenue Service? | supporting organization. | classification. | higher education institution receives. | | |
| XXXXX | XXXXX | XXXXX | XXXXX | xxxxx | XXXXX | | |
| XXXXX | XXXXX | XXXXX | XXXXX | xxxxx | XXXXX | | |
| XXXXX | XXXXX | XXXXX | XXXXX | xxxxx | XXXXX | | |
| XXXXX | XXXXX | XXXXX | XXXXX | XXXXX | XXXXX | | |

3. How does your agency or higher education institution use gifts, grants, donations, and other considerations it receives? (Please specify whether those items are used to provide salary supplements for your agency's or higher education institution's employees.)

| Detailed Information for Each Salary Supplement | | | | | | |
|---|---------------------------|--------------------------------------|----------------------------------|--|---|--|
| Was the gift, grant, or | | | | | | |
| donation or other | | | If the entity is classified as a | | | |
| consideration to the | | | supporting organization by the | | | |
| agency or higher | | If the entity is a nonprofit entity, | Internal Revenue Service, please | If the entity is classified as a supporting | Please list any internal or external oversight procedures your agency | |
| education institution from | | is it classified as a supporting | list the type of supporting | organization by the Internal Revenue Service, | or higher education institution has established to monitor the use of | |
| an individual or from an | If from an entity, please | organization by the Internal | organization and the name of the | please list any additional information related to that | any gifts, grants, donations, or other considerations your agency or | |
| entity? | list the type of entity. | Revenue Service? | supporting organization. | classification. | higher education institution receives. | |

Gifts received are for current expenditure or for endowed purposes, and all are used in accordance with the donor's intent. Some gifts are given for unrestricted use and may be used for any purpose that supports the mission of the institution, while other gifts are given for unrestricted to use for a specific purpose. Gifts for current expenditure and for endowed purposes are used to support many things, including but not limited to, student scholarships, equipment purchases, faculty and programs, and such uses may include salary support and other professional support of faculty.

4. If your agency or higher education institution has adopted conflict of interest provisions regarding the acceptance by the agency or higher education institution of a gift, grant, donation, or other consideration to be used as a salary supplement for an agency or higher education institution institution employee, please provide a hyperlink to the conflict of interest provisions.

UTS 180, "Conflicts of Interest, Conflicts of Commitment and Outside Activities" http://www.utsystem.edu/bor/procedures/policy/policies/UTS180.pdf and UTS 138, "Gift Acceptance Procedures" http://www.utsystem.edu/bor/procedures/policy/policies/uts138.html

Please include any additional comments in the box below.

(Please place additional comments here.)

Salary Supplement Reporting - Part II

In accordance with Texas Government Code, Section 659.0201(d), (e), (f), (g), and (h) each state agency (agency) and higher education institution receiving a gift, grant, donation, or other consideration, in an amount or having a value that exceeds \$10,000 from an entity created solely for the support of an agency or higher education institution, <u>that is designated to be used as a salary supplement for a named person, position, or endowment</u>, shall report certain information to the State Auditor. This questionnaire is designed to collect that information, which may be reviewed by the State Auditor's Office to identify any conflicts of interest or any other areas of risk. The State Auditor's Office will report audit results to the Legislature. Any questions concerning the interpretation of this section of the Texas Government Code should be directed to your agency's or higher education institution's legal counsel.

Please complete this section (Part II) of the questionnaire and return it to the State Auditor's Office. Questionnaires should be e-mailed directly to xxxx at xxx, no later than mm/dd/yyyy. Please note that reporting requirements that are specified in Article IX, Section 3.02, General Appropriations Act (83rd Legislature), should be reported separately. To report information as required by Texas Government Code, Section 659.0201 (i), please complete Part I of this questionnaire.

| Contact Information | | | | |
|---|--|--|--|--|
| Agency/Higher Education Institution: | The University of Texas Southwestern Medical Center | | | |
| Name: | Abraham Mathew | | | |
| Title: | Assistant Vice President - Office of Budget | | | |
| Phone Number: | 214.648.2514 | | | |
| Email Address: | mail Address: <u>abraham.mathew@UTSouthwestern.edu</u> | | | |
| Questionnaire | | | | |
| 1. In fiscal year 2013, did your agency or higher education institution receive a gift, grant, donation, or other consideration in an amount or having a value that exceeds \$10,000 from an entity created solely to | | | | |

provide support for your agency, that was designated to be used as a salary supplement for a named person, position, or endowment?

No.

2. If the answer to question 1 was "yes," please complete the information in the table below for each individual salary supplement. (Please insert additional rows if necessary.) If the answer to question 1 was "no," please continue to the Additional Comments Section.

| Detailed Information for Each Salary Supplement | | | | | | |
|--|--|---|--|--|--|--|
| | Please list the name of each person who makes gifts, grants, or donations, or provides other | | | | | |
| | considerations to the entity, in an amount or having a value that exceeds \$10,000, unless the | | | | | |
| | person has made a request to the entity to remain anonymous. (If the person requested to | If the amount or value of each specific gift, grant, donation, or other consideration | | | | |
| Please list the name of the entity created solely | remain anonymous, please place the word "Anonymous" in the column.) Information provided | exceeded \$10,000, what was the amount? Information provided to an higher | | | | |
| to provide support for your agency or higher | to an higher education institution under Texas Government Code, Subsection (d), is not subject | education institution under Texas Government Code, Subsection (d), is not subject to | | | | |
| education institution. | to disclosure under Chapter 552. | disclosure under Chapter 552. | | | | |
| XXXXX | XXXXX | XXXXX | | | | |
| XXXXX | XXXXX | XXXXX | | | | |
| XXXXX | XXXXX | XXXXX | | | | |
| XXXXX | XXXXX | XXXXX | | | | |
| Please include any additional comments in the box below. | | | | | | |

(Please place additional comments here.)