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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008
Open to Public Inspection

		calendar year, or tax year beginning 9/01/08 , and ending 8/31/09	<u></u>		
		THE CONTRACT OF THE PARTY OF TH	1	D. Emple	
	heck if applicable			D Emplo	yer identification number
<u></u>	ddress change	label or FOUNDATION		74	1600415
N	ame change	print or Doing Business As		_	1620415
\sqcap	ntial return	<u> </u>	toom/suite		one number
=		Specific 3100 CLEBURNE AVENUE		713	3-313-7454
_ ⊔ַ י	ermination	Instruc- City or town, state or country, and ZIP + 4	ļ.	G Gross rece	pts \$ 526,681
A	mended return	tions. HOUSTON TX 77004			
П	pplication pending	F Name and address of principal officer		H(a) Is this	a group return for
ٔ ب	,,			affiliate	
				H(b) Are all include	
				If "No,"	attach a list (see instructions)
II	Fax-exempt sta	atus X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
JV	Nebsite: 🕨			H(c) Group	exemption number
KT	ype of organization	on X Corporation Trust Association Other ▶ L Year	r of formation		M State of legal domicile TX
Pa	art I	Summary			
	-	describe the organization's mission or most significant activities.			
	TO	SOLICIT AND RECEIVE CONTRIBUTIONS, GIFTS, DEVISES OR			
2		QUESTS OF REAL OR PERSONAL PROPERTY OR BOTH FROM			
<u> </u>		DIVIDUALS, FOUNDATIONS, PARTNERSHIPS, ASSOCIATIONS,			
8		this box if the organization discontinued its operations or disposed of more than 25%	of its assets		
<u>ဖို</u>		er of voting members of the governing body (Part VI, line 1a)		3	12
Activities & Governance		er of independent voting members of the governing body (Part VI, line 1b)		4	12
įţį		number of employees (Part V, line 2a)		5	0
(€		number of volunteers (estimate if necessary)		6	0
٩				7a	
1	h Netur	ross unrelated business revenue from Part VIII, line #2, reolumn (C)		7b	0
	D Net un		Prior Yea		Current Year
	8 Contrib	putions and grants (Part VIII, line 1h)	99	7,339	496,440
- Ju		outions and grants (Part VIII, line 1h) Im service revenue (Part VIII, line 2g)			
Revenue	-	ment income (Part VIII, column (A), lines 3, 4, and Zd)	76	5,066	17,239
ا 🛎		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c) and the in the line			13,002
		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175	,405	526,681
		and similar amounts paid (Part IX, column (A), lines 1-3)		3,785	60,340
}		ts paid to or for members (Part IX, column (A), line 4)			
		es, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
enses		sional fundraising fees (Part IX, column (A), line 11e)			
<u> </u>		undraising expenses (Part IX, column (D), line 25) ▶			÷
Exp		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	543	3,427	568,728
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,202		629,068
		ue less expenses Subtract line 18 from line 12	-1,026		-102,387
201U		SOLICO CONTROL	Beginning of		End of Year
201U sets or	20 Total a	issets (Part X, line 16)	3,066	5,376	2,963,989
A Ass	21 Total lia	abilities (Part X, line 26)	- -:		
₩ 돌릴		sets or fund balances Subtract line 21 from line 20	3,066	5,376	2,963,989
<u>ت</u> Pa	art II	Signature Block			_
AUG		Under penalties of perjury Lectare that I have examined this return, including accompanying schedules and s	statements, and	to the best of	f my knowledge
	} E	and belief, it strue, correct, and complete Declaration of preparer (other than officer) is based on all information	on of which prep	arer has any	
Sign	n 1	NOUS LAND		07	15/2010
Her	e J	Signature of officer		Date	
A	1	March R			
SCANNED SCANNED		Type or print name and title			
90		Preparer's Date	Check	Ī	Preparer's identifying number
Paid	-	signature DAVID G. WAGER 7/15/	10 self-	ad 🕨 🔀	(see instructions) P00290292
Pre	parer's 🗀	Wager & Company	Omploye		b
Use		COCE III I I I I I I I I I I I I I I I I I		Phone	<u> </u>
		address, and ZIP + 4 Houston, TX 77081		1	713-771-3917
Most		cuss this return with the preparer shown above? (see instructions)		no 🕨	Yes No
DAA		by Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)
DAY.	. O. I IIVac		ð		6
		— V			

60,090) (Revenue \$

Form 990 (2008)

590,068 (Must equal Part IX, Line 25, column (B))

4d Other program services (Describe in Schedule O)

4e Total program service expenses > \$

196,792 including grants of \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u> X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	_		77
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		~~
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	_ <u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		_ <u>X</u> _
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J .	23		<u> </u>
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? If "Yes," answer questions			37
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	• • • • • • • • • • • • • • • • • • • •	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		X
A	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_25a_		<u> </u>
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	256		X
20	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		x
77	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	substantial continuator, or to a person related to such an individual? If Tes, complete schedule L, Fait III		990	(2008)

Form 990 (2008) . TEXAS SOUTHERN UNIVERSITY Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	į ·		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	ŀ	}	
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		\mathbf{x}
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

Pa	int V Statements Regarding Other IRS Filmigs and Tax Compliance						
	5 to 10 to 1		ì	<u> </u>	1 Y	es	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_{1a}	5		Ì		
_	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
b	Did the organization comply with backup withholding rules for reportable payments to vendors and report						
С		abic		10		K	
2-	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			''	+	+	
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	$\overline{}$		25	^		
Ü	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			1 2 3	1	-	
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v					
	this return?	•		3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	_	\dashv	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial						
	account)?			4a			X
b	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk					
	and Financial Accounts				_ _	_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\bot		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	า?		5b	_		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			İ			
	Regarding Prohibited Tax Shelter Transaction?			<u>5c</u>			
6a	Did the organization solicit any contributions that were not tax deductible?			6a	+	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			ŀ		
_	gifts were not tax deductible?			<u>6b</u>	+	\dashv	
7	Organizations that may receive deductible contributions under section 170(c).					-	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more tha	ın		-	- -	-	X
.	\$75?			7a	$\overline{}$	\dashv	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.75	+	\dashv	
·	required to file Form 8282?			70			x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1.0	+	\dashv	
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers						
_	benefit contract?	• • • • • • • • • • • • • • • • • • • •		7e		\neg	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	>		7f	_		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	,					
	required?			7h	丄		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section						
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor	ппд		<u> </u>	4_	_	
	organization, have excess business holdings at any time during the year?			8	┿	_	<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				-		
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>		\dashv	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			95	+-	-	X
10	Section 501(c)(7) organizations. Enter:	1 1	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	44 - 1]	1			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	<u> </u>				
J	amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	-	<u> </u>	12:	,	_	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь			1	\dashv	

Form 990 (2008) TEXAS SOUTHERN UNIVERSITY 74-1620415 Page 6 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management No Yes For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body 12 Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members X 7a of the governing body? X 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8Ь Each committee with authority to act on behalf of the governing body? X Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 9b affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 11 Section B. Policies No Yes X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 14 14 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 X The organization's CEO, Executive Director, or top management official? 15a X Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website | X | Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ TEXAS SOUTHERN UNIVERSITY FOUND. 3100 CLEBURNE AVE.

713-313-7454

TX 77004

HOUSTON

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest <u>compensated employees</u>; and former such persons.

(A) Name and Title	(B) Average	Posi	ition (hat ap		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GERALD B SMIT	PH .	x		х				0	0	
ANTHONY R CHA	· 오타	╅		_		 		- 0		
VICE CHAIR	10E	x		x				o	o	O
JOSEPH PROLEF	2	+~		^	\vdash	\vdash			<u>_</u>	
TREASURER	•	x		x	l			0	o	C
LAMONT WADDEI	L	+==	<u> </u>							<u> </u>
SECRETARY		x		x				o	o	0
KAMORU A. LAW	IAL									· · · · · ·
COM. MBR.		x						0	o	C
BRUCE LABOON									-	
COM. MBR.		X						0	O	0
GENE LOCKE										
COM. CHAIR		X						0	0	0
REGINA ROGERS	3									
COM. MBR.		X						0	0	0
LARRY VESELKA	\					1 1				_
COM. MBR. WILLIE ALEXAN	men.	X				\vdash		0	0	
COM. CHAIR	IDER	x	ŀ					ا		•
GEORGE FOREMA	NT	 ^						0	0	0
COM. MBR.	TA.	x						o	o	0
WALTER PREVOS	יחי	+^	\vdash			┢		<u> </u>	<u> </u>	
COM. MBR.	-	x						o	o	0
GOII. ILDIV.		+				\Box				
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Form **990** (2008)

		1 -			y En					, 	
, (A) Name an	d title	(B) Average hours per week	ndrydual trustee Or director			Key employee	a Highest compensated employee	Former	(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 compensatic from the organization and related organization.
											-
											~
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											, <u>-</u> ,
<u>.</u>	· · · · · ·			_							
	-										
	nber of indiv	viduals (including those	in 1a) w	ho re	ceive	ed m	ore t	► han :	\$100,000 in reportable com	pensation from the	
employee For any in the organ individual Did any p	e on line 1a3 ndividual list nization and person listed	? If "Yes," complete Sch ted on line 1a, is the su related organizations g	nedule J m of rep reater th .ccrue co	for s ortab an \$ ompe	uch i le co 150,0	ndivi mpe 000?	dual ensati If "Y	ion a es,"	e, or highest compensated ind other compensation fror complete Schedule J for su inrelated organization for ch person	n ich	3 4 5
Complete	this table f	Contractors or your five highest con he organization	npensate	ed inc	depe	nden	nt con	tract	tors that received more than	n \$100,000 of	
		(A) Name and business address							Descript	(B) oon of services	(C Comper
										·	
										-	

DAA

Total revenue Pelatete or Numbers and Department of the Control of	Pa	<u>irt V</u>	III ' Statement of Rev	enue					
The Faderitod campaigns by the company of the compa	}				:	(A) Total revenue	exempt function	business	excluded from tax under sections
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8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a PREVIOUS YEARS VOID CHECKS c d All other revenue e Total. Add lines 11a–11d 13,002 13,002 13,002 13,002		С	Gain or (loss)						
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Miscellaneous Revenue Busn. Code 11a PREVIOUS YEARS VOID CHECKS 13,002 b 13,002 c 4 All other revenue e Total. Add lines 11a–11d 13,002 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,		b	Less cost of goods sold	b					
11a PREVIOUS YEARS VOID CHECKS b c d All other revenue e Total. Add lines 11a–11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,		С	Net income or (loss) from sale	s of invento	ory >				
b c d All other revenue 13,002 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,			Miscellaneous Revenu	ie	Busn. Code				
b c d All other revenue 13,002 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,		11a	PREVIOUS YEARS VOID	CHECKS		13,002	13,002		
c d All other revenue e Total. Add lines 11a–11d ► 13,002 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,							,		
d All other revenue e Total. Add lines 11a–11d ▶ 13,002 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,								, , , , , , , , , , , , , , , , , , , ,	
e Total. Add lines 11a–11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,			All other revenue						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,						13.002			
				2n 3 4 5	·				
		•	9c, 10c, and 11e	-g, ∪, ~, ∪,	53, . 5, 56,	526,681	30,241	0	0

Part IX Statement of Functional Expenses

Form 990 (2008)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		• • • • •	•	, ,, ,,	· <u></u>
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			SAPONIOS.	80110121 0040000	
•	organizations in the U.S. See Part IV, line 21	35,050	35,050		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	25,290	25,290		
3	Grants and other assistance to governments,	23,230	23,230		
3	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4					
_	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
a		0F 000	05 000		
b	•	25,000	25,000	20.000	
C	· · · · · · · · · · · · · · · · ·	39,000		39,000	
d					
6	3 ,,				-
f	Investment management fees	07 675	07 675		
g		97,675	97,675		
12	Advertising and promotion	4,500	4,500		
13	Office expenses	210	210		
14	Information technology				
15	Royalties		·		
16	Occupancy	20 104	00 104	7.7	
17	Travel	28,124	28,124		
18	Payments of travel or entertainment expenses		İ		
40	for any federal, state, or local public officials	222 660	220 660		
19	Conferences, conventions, and meetings	232,660	232,660		
20	Interest .		 		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed		ĺ		
	5% of total expenses shown on line 25 below)				
а	Buliding Repairs	44,454	44,454		
a b	PROMOTIONS	24,686	24,686		
C	CONTRACT LABOR	23,800	23,800		
d	Promotions	16,492	16,492		·
u e	Books, Subscriptions,	13,219	13,219		
-	All other expenses	18,908	18,908		
25	Total functional expenses. Add lines 1 through 24f	629,068	590,068	39,000	
26	Joint Costs, Check here				
-	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	from a combined educational campaign and fundraising solicitation			ļ	

<u> Pa</u>	art >	K Balance Sheet			
	ì	•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	70,899	1	120,908
	2	Savings and temporary cash investments	1,746,953		2,194,557
	3	Pledges and grants receivable, net	1,182,524		582,524
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		-	
	3			5	
	_	employees, or other related parties. Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	•	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		6	
	_	Part II of Schedule L		7	
ets	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use		 	
A	9	Prepaid expenses and deferred charges	66,000	9	
	10a		88,000		
	D	Less accumulated depreciation Complete	66,000	400	66,000
		Part VI of Schedule D	88,000		00,000
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,066,376	15	2 062 000
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,066,376	$\overline{}$	2,963,989
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
S	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow account liability Complete Part IV of Schedule D		21	
ilic	22	Payables to current and former officers, directors, trustees, key			
ial		employees, highest compensated employees, and disqualified			
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	· · · · · · · · · · · · · · · · · · ·	25	
	26	Total liabilities. Add lines 17 through 25		26	·
nces		Organizations that follow SFAS 117, check here ▶ X and			
		complete lines 27 through 29, and lines 33 and 34.	E01 AAE		202 617
a	27	Unrestricted net assets	521,445		382,617
8	28	Temporarily restricted net assets	1,994,255		1,958,112
or Fund Bala	29	Permanently restricted net assets	550,676	29	623,260
F		Organizations that do not follow SFAS 117, check here ▶ □			
		and complete lines 30 through 34.			· · ·
Net Assets	30	Capital stock or trust principal, or current funds	. .	30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	3 066 376	32	2 062 090
let	33	Total net assets or fund balances	3,066,376		2,963,989
$\overline{}$	34	Total liabilities and net assets/fund balances	3,066,376	34	2,963,989
_Pa	art X	KI Financial Statements and Reporting			T _v T _u
	۸	assumbles method used to research to Form 200.			Yes No
1		counting method used to prepare the Form 990 Cash Accrua			2a X
2a		ere the organization's financial statements compiled or reviewed by an independ			
b		ere the organization's financial statements audited by an independent accountar			2b X
C		Yes" to lines 2a or 2b, does the organization have a committee that assumes re	•		
_		e audit, review, or compilation of its financial statements and selection of an inde	•		2c
38		a result of a federal award, was the organization required to undergo an audit o	or addits as set fOπn in		3a X
		Single Audit Act and OMB Circular A-133? Yes " did the organization undergo the required oudit or oudits?			
6	11	Yes," did the organization undergo the required audit or audits?			3b

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection Employer identification number

Nam	e of th	ne organization	TEXAS SOUTHE FOUNDATION	RN UNIVER	SITY							loyer identifica -162041		ımber
P	art l	Reas	on for Public Charity	Status (All orga	nizations	must co	mplete	this p	art.) (s	ee ins				
			a private foundation because					, , , , , , , , , , , , , , , , , , ,						
1			envention of churches, or asso	*	•		•	A)(i).						
2	Н		cribed in section 170(b)(1)(A				. •(=)(-)(.,,,,,						
3	Н		a cooperative hospital service			ion 170(b)	(1)(A)(iii)	. (Attach	Schedu	ile H.)				
4	Н		search organization operated	-							ne hospi	ital's name.		
·	ш	city, and state	•	an conjunction man	- 1100pii.a.				,,,,,,,,,,		.ссср.	,		
5	X	•	on operated for the benefit o	f a college or univers	sity owned or	r operated	by a gove	ernmenta	al unit de	scribed	lin			
		=	b)(1)(A)(iv). (Complete Part	-	,		-, - 3							
6			te, or local government or go		cribed in sec	tion 170(b)(1)(A)(v	/).						
7	П	•	on that normally receives a s			•		•	n the ge	neral pu	ıblıc			
		_	section 170(b)(1)(A)(vi). (Co	•	••					•				
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Cor	nplete Part II	l)								
9			on that normally receives (1				ntribution	s, memb	ership fe	es, and	d gross			
		receipts from	activities related to its exem	pt functions—subjec	t to certain e	xceptions,	and (2) r	no more t	than 33	1/3 % o	fıts			
		support from	gross investment income and	d unrelated business	taxable inco	ome (less	section 5	11 tax) fr	om busi	nesses				
	_	acquired by the	ne organization after June 30), 1975 See section	509(a)(2). (Complete	Part III)							
10	Ш	An organization	on organized and operated e	exclusively to test for	public safety	y See sec	tion 509((a)(4). (s	ee instru	ctions)				
11	Ш	An organization	on organized and operated e	xclusively for the be	nefit of, to pe	erform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	ed organizations des	cribed in sec	tion 509(a)(1) or se	ction 509	9(a)(2). \$	See sec	tion			
		509(a)(3). Ch	eck the box that describes th		_			s 11e thr	ough 11	h				
		a Type	_ ··		III-Functiona			d		e III–Ot	her			
θ	Ш	-	his box, I certify that the orga											
			r than foundation managers a	and other than one o	r more public	cly suppor	ted organ	ızations	describe	d in sec	ction			
			section 509(a)(2)					_						
f		_	ation received a written deter	mination from the IR	S that it is a	Type I, Ty	pe II, or T	Гуре III s	upportin	g				
			check this box			_								Ш
g			17, 2006, has the organizati	on accepted any gitt	or contributi	ion from ai	ny of the							
		following pers												
			who directly or indirectly co		~	ith persons	s describe	ed in (ii)				44.00	Yes	No
		` '	pelow, the governing body of	•	nization?							11g(i)	 	-
		• •	member of a person describe		-5		•					11g(ii)	1	-
		• ,	ontrolled entity of a person d	• • • • • • • • • • • • • • • • • • • •								11g(iii	<u> </u>	l
<u>h</u>		Provide the 1	ollowing information about th	r organizations the	organization	1		· · · · · · ·						
(i)		of supported	(ii) EIN	(iii) Type of orga (described on li		1 ' '	rganization sted in your		ou notify nzation in	(vi) I organizat	is the	(vii) Am sup		
	Olg	anization		above or IRC			document?	col (i)			zed in the	3 4 p	2011	
				(see instruct	ions))	ļ		 	ort?		S ?			
						Yes	No	Yes	No	Yes	No			
										1				
			· · · · · · · · · · · · · · · · · · ·			 							_	
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						+		 		\vdash	$\vdash \vdash \vdash$			
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			l			1			<u> </u>	L				

Total

Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 953,440 706,648 93,004 99,339 510,441 2,362,872 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 706,648 93,004 99,339 510,441 2,362,872 953,440 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) Public support. Subtract line 5 from line 4 2,362,872 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total 93,004 99,339 Amounts from line 4 953,440 706,648 510,441 2,362,872 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 23,484 48,046 100,752 76,066 17,239 265,587 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 2,628,459 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five 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 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 14 89.8957 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 93.7547 33 1/3 % support test-2008. 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 33 1/3 % support test—2007. 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 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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74-1620415 TEXAS SOUTHERN UNIVERSITY Schedule A (Form 990 or 990-EZ) 2008 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) (e) 2008 (a) 2004 (b) 2005 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 b received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) First five 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17

- 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

33 1/3 % support tests—2008. 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

33 1/3 % support tests—2007. 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

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

18

Schedule A (Form 990 or 990-EZ) 2008 TEXAS SOUTHERN UNIVERSITY 74-1620415

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D. (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TEXAS SOUTHERN UNIVERSITY FOUNDATION 74-1620415 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 __ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 TEXAS SOU	THERN UNIVERS	ITY	74-16	20415		Page 2
P€	art 📶 Organizations Maintaining	Collections of Art, F	listorical Treas	ures, or Other S	imilar Assets	s (continu	
3	Using the organization's accession and other items (check all that apply):						
		. 🗖 .					
a	Public exhibition		or exchange program	าร			
b	Scholarly research	e 📙 Other				-	
С	Preservation for future generations						
4	Provide a description of the organization's coll Part XIV	ections and explain how the	ey further the organiz	zation's exempt purpo	ose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of the	e organization's colle	ection?		Yes	☐ No
Pa	rt IV Trust, Escrow and Custodi	al Arrangements. Co	mplete if organ	ization answere	d "Yes" to Fo	rm 990,	
	Part IV, line 9, or reported a	an amount on Form 9	90, Part X, line	21.			
1a	Is the organization an agent, trustee, custodial	n or other intermediary for o	contributions or other	assets not		_	
	included on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able [.]				
	-	•				Amour	nt
C	Beginning balance				1c		
d					1d		
8	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on For	m 000 Part Y line 212			,		
	If "Yes," explain the arrangement in Part XIV	111 330, Falt X, IIIIC 21				∐ Yes	∐ No
	irt V Endowment Funds. Comple	ete if organization an	ewered "Vee" to	Form 990 Part	IV line 10		
	Endownient runds. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years t	ack (a) For	ır years back
1-	Paginning of year balance	550,676	(b) Filor year	(C) Two years back	(d) Three years t	ACK (E) FOO	years back
1a	0 0 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72,584					-
b	Contributions						
С	Investment earnings or losses	4,866				<u> </u>	
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·					
е	Other expenditures for facilities						
	and programs		·				
f	Administrative expenses	4,866					
g	End of year balance	623,260		<u> </u>			
2	Provide the estimated percentage of the year	end balance held as					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ 100.00 %						
С	Term endowment ▶%						
	Are there endowment funds not in the possess	sion of the organization that	are held and admini	stered for the			
	organization by	•					Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required on Sched	ule R2			3b	
4	Describe in Part XIV the intended uses of the					30	L
	rt VI Investments—Land, Buildi			Part X line 10			
	Description of investment	(a) Cost or other basis	(b) Cost or oth		preciation	(d) Book	
	Dodding to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	(investment)	basis (other	1 ''	preciation	(4) 500	, value
4-	Lond	,,	- 	,000			66,000
	Land		- 55	,000			86,000
	Buildings		 				
	Leasehold improvements						
	Equipment		+				
	Other						66 000
ıotal	I. Add lines 1a–1e (Column (d) should equal Fo	rm 990, Part X. column (B)	. line 10(c))		▶ 1		66,000

uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2008 TEXAS SOUTHERN UNIVERSITY	74-162041	5	Page 4
Pŧ	rt XI Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4-8		9	·
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	
-	rt XII Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Ret		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1		
a	Net unrealized gains on investments			
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
0	Add lines 2a through 2d		2ө	
3	Subtract line 2e from line 1	ſ	3	
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	l	
b	Other (Describe in Part XIV)	4b		
_	Add lines 4a and 4b		4c	
5 Do	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statemer	eto With Evnenges nos D	5	· · · · · · · · · · · · · · · · · · ·
-		its with Expenses per R		
1 2	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2- 1		
a	Prior year adjustments	2a 2b		
b	• •	20		
d	Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV)	2d	ŀ	
6	Add lines 2a through 2d	, , , , , , , , , , , , , , , , , , ,	2ө	
3	Subtract line 2e from line 1		3	
A	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		
b	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b	· 1	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	
_	rt XIV Supplemental Information		LYI	· · · · · · · · · · · · · · · · · · ·
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4. Part IV. lines 1b		<u></u>
-	b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and			
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Schedule D (Fg	orm 990	0) 200	8 '	TEX	CAS	SC	TUC	HEI	RN	UN	IVE	ERS	IT.	Y						74	<u> -1</u>	62(141	.5						Page	e 5
Part XIV	Sup	plem	enta	I Inf	orm	atio	n (c	ontini	ued)																						_
																															_
				_	_			_	_				_	_	_	_	_	_	_	_	_				_	_	_	_	-	_	_
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Internal Revenue Service
Name of the organization

Department of the Treasury

TEXAS SOUTHERN UNIVERSITY FOUNDATION

Employer identification number 74-1620415

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants **Email solicitations** Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of ontributions? col (i) No Yes

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Total

Page 2

_ <u>P</u>	art 'i	Fundraising E more than \$15									rep	orted	İ
_				(a) Event #190PtVIII	1	(b) Even	1 #2	(c) O	ther Events	(d)		Events a) through	
Revenue	1	Gross receipts			74,924						1	74,	924
F	3	Less Chantable contributions Gross revenue (line 1 minus line 2)		1	74,924	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·				1	74,	924
	4	Cash prizes											<u> </u>
nses	5	Non-cash prizes			1								
Direct Expenses	6	Rent/facility costs							····				
Direc	7	Other direct expenses					· · · · · · · · ·						
	8 9 art l	Direct expense summary Net income summary Co II Gaming. Com	mbine	e lines 3 and 8 in	column (d)	word "Voo" to	Farm 000 I	Dod N/ 1:-	>)
LF	arti	than \$15,000 c				wered tes to	FOIII 990, I	Part IV, III	ie 19, or repo	ortea me	ore		
Revenue				(a) Bingo		(b) Pull tabs/ bingo/progressi		(c) Ot	her gamıng		-	ning (Ad	
Rev	1	Gross revenue				-1							
ses	2	Cash prizes											
Direct Expenses	3	Non-cash prizes											
Direct	4	Rent/facility costs						-					
	5	Other direct expenses											
	6	Volunteer labor		Yes No	%	Yes No	%	Yes No	%				
	7	Direct expense summary	Add	lines 2 through 5	ın column (d)				•	<u> </u>)
	8	Net gaming income sumn	nary. (Combine lines 1	and 7 in colum	nn (d)			•				
								· V.				Yes	No
9 a		ter the state(s) in which the he organization licensed to								_	9a	· 	
b		No," Explain	·										
10a	We	ere any of the organization'	s gam	ning licenses revo	oked, suspend	ed or terminated du	iring the tax yea	ar?			10a		
b	If "	Yes," Explain.			·								
11 12		es the organization operate he organization a grantor,					rship or other e	ntity		-	11		
		med to administer charitab					p 0. 00.101 0				12		
									Schedule G (F	Form 990	or 99	0-EZ)	2008

Sche	edule G (Form 990 or 990-EZ) 2008 TEXAS SOUTHERN UNIVERSITY 74-162041	5	Р	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			Ì
а	The organization's facility 13a %			
b	An outside facility %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address			
	Name ▶			
	Address ▶		·	
16	Gaming manager information			
	Name ▶	2		
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

Open to Purblic Inspection 2008

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization TEXAS SOUTHERN UNIVERSITY

► Attach to Form 990.

Employer identification number

FOUNDATION					74-16	74-1620415		
Part I General Information on Grants and Assistance	d Assistance							
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	the amount of the g ance? ontoring the use of	rants or ass grant funds	sistance, the grantees' in the United States.	eligibility for the grant	s or assistance, an	p	Yes	% X
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶	overnments an recipient that re 0) if additional	id Organ eceived r space is	Organizations in the Ur eived more than \$5,000 pace is needed	Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,00 bace is needed	nplete if the org if no one recip	ganization ansi ient received n	wered "Yes" on nore than \$5,000. I	Jse
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ŧ
Texas Southern U. Innocence Progect 3100 Cleburne Ave TX 77004			10.000					
Texas Southern U. T. SMILEY CENTER 3100 CLEBURNE AVE. HOUSTON			24,800					
								!
								!
								:
	:							
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	organizations							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for DAA	the Instructions f	or Form 990.	o		2		Schedule I (Form 990) 2008	90) 2008

Page 2

Schedule I (Form 990) 2008 TEXAS SOUTHERN UNIVERSITY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

	USE SCHEUUIE I-1 (FUITI 990) II AUGILIOITAI SPACE IS	II additional space is	ileeded.			
٣	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
Aid fo	Aid for college tuition	38	19,750			
Indivi	Individual awards		5,540			:
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addi	tional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

TEXAS SOUTHERN UNIVERSITY FOUNDATION

Employer identification number 74-1620415

Form 990 - Organization's Mission or Most Significant Activities GOVERNMENTAL BODIES OF PUBLIC OR PRIVATE CORPORATIONS, AND TO MAINTAIN, USE AND APPLY THE WHOLE OR ANY PART OF THE INCOME THEREFROM AND THE PRINCIPAL THEREOF EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL ACTIVITIES IN ORDER TO AID AND BENEFIT TEXAS SOUTHERN UNIVERSITY.

Form 990, Part III, Line 4d - All Other Achievements
GENERAL SUPPORT OF THE WELFARE OF TEXAS SOUTHERN
UNIVERSITY.

FUNDS EXPENSED IN SUPPORT OF VARIOUS PROGRAMS:

INDIVIDUAL ASSISTANCE TO COLLEGE OF

EDUCATION STUDENTS	\$ 21,244
SCHOOL OF BUSINESS SUPPORT	71,813
TSU Music Alumni	1,500
HEARTMAN COLLECTION	5,147
SCHOOL OF PUBLIC AFFAIRS	18,653
African American Summit	18,109
Center of Transportation	3,150
Citgo Petroleum Corporate	22,250
Mickey Leeland Center	30,156
TOTAL TO PART III, LINE E	\$192,022