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### 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)

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2008 calendar year, or tax year beginning 9/01 . 2008, and ending 2009 D Employer Identification Number Check if applicable ANGELO STATE UNIVERSITY FOUNDATION, INC. IRS label or print or type See 75-1585285 Address change ASU STATION #11009 Telephone number Name change SAN ANGELO, TX 76909-1009 325-942-2017 specific Instruc-Initial return Termination 1,273,337. Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE Yes If 'No,' attach a list (see instructions) Tax-exempt status X = 501(c) ( 3 4947(a)(1) or 527 ) ◄ (insert no ) Website: ► H(c) Group exemption number L Year of Formation 1977 M State of legal domicile Type of organization X Corporation Trust Association Other > Pärt 1 Summary Briefly describe the organization's mission or most significant activities PROVIDES FINANCIAL ASSISTANCE TO ANGELO STATE UNIVERSITY (ASU) TO ADDRESS THE INSTITUTION'S BROAD-BASED NEEDS. Activities & Governance OVERSEES MANAGEMENT, INVESTMENT, AND DISTRIBUTION OF ALL FOUNDATION FUNDS FOR THE FURTHERANCE OF EDUCATIONAL PURPOSES AT ASU AND IN ACCORDANCE WITH DONOR'S WISHES. \_ Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets 15 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>15</u> Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 Ō.\_ 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a 7h 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,448,554 1,224,771. Program service revenue (Part VIII, line 2g) 7,075. -77,421. 43,409. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,157. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,378,208 1,273,337. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 723,226. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 25,046 16a Professional fundraising fees (Part IX, column (A), line 11e) E. H. Walt T. Cont. b Total fundraising expenses (Part IX, column (D), line 25) ► 7,550. 363,701. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 345,041 370,087 086,927. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,008,121 186,410. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 2,722,7362,909,146. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 2,722,736. 22 Net assets or fund balances Subtract line 21 from line 20 2,909,146. 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. 7-15-10 Sign Here Signature of officer SHARON K. MEYER Type or print name and title Preparer's identifying number (see instructions) Date Check if Paid employed > 7/15/10 Prepare (SI ZARMSTRONG, BACKUS & CO. P.O. 1800X 71 N/A employed), address, and Only SAN ANGELO. TX 76902-0071 **►** (325) 653-6854 Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

~ Form 990 (2008) ANGELO STATE UNIVERSI	TY FOUNDATION, INC.	75-1585	285		Page 2
	Accomplishments (see instructions)				
Briefly describe the organization's mission	·				
SEE SCHEDULE O					
2 Did the organization undertake any significant pr	ogram services during the year which were not lis	ted on the prior			
Form 990 or 990-EZ?	ogram services during the year which were not his	red on the prior	Yes	$\overline{X}$	NI.
If 'Yes,' describe these new services on Schedule	. 0	L	] 163		No
•			7 v	X	NI -
3 Did the organization cease conducting, or make self 'Yes,' describe these changes on Schedule O	significant changes in now it conducts, any progra	III services,	Yes	$[\Lambda]$	No
3	to City and the state of the st			-01/ \	<b>(2)</b>
4 Describe the exempt purpose achievements for e and 501(c)(4) organizations and section 4947(a)	ach of the organization's three largest program so 1) trusts are required to report the amount of gra	ervices by expenses. hts and allocations to	Section :	bul(c): he tot:	(3) al
expenses, and revenue, if any, for each program	service reported				
1 000	762	0			
4a (Code: 1,069) (Expenses \$ 1,069)	763. including grants of \$ 723,19	8.) (Revenue \$			)
GENERAL DEVELOPMENT OF ADMINIS					
HELPED THOUSANDS OF STUDENTS T	HIS YEAR, AS WELL AS MANY FACUL	TY AND STAFF N	<u>MEMBER</u>	<u>s</u>	
					<b>-</b>
					- <b></b>
		·			<del></del>
4b (Code Expenses \$	including grants of \$	) (Revenue \$			)
		~			
					- <i></i>
4c (Code হিন্দু (বিশ্বর ) (Expenses \$	including grants of \$	) (Revenue \$			)
4d Other program services (Describe in Schedule O	)				
	g grants of \$ ) (Reven	ue \$		)	
	, 069, 763. (Must equal Part IX, Line 25, colu				
	· · · · · · · · · · · · · · · · · · ·				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
	Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-	^_	-
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
_	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 Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		Х
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		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, 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	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
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		Х
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		Χ_
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		Х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</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 19		X
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	20		X
21	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H  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		X
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25.	24a		Х
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	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		_X_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I .	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
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		<u>X</u>
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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		<sub>N</sub>	
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively	28a	1 2	X
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	20a	├──	<del>-^-</del>
	Delian Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		x
ı	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
			}	ł
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		Х
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		Х
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	Х	
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		Х
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	Х	
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		Х
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r a	Statements Regarding Other IKS Fillings and Tax Comphanice		,	
			Yes	No
1 :	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	æ, t.		. ع. د ز از د د ا
- 1	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		, ,	13/1
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	CLEL `	-
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
21	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	',	7.	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		<u> </u>
4:	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ı	b If 'Yes,' enter the name of the foreign country	2 5		4
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts	- حر مربت		1 ( ) ( ) ( )
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
١	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
(	c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c	_	
6 8	a Did the organization solicit any contributions that were not tax deductible?	6a		Χ
ŧ	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-^_^	45.	<del></del>
á	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a	[	Х
ŧ	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Χ_
c	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	,	ξ,	16.7
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	ئيث. 7e	4-	X
ſ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	:	-	7 , 7
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	,	استدما	, j
ā	a Did the organization make any taxable distributions under section 4966?	9a		_X_
ŧ	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter.			
ä	a Initiation fees and capital contributions included on Part VIII, line 12	` `	7 1	ر او دي
t	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-3-		ما - ريو پي
11	Section 501(c)(12) organizations. Enter	٠	,	4.4
ä	a Gross income from other members or shareholders	ا, ٍ, إ	ا ۱۰۰	
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	; e'	ide me	13, " 
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Form 990 (2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management	<del></del>			
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, os, or changes in Schedule O. See instructions	describe the circumstances,	i ,	Yes	No
1:	•	e number of voting members of the governing body	1a 15			1 . A
		number of voting members that are independent	1b 15			, , ,
	Did any o	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	lationship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or use, directors or trustees, or key employees to a management company or other personal trustees.	under the direct supervision	3		х
4		rganization make any significant changes to its organizational documents	,,,	4		X
•		prior Form 990 was filed?				
5	Did the o	rganization become aware during the year of a material diversion of the organization	n's assets?	5		Х
6	Does the	organization have members or stockholders?	•	6_		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one or ${\sf rg}$ body?	more members of the	7 <u>a</u>		<u>x</u>
Ł	Are any o	decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions underling	rtaken during the year by	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	751	* ( *)
a	The gove	rning body?		8 a		X
t	Each con	nmittee with authority to act on behalf of the governing body?		8b		X
9 a	Does the	organization have local chapters, branches, or affiliates?		9a		<u>X</u>
t	If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities o ches to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 SI	? All organizations must EE SCHEDULE O	10		Х
	organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who car ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		Х
Sec	tion B.	Policies	<del></del>			
	<b>.</b>			10-	Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	X	
	to conflic			12b	Х	<del></del>
	Schedule	organization regularly and consistently monitor and enforce compliance with the policy of the second	licy? If 'Yes,' describe in	12 c	_ X	
		organization have a written whistleblower policy?		13		X
		organization have a written document retention and destruction policy?		14		^-
		rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent ission:	15	7	
	_	nization's CEO, Executive Director, or top management official?		15 a		<u>X</u>
r		cers of key employees of the organization? the process in Schedule O. (see instructions)		15 b	, 1	<u>X</u>
1.0		•		· i		
	entity dur	rganization invest in, contribute assets to, or participate in a joint venture or similaring the year?		16 a		X
t	in joint ve	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	to evaluate its participation the organization's exempt	16b	. ; 	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sec	tion C.	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed $ ightharpoonup \underline{TX}$			- <b></b> -	
18	Section 6	i104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	raılabl	e for p	oublic
	Own	website				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public $\sum_{i=1}^{n} SCHEDULE = 0$	ents, conflict of interest poli	cy, ar	nd fina	ncial
		name, physical address, and telephone number of the person who possesses the book K. MEYER 2601 W. AVENUE N SAN ANGELO TX 76904 (325		nızatı	on	
BAA				Form	990 (	2008)

## 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

- 1 a 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) or 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 compensated employees, and former such persons

X Check this box if the organization did no	ot comper	sate a	any i	offic	er,	directo	or, tr	rustee, or key employ	ee	
(A)	(B) (c)							(D)	(E)	(F)
Name and Tille	Average hours	.ā   `			k all t	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
			Highes employ Key en Officer Instituti			em	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099 MISC)	compensation
		direc du	턃	cer	Key employee	Dioye	mer	(W 2/1099 MISC)	(W-2/1099 MISC)	from the organization
		to the	mai		Poy	ြ မို ဋ				and related organizations
		uste	Institutional trustee		8	Pen		]		
		"	tee			Highest compensated employee				
SHARON RAINEY ALEXANDER			$\vdash$				$\vdash$			
VICE CHAIRMAN	0	Х		Х	l		ł	0.	0.	0.
MIKE BOYD										
DIRECTOR	] 0	Х					<u> </u>	0.	0.	0.
GARY COX										
DIRECTOR	0	Х						0.	0.	0.
WAYNE FRANK										
DIRECTOR	0	Х						0.	0.	<u> </u>
MICHAEL HALE	}									
DIRECTOR	0	Х						0.	0.	0.
FRED HERNANDEZ										
DIRECTOR	0	Х					L.,	0.	0.	0.
OLGA BALBOA	1					1				
DIRECTOR	0	Х					L	0.	0.	0.
JEAN ANN LEGRAND	ļ									
DIRECTOR	0	Х						0.	0.	0.
ERNEST R. MAYER									•	
DIRECTOR	0	X	Щ				_	0.	0.	0.
SHARON MEYER										
SEC/TREAS	0	Х						0.	0.	0.
BILL NIKOLAUK										
CHAIRMAN	0	X		X				0.	0.	0.
ALVIN NEW										_
DIRECTOR	0	X			_			0.	0.	0.
CLARK PFLUGER										
DIRECTOR	0	X						0.	0.	0.
JIM RAYMOND	l		ĺĺ	ĺ		ĺ			ĺ	
DIRECTOR	0	Х			_			0.	0.	<u> </u>
TONI SAUNCEY				J	J	J				_
DIRECTOR	0	Х			_		_	0.	0.	0 <u>.</u>
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(A)	(B)	\ey	<u> </u>		c)	<b>C</b> 3,	all	(D)	(E)	(F)
Name and Title	Average hours		T _	,—			_	compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
					_					
					-					
	<del> </del>									
									<del></del>	
1 b Total							<b>•</b>	0.	<u> </u>	0.
<ul><li>2 Total number of individuals (including those in 1a) we organization ► 0</li></ul>	vho rece	eived	l mo	ore t	han	\$10	00,0	00 in reportable co	ompensation from	the
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of repetite organization and related organizations greater the individual</li> <li>5 Did any person listed on line 1a receive or accrue companies.</li> </ul>	ndividua portable nan \$15 pompens	con 0,00 atıor	nper 0? I	nsat f 'Ye om a	ion es' c	and comp	oth plete	er compensation i e Schedule J for s	rom uch	3 X X X 4 X X
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	edule J	for	such	ı pe	rsor	}				5 X
Complete this table for your five highest compensate compensation from the organization	ed inder	end	ent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business address	5							(B) Description o	f Services	(C) Compensation
Total number of independent contractors (including to the contractors)	lhoso in	1)	who	1000	211/0	d m	oro	than \$100 000 in		
compensation from the organization • 0	uiose in	1) V	VIIU	1606	ive	u m	oi E	шан фтоо,000 IN		

r al	T V	III Statement of Ke	THE STATE OF THE S		The state of the s	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
S		Federated campaigns		1 a	<u> </u>	<b>经现代公司</b>	· · · · · · · · · · · · · · · · · · ·	到产生的方式。	跨線影響 美国的				
ANT		Membership dues	1	1b									
MOUN		Fundraising events.		1 c		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
RAI		Related organizations	Ì	1 d				\$ 18 18 18 18 18 18 18 18 18 18 18 18 18	<b>国家是一个是是国</b>				
ٍةٍ		Government grants (contribution	ons)	1e									
SIS		•	Ì					图 1 · 是 · 是 · 是 · 是 · 是 · 是 · 是 · 是 · 是 ·	陰心學之間自				
	f	All other contributions, gifts, g similar amounts not included	grants, and I above	11	1,224,771.	图 图 的现在分词			Charle of the state of the stat				
E 0	_	Noncash contribns included in		\$			Total a first fire						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	_	Total. Add lines 1a-1f	1110 (4 712	'-	<u> </u>	1,224,771.							
	- "	Total. Add integral in	•	$\top$	Business Code	TABLE LABOR		The state of the s					
EN	2 a	·				To mile? These methods is together Calife							
<u>ا</u> ي	_ b												
<u>5</u>	c												
€	d												
E		'											
PROGRAM SERVICE REVENUE	f	All other program service	e revenue	<u></u>									
õ		Total. Add lines 2a-2f	oc revenue	<b>-</b> ـ	<del>-</del>		是消耗的的衰退的	Arrest March	अध्यक्षित संस्थान				
-		Investment income (inc	ludina div	doode	interest and				43,409.				
	3	other similar amounts)	lualing alv	iuerius,	, interest and	43,409.			43,409.				
	4	Income from investmen	it of tax-e	kempt l	bond proceeds 🕨								
	5	Royalties		•		5,157.			5,157.				
		1	(ı) Re	al	(II) Personal	- 3. S.		"心理」,指语					
	6 a	Gross Rents											
	b	Less rental expenses											
		: Rental income or (loss)						國語 连計議	\$.154E - 135-47				
ĺ		Net rental income or (lo	oss)		•	·							
	7.	Gross amount from sales of	(ı) Secu	rities	(ii) Other	<b>的思想的意思</b>	是是一个的时间	的第三人称形式	經算證實際的				
	, ,	assets other than inventory							· 1000 1000 1000 1000 1000 1000 1000 10				
	ı	Less: cost or other basis						The state of the s					
	•	and sales expenses											
	c	c Gain or (loss)						<b>全种的,特别实现</b>					
	c	Net gain or (loss)				·[	the factories are stated in the factories of the factorie						
	Q a	Gross income from fund	draising e	vents		<b>建筑的</b>	<b>建建设工程</b>		[1]				
an E		(not including \$					<b>经验证据</b> "确定						
Ē		of contributions reporte	d on line	1c)		<b>的是一种</b>		等级语言篇					
OTHER REVEN		See Part IV, line 18		а			<b>最近江西</b>						
품	t	Less direct expenses		b		FISH MALE	一种 地名 医	是为形式第二十二	antalle is				
٥	(	: Net income or (loss) fro	om fundra	ising e	vents •	·							
	9 a	Gross income from gan	ning activi	ties		<b>经验证金额</b>							
		Gross income from gan See Part IV, line 19	J	a									
	t	Less direct expenses		b	·L	المراجعة المحتادية المتحدث المتحدث		4.5.	The Later Carlo				
	C	: Net income or (loss) fro	om gamın	g actıvı	ties	•			<u> </u>				
	10 a	Gross sales of inventor	y, less ret	urns				14 18 18 18 18	Barren - A .				
		and allowances		a									
		Less cost of goods sol		b	·[	J. F. S.	医毛 化银石基	The second second	The second to the terms				
		Net income or (loss) from		of inver		<b></b>	ļ						
		Miscellaneous Reven	iue		Business Code	## 1 # 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1		· ·	,				
	11 a	·				ļ			<del>                                     </del>				
	t	)							ļ				
	(	:	<b></b> _			ļ							
	0	d All other revenue		L		ļ			<del>                                     </del>				
		Total. Add lines 11a-11			•				<u> </u>				
	12	Total Revenue. Add line 10c, and 11e	es 1h, 2g,	3, 4, 5	5, 6d, 7d, 8c, 9c,	1,273,337.	0.	0.	48,566.				

Part IX Statement of Functional Expenses

BAA

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). **(D)** Fundraising (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 723,226 723,226 line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 0 0 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0 0 0. section 4958(c)(3)(B) 0 Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management 5,915 5,915 b Legal 5,000 5,000 c Accounting **d** Lobbying · 12.38代 经收配单位 1.1、智能服务等额。 心陰 e Prof fundraising sycs. See Part IV, In 17 f Investment management fees 14,062 g Other 14,062 7,550 7,550 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 823 823 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 994 23 994 Other expenses Itemize expenses not covered above. (Expenses grouped together 24 3 500 Ξ, and labeled miscellaneous may not exceed 4 5% of total expenses shown on line 25 below) 308,730 a INVESTMENT LOSS 308,730 **b** CONSUMABLES 15,965 15,965 c PERSONAL PROPERTY 1,465 1.465 1,431 d POSTAGE AND SHIPPING 1,431 e PRINTING AND PUBLICATIONS 351 1,351 415 15 400 f All other expenses 7,550. 1,086,927. 1,069,763 9,614 25 Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ► | If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

	irt V	Balance Sheet	(A) Beginning of year		(B) End of year						
	1	Cash - non-interest-bearing	67,297.	1	107,042.						
	2	Savings and temporary cash investments		2							
	3	Pledges and grants receivable, net		3							
	4	Accounts receivable, net .		4							
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Shan Istalia in Sal						
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	<u></u>						
A S E T S	7	Notes and loans receivable, net		7							
Ē	8	Inventories for sale or use		8							
s	9	Prepaid expenses and deferred charges		9							
	10 a	Land, buildings, and equipment cost basis 10a		. 3	一一一一一						
	b	Less accumulated depreciation Complete Part VI of		1.1	Land of William						
		Schedule D 10b		10 c							
	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	2,655,439.	15	2,802,104.						
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,722,736.	16	2,909,146.						
	17	Accounts payable and accrued expenses		17							
	18	Grants payable		18							
	19	Deferred revenue		19							
Ļ	20	20									
A B	20 Tax-exempt bond liabilities 20 21 Escrow account liability Complete Part IV of Schedule D 21										
-L-T-ES	22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
į		of Schedule L		22							
Š	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.	0.	26	0.						
N E T		Organizations that follow SFAS 117, check here ► X and complete lines									
Ť		27 through 29 and lines 33 and 34.	in the property of the second	- 4 - 4 - 1	1998年 1998年 19						
Ş	27	Unrestricted net assets	40,053.	27	-481,861.						
Ĕ T S		Temporarily restricted net assets	39,228.	28	8,600.						
	29	Permanently restricted net assets	2,643,455.	29	3,382,407.						
OR F		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.	2005								
UZC*	30	Capital stock or trust principal, or current funds		30							
	31	Paid-in or capital surplus, or land, building, and equipment fund		31							
<b>B女」女文とい</b> の	32	Retained earnings, endowment, accumulated income, or other funds		32							
Ñ	33	Total net assets or fund balances.	2,722,736.	33	2,909,146.						
Š	34	Total liabilities and net assets/fund balances	2,722,736.	34	2,909,146.						
Pa	rt XI	Financial Statements and Reporting	<del></del>								
2	<b>a</b> We	counting method used to prepare the Form 990 X Cash Accrual re the organization's financial statements compiled or reviewed by an independent re the organization's financial statements audited by an independent accountant?	Other accountant?		Yes No  2a X  2b X						
	c If '\ rev	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent acco	untant?		2c X						
	Aud	a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?	dits as set forth in the	Single	3a X						
BA		Yes,' did the organization undergo the required audit or audits?			3b   Form 990 (2008)						

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

nonexempt charitable trusts.

Open to Public Inspection

Employer identification number

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

ANGELO STATE UNIVERSITY FOUNDATION, INC. 75-1585285 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33·1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ь | Type II сl Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of (III) Type of organization (described on lines 1-9 above or IRC section (vi) Is the nization in col (vii) Amount of Support (iv) is the (i) Name of Supported organization in col Organization (i) listed in your (i) organized in the US? your support? governing document? (see instructions)) Yes No Yes Νo Yes No Total Schedule A (Form 990 or 990-EZ) 2008 BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

<u>C</u>	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	(1)								
	ction A. Public Support	<del></del>		Τ	<del> </del>	<del></del>						
begi	endar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total					
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	345,860.	191,798.	523,866.	2,455,629.	1,227,441.	4,744,594.					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.					
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.					
4	Total. Add lines 1-3	345,860.	191,798.	523,866.	2,455,629.	1,227,441.	4,744,594.					
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)						0.					
6	Public support. Subtract line 5 from line 4	におきない。	にはいる。 記述はなり無路	4,744,594.								
Sec	tion B. Total Support											
Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (d) 2007 (e) 2008 (d) 2007 (e) 2008 (e)												
7	Amounts from line 4	345,860.	191,798.	523,866.	2,455,629.	1,227,441.	4,744,594.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	received ents,		44,815.	510.	48,566.	101,993.					
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.					
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.					
11	Total support. Add lines 7 through 10	第一次 注意编辑: 例如					4,846,587.					
12	Gross receipts from related activ	rities, etc. (see ins	structions)		- <del>-</del>	12	0.					
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)					
	tion C. Computation of Pul											
	Public support percentage for 20	•		e 11, column (f)		14	97.9%					
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f			15	95.6%					
16 a	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the bo blicly supported or	x on line 13, and ganization	the line 14 is 33-	1/3 % or more, ch	neck this box					
t	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box dicly supported or	on line 13, or 16a ganization	, and line 15 is 33	3-1/3% or more, c	heck this box					
17 a	17a 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.											
t	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	s' test, check this catioπ qualifies as	box and stop her a publicly suppor	e. Explain in Part red organization.	IV how the ►					
18		zation did not che	ck a box on line,	13, 16a, 16b, 17a			<del></del>					
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2008					

Part III 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 Calendar year (or fiscal yr beginning in)► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 6 Total. Add lines 1-5 7a Amounts included on lines 1 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 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 c Add lines 7a and 7b 8 Public support (Subtract line 15. 15 m 15 m S. J. 18 4 5 5 5 6 1 - C 7c from line 6) Section B. Total Support **(d)** 2007 (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 12 13 Total support. (add ins 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 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 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 b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 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

Schedule	A (Forn	1 <u>990</u> or 9	990-EZ)	2008	ANGELO	STATE	UNIV	ERSITY	FOUND	NOITAC	INC.	75-15	85285	Pa	age 4
Part IV	Sup	plemen	tal Inf	ormat	ANGELO ion. Com or Part I	plete thi	s part	lo provi	de the d	explanati	on req	uired by I	⊃art II, I	ine 10;	
	Part	II, line	1/a o	r 1/b;	or Part I	II, line 1	2. Prov	ide any	other a	additiona	Inforn	nation. (s	ee instr	uctions)	
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		- <del></del> -								. <b></b>	. <del>-</del>	<b></b>	· <b></b>	- <b></b> .	
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	- <b>-</b>	·			- · <b>-</b>	<b></b>	- <b></b>					· – – –			-

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Schedule D (Form 990) 2008

AN	GELO STATE UNIVERSITY FOUNDATI	ON, INC.	75-1585285
Pa	rt 🔝 Organizations Maintaining Dono		nds or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject		onor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ds may be ner Yes No
Pai	rt II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year	qualified conservation contribution in the form	n of a conservation easement on the last day
			Held at the End of the Year
i	Total number of conservation easements		2a
ı	Total acreage restricted by conservation easer	ments	2b
(	Number of conservation easements on a certif	ied historic structure included in (a)	2c
(	Number of conservation easements included in	n (c) acquired after 8/17/06	2 d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organization during the taxable
	year ▶		
4	Number of states where property subject to co	nservation easement is located 🕨	<del>_</del>
5	Does the organization have a written policy re- enforcement of the conservation easement it h	garding the periodic monitoring, inspection, vio	olations, and Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during t	he year
7	Amount of expenses incurred in monitoring, in		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote t	conservation easements in its revenue and exper o the organization's financial statements that c	nse statement, and balance sheet, and describes the organization's accounting for
D-2	conservation easements	tions of Aut Historical Tuescours	Other Cimiler Assets
Pai	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line	8.
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	ent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
ŀ	b) If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, not to report in its revenue statem ic exhibition, education, or research in furthera	ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>*</b> \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	
	Revenues included in Form 990, Part VIII, line	1	<b>*</b> \$
ŧ	Assets included in Form 990, Part X		►\$ ►\$

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

Schedule D (Form 990) 2008 ANGE				/5-15			Page 2
Part III   Organizations Mainta	ining Collecti	ons of Art, Histor	cal Treasures, or	Other Similar As	sets (	<u>contini</u>	ued)
<ol> <li>Using the organization's accession that apply)</li> </ol>	on and other reco	ords, check any of the	following that are a s	ignificant use of its col	llection i	tems (d	check all
a Public exhibition		<b>d</b> Loan or	exchange programs				
<b>b</b> Scholarly research		e 💹 Other					
c Preservation for future gener							
4 Provide a description of the orga Part XIV		·	•		se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rec	eive donations of art,	historical treasures, o the organization's col	r other similar lection?	Yes	. [	No
Part IV. Trust, Escrow and Cu IV, line 9, or reported	stodial Arran	gements Complet	e if organization a				
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, d	or other intermediary for	or contributions or oth	er assets not	Yes	 ; [	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the following	table				
					Amour	it	
c Beginning balance				1 c			
<b>d</b> Additions during the year				1 d	<del>-,</del>		
<ul> <li>Distributions during the year</li> </ul>				1 e			
f Ending balance				1 f			
2a Did the organization include an a	mount on Form 9	990, Part X, line 21?			Yes	· [	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Cor	mplete if orga	nization answered			·		
	(a) Current year		(c) Two years back	(d) Three years back	<u>(e)</u>	Four year	rs back
1a Beginning of year balance		The state of the state of	The state of the s		1773		
<b>b</b> Contributions .		をもず シント でゆうち	1 1 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>;</u>	******	3.00
c Investment earnings or losses		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					- 23 3
<b>d</b> Grants or scholarships		在2000年度	The state of the s		<del></del>	(4) = "	1 12 0
e Other expenditures for facilities and programs							- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
f Administrative expenses		F. 1. 44 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 P			1	
g End of year balance	<del></del>		不到海路12位。1976	ही स्वानिका नेहिन		<u> </u>	
2 Provide the estimated percentage	_	balance held as					
a Board designated or quasi-endow		¥					
<b>b</b> Permanent endowment ►							
c Term endowment	<b>%</b>						
3a Are there endowment funds not a organization by	n the possession	of the organization th	at are held and admir	nistered for the	[	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations				•	3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related o	-	· ·			3b		<u></u>
4 Describe in Part XIV the intended							
Part VI Investments—Land, B			orm 990, Part X,	line 10.			
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) E	Book Va	alue 
1a Land	<u> </u>	<del></del>					
<b>b</b> Buildings		<del>-</del>					
c Leasehold improvements	<u> </u>						
<b>d</b> Equipment							
e Other							
Total. Add lines 1a-1e (Column (d) sho	ould equal Form !	990, Part X, column (E	), line 10(c) )	<u>P</u>			0.

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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 ANGELO STATE UNIV			75-158	5285 Page <b>3</b>
Part VII Investments-Other Securities See F			<del> </del>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuat end-of-year mark	ion et value
Financial derivatives and other financial products				
Closely-held equity interests				
Other	<u></u>			
	<u> </u>			<del></del>
		· · · · · · · · · · · · · · · · · · ·		<del></del>
Total (Column (b) should equal Form 990 Part X, col (B) line 12)		Ten French Francisco	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. N . 7. 12-5
Part VIII Investments-Program Related (See	7			
(a) Description of investment type	(b) Book value	(c) Cost or e	Method of valuati end-of-year mark	on et value
				<del> </del>
	<del> </del>		<del></del>	<del></del>
				<u> </u>
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)		· 新年の記しましている	中自然學科學	与最大的"特别"。
Part X Other Assets (See Form 990, Part X,			<del></del>	
<b>(a)</b> De	scription			(b) Book value
<del></del>				
T. 1. 0.1 (1) T. 1. (1) 15. (200 D. 1)	1 (D) 1 15)	·		2,802,104.
Total. Column (b) Total (should equal Form 990, Part X, column (b) Total (should equal Form 990, Part X). Other Liabilities (See Form 990, Part		<del></del>		2,002,104.
(a) Description of Liability	(b) Amount			44 5 th
Federal Income Taxes	(b) / intourie			
		74.		
			all parties and	the expedit
			21.	
			•	
				* **,
		<b>-</b>		·
		┤ :		5, 1
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	<b>•</b>	$\dashv$	•	
In Part XIV, provide the text of the footnote to the organiza	tion's financial statement	ts that reports the organic	anızatıon's lıabılıt	y for uncertain tax
positions under FIN 48		.,		-

_		/5-15852	85 Page 4
	rt XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<del></del>	1 070 555
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,273,337.
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	1,086,927.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-	186,410.
4	Net unrealized gains (losses) on investments	<del></del>	
5	Donated services and use of facilities		<del></del>
6	Investment expenses .	$\vdash$	
,	Prior period adjustments	-	
8	Other (Describe in Part XIV) .	-	
9	Total adjustments (net) Add lines 4-8	<u> </u>	106 410
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 It XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	<del></del>	186,410.
1	Total revenue, gains, and other support per audited financial statements	1	1,273,337.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	h. 1	2/2/0/00/
	Net unrealized gains on investments		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants	7 4	
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,273,337.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 Per C	1/2/0/00//
	Investments expenses not included on Form 990, Part VIII, line 7b	.53#	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
-	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,273,337.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return	
1	Total expenses and losses per audited financial statements	1	1,086,927.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
t	Prior year adjustments 2b		
c	Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	1,086,927.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	9.14	
a	Investments expenses not included on Form 990, Part VIII, line 7b.	` u - p-	
b	Other (Describe in Part XIV)		
c	: Add lines <b>4a</b> and <b>4b</b>	4 c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	1,086,927.
Par	t XIV.   Supplemental Information		
	A, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
 BAA	TEEA3304L 12/23/08	Schedule	O (Form 990) 2008

Schedule D (Form 990) 2008	Page 5
Part XIV   Supplemental Information (continued)	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.
 Attatch to Form 990.

2008

OMB No 1545-0047

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•	-	•
	Open to Public	Inspection

**ջ** □ X Yes Employer identification number 75-1585285 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part I General Information on Grants and Assistance ANGELO STATE UNIVERSITY FOUNDATION, Name of the organization

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form

Part II

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	iy recipient that re Form 990) if addit	ceived more th	an \$5,000. Check t needed	his box if no one re	ecipient received	more than \$5,00	0. Use ▲
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELO STATE UNIVERSITY  2601 WEST AVENUE N SAN ANGELO, TX 76909	75-6002403	501 (C) (3)	723, 226.	.0	CASH		GIFTS AND SCHOLARSHIPS
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	(3) and government or	ganızatıons				<b>A A</b>	<del>   </del>
1 4	uction Act Notice, see	the Instructions f	ctions for Form 990.	TEEA3901L 12/19/08	12/19/08	Sched	Schedule 1 (Form 990) 2008

Page 2 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. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 75-1585285 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance ANGELO STATE UNIVERSITY FOUNDATION, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008

Part III | Grants and O

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Schedule I (Form 990) 2008

# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number
ANGELO STATE UNIVERSITY FOUNDATION, INC.	75-1585285
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
PROVIDES FINANCIAL ASSISTANCE TO ANGELO STATE UNIVERSITY (ASU)	TO ADDRESS THE
INSTITUTION'S BROAD-BASED NEEDS. OVERSEES MANAGEMENT, INVESTMEN	T, AND DISTRIBUTION
OF ALL FOUNDATION FUNDS FOR THE FURTHERANCE OF EDUCATIONAL PURP	OSES AT ASU AND IN
ACCORDANCE WITH DONOR'S WISHES.	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF C
BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST. C	ONFLICTS OF INTEREST
ARE DISCUSSED AT QUARTERLY BOARD MEETINGS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL INFORMATION ARE AV	AILABLE UPON REQUEST.
~	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

ANGELO STATE UNIVERSITY FOUNDATION, INC.

Open to Public Inspection Employer identification number

75-1585285

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
					:
Part II Identification of Related Tax-Exempt Organizations	su				
(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
ANGELO STATE UNIVERSITY2601 WEST AVENUE N					
ANGELO 002403	UNIVERSITY	TX	501 (C) (3)	11A	N/A
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	TE	TEEA5001L 12/23/08	Schedu	Schedule <b>R</b> (Form 990) (2008)

Schedule R (Form 990) 2008 ANGELO STATE UNIVERSITY FOUNDATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership

	ا		
(J) eral c eral c ragin ther?	2		
	Yes		
Code V-UBI amount in Box 20 of Schedule K-1	(Form 1065)		
4) opor- nate tions?	Yes No		
(G) Share of end-of-year assets			
Share of total income Share of end-of-year assets			
(E) Predominant income (related, investment, unrelated)			
(C) (D) Legal Direct domicile controlling entity (state or foreign			
(C) Legal domicile (state or foreign	country)		
(B) Primary Activity			
(A) Name, address, and EIN of related organization			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust	axable as a Co	rporation or Trust				
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)(D) 	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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ВАА		TEEA5002L 12/23/08			Schedule R (Form 990) (2008)	990) (2008)

Page 3

Note Complete line 1 if any entity is listed in Parts II, III, or IV		Yes	No
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		· · · · · · · · · · · · · · · · · · ·	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b X	
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan quarantees to or for other organization(s)		J.	×
e Loans or loan quarantees by other organization(s)		]e	×
		<u></u>	:
f Sale of assets to other organization(s)		- - - - - - - -	×
			: >
y decides of assets from only of the first o	•	 	< >
i Exclange of assets		=	4
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
i Lease of facilities equinment or other assets from other organization(s)		, ;	>
k Performance of services or membership or fundraising solicitations for other prognization(s)			< >
To describe the second of the			()
Tellomance of services of membership of infinitelising solicitations by other organization(s)			<u> </u>
		E	+
n Sharing of paid employees		Jn	×
		7:1	٠.
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		1 p	×
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 17
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		1.	×
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	and transaction thresho	splo	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	lved
(1) ANGELO STATE UNIVERSITY	œ	723	226
(2)			
(3)			
(4)			
(5)			
(9)			
BAA TEEA5003L 07/02/08	Schedule	Schedule R (Form 990) (2008)	(2008)

75-1585285

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	raing exclusion for a	certain investment pa	Tuersnips	Ú	Ę	Į.	_	١
Name, address, and EIN of entrty	Primary activity	Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3)	Share of end-of-year assets	Dispropor- tionate	Code V-UBI amount in Box 20 of Schedule K-1	General or managing partner?	ral or aging
			Yes No		Yes No	Form (1065)	Yes	8
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