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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

Department of the Treasury

Open to Public

Interi		nue Service		Southern 1				oo oo
<u>A</u>	For tr		ndar year, or tax year begi		2008, and end	ing Aug	ust 31	, 20 09 r identification number
В	Check If		100	The TSTC Regents Circle			1	•
		s change la	el or Dong Business As				75 F	2892470
	Name c		rpe.	box if mail is not delivered to street add	ress) Room/	suite	E Telephon	
	nitial re	eturn	3801 Campus Driv				(254)	867-4897
	ermina		cific City or town, state or c	country, and ZIP + 4				
	mende	ad return	ons. Waco, TX 76705				G Gross rece	eipts \$ 436,054
		on pending	Name and address of principa	al officer Peter Kultgen		H(a) Is the	s a group return fo	or affiliates? ☐ Yes ☑ No
		3	01 Campus Drive, Wac	o, TX 76705		1		cluded? Yes No
$\overline{}$	Tax-ex	empt status	√ 501(c) (3) √ (insert no.)	4947(a)(1) or 527				st. (see instructions)
J	Webs	ite: ▶	·				exemption numb	,
			Corporation Trust Associati	on ☐ Other ▶	L Year of forma			egal domicile. TX
_	irtel	Summa					 	
				nission or most significant a	ani dalam. To d	omplement	the state's	support of the
	1	Briefly des	ribe the organization's fi	pport for new and ongoing	projects and	l activities in	the areas	of research
8					biolecia aiid	activities	tile al eas	or research,
ă		education	and community service	·				
Activities & Governance		• • • • • • • • • • • • • • • • • • • •						
é	ł		-	iscontinued its operations or disp		an 25% of its a	1 - 1	40
ಿಶ	1		-	overning body (Part VI, line	-		1 - 1	18
ies	4	Number of	independent voting mem	bers of the governing body	(Part VI, line	1b)		18
ΞΞ	5	Total numb	er of employees (Part V,	line 2a)				0
Aci	6	Total numb	er of volunteers (estimate	e if necessary)			. 6	18
	7a	Total gross	unrelated business rever	nue from Part VIII, line 12, co	olumn (C)		. 7a	0
	b	Net unrelat	ed business taxable inco	me from Form 990-T, line 34	<u>1</u>	,	. 7b	0
						Prior Y	ear	Current Year
Revenue	8	Contributio	ns and grants (Part VIII, I	ine 1h)			353,670	438,112
	1		rvice revenue (Part VIII)				0	0
	10	Investment	income (Part VIII. column	n (A), lines 3, 4, and 7d)			95,149	(1,969)
Œ	11	Other reve	ue (Parl VIII, column (A),	lines 508d, 8c, 9c, 10c, an	d 11e)		0	(89)
				Must equal Part VIII, column			448,819	436,054
			(T)	art IX, coumn (A), lines 1-3)			240,201	226,888
					0	0		
es	15	Salaries of	er compansation - or compans	側が, column (A), line 4) . e benefits (Part IX, column (A)			0	0
ens				, column (A), line 11e)			0	0
Expenses	l		- ,	olumn (D), line 25) ▶	^		120001	
_	l		_ , ,	, lines 11a-11d, 11f-24f) .			78,013	63,550
							318,214	290,438
	19	Revenue le	ses. Add lines 13-17 (III) s expenses. Subtract line	ust equal Part IX, column (A	y, iii le 25). .		130,605	145,616
P S		i lovelide le	a expenses. Oubtract line	10 110111 11110 12	· · · · · · · · · · · · · · · · · · ·	Beginning	· · · · · · · · · · · · · · · · · · ·	End of Year
Net Assets or Fund Balances		Takal assaul	(Dad V line 10)				,533,887	6,153,458
Ass	20		s (Part X, line 16)				,848,690	4,367,081
E E	21 22		ies (Part X, line 26) . . or fund balances. Subtra	est line 21 from line 20			,685,197	1,786,377
	rt II		ure Block	ict line 21 from line 20		<u> </u>	,003,197	1,700,377
ГС				ve examined this return, including ac	companying echi	dules and states	nente and to t	he best of my knowledge
		and belief,	is true, correct, and complete	Declaration of preparer (other than	officer) is based of	on all information	of which prep	parer has any knowledge
O:-			$\sigma = N = c$			i	03.15.1	0
Sig		0.550	e of officer		 -	L Da	 	
He	re	Signax	Tana Olam	Executive Direc	1	Da	le	
		 	Jara Coom -	L'AELATIVE DIFE	-101			
		Type o	print name and title		15.4.	Chook of	T	
		Preparer's	\sim \sim \sim \sim \sim			Check if	Preparer's ide	entifying number
Paid	1	signature	1/4/1/1/2	36. 6	03/15/10	employed ▶ L_	1	113 83 %
_	oarer's	.	Comes (No	V	الرارة الدي			001\$5852
	Only	Firm's name of self-emple	ved)	Vommack, & Coker, PC		EIN	▶ 74	2323205
		address, ar	ZIP + 4 PO Box 825	6, Waco, TX 76714-8256		Phone r	no ► (254	
Ma	y the	IRS discus	this return with the pren	parer shown above? (see ins	structions) .			✓ Yes No

SCANNED APR 1 1 2010

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: To complement the state's support of the colleges by providing financial support for new and ongoing projects and activities in the areas of research, education and community service.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 226,888 including grants of \$ 226,888) (Revenue \$ 0) Conducted successful fund raising through direct mail, solicited donors, and personal visits.
	Made awards to deserving students and faculty. Assisted in student recruitment and textbook purchases for remedial classes. See Schedule I.
	Tot remedial subsections of solitoria.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > \$ 226 888 (Must equal Part IX. Line 25, column (B).)

Par	t 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	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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	N/	Α
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	6		√
7	Schedule D, Part I	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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		√
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
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	1	
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
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		1
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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		1
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III </i>	17		7
17 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		1
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
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	✓_	
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	✓	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
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			
	24b–24d and complete Schedule K. If "No," go to question 25	24a	NI/	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u>N</u> /	^ -
	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	N/	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/	<u> </u>
	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	25a		✓
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		✓
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		1
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		1

Pa	t 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:			
а	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 as collectively with other paragraphs) listed in Part VIII. Section A22 If "Yea" complete Schodylo I.			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	/
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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		1
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	1	
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		1
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		1
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			

Form **990** (2008)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	
2a	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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N/.	Α
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	<u>N/</u>	<u> </u>
4a	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		√
b	If "Yes," enter the name of the foreign country: ► N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/	Α
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	_N/	Α
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 than \$75?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_N/	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	N/,	A
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NI/	<u>√</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u>N/</u>	<u> </u>
ħ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/	A
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 sponsoring	8		✓
9	organization, have excess business holdings at any time during the year?	-0		
э a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		*
10	Section 501(c)(7) organizations, Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	406 101/10			
11	Section 501(c)(12) organizations. Enter:		Ì	
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b N/A	12a	N//	4

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			
			Yes	No
	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.			1
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			_
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	_6_		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	<u>7a</u>	✓_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1	ļ j
	The governing body?	8a 8b	V	. — —
þ	Each committee with authority to act on behalf of the governing body?	ор 9а		
9a	, , ,	Эa		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	N,	/A
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	44		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion B. Policies		Yes	No
40-		12a	./	140
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		1
	rise to conflicts?	12.0		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13		V
14	Does the organization have a written document retention and destruction policy?	14		V
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	45-	N/	/^
a	The organization's CEO, Executive Director, or top management official?	15a 15b	N/	
D	Other officers or key employees of the organization?	130	1 1/	
16-	Describe the process in Schedule O. (see instructions)			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1
L	with a taxable entity during the year?	100		_
D	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	N.	A
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	s)(3)s	onlv)	
	available for public inspection. Indicate how you make these available. Check all that apply.	· · /-	• • • • • • • • • • • • • • • • • • • •	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization ▶ Dr. Tara Odom, 3801 Campus Drive, Waco, TX 76705 (254) 867-4897			

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 compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (c	hec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
Tara Odom Executive Director	40							0	0	0
Peter Kultgen President	0	1		\				0	0	0
Robert Porter Past President	0	1		1				0	0	0
Richard Anderson Vice President	0	,		√	<u>-</u>			0	0	0
Rodney Knoll	0	1		√				0	0	0
Secretary Tom Guest	0	V		▼				0	0	0
Treasurer Joe Crawford	0			V				0	0	0
Director Tom Munson	0	√						0	0	0
Director Kyle Lawrence	0	√						0	0	0
Director John Connally	0	√		_		-		0	0	0
<u>Director</u> Terry Preuninger	0	✓			-	<u> </u>				
Director Rolf Haberecht		1			<u> </u>			0	0	0
Director Several	0	✓						0	0	0
Ernest Roybal <u>Director</u>	0	1		_				0	0	0
Manny Vela Director	0	1						0	0	0
Ron Widup Director	0	1						0	0	0
Tom Chase Director	0	1						0	0	0
Ron Carroll Director	0	▼	-					0	0	0

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key	/ Emp	loy	ees,	, an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)		١		•	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dire	old Rafuse ector	0	1						0	(0
	e Harder incellor's Designee	0							0	(0
			-						-		
								<u> </u>			<u> </u>
				_		ļ				·	
							 				:
										.,	
	-										
				ļ							
									L		
1h	Total						L		0		0
<u>2</u>	Total number of individuals (including those organization ▶ 0	e in 1a) wh	o rec	eive	ed n	nore	e than	n \$1	00,000 in repo		
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Setalogy and the line of the list any list</i>								e, or highest c		3 🗸
4	For any individual listed on line 1a, is the state organization and related organizations individual.	greater tha	n \$15	0,0	00?	If "	Yes,"	cor	nplete Schedu		4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comr	ens	satio	on f	rom a	anv	unrelated orga	anization for	5 🗸
Sec	ction B. Independent Contractors	, , ,		-					<u> </u>		<u> </u>
1	Complete this table for your five highest co- compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	cto	rs that received	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of so	ervices	(C) Compensation
	N/A							<u></u>			
_											
2	Total number of independent contractors ((including t	hose	in 1	1) w	ho	receiv	ved	more than \$10	00,000 in	

Part	Part VIII Statement of Revenue							
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Related organizations	1c	0 0 0 0				
ontributions nd other sin	f g	Government grants (contri All other contributions, gifts, g and similar amounts not include Noncash contributions include	rants, ded above 1f	438,112				
<u>S</u> <u>E</u>	h	Total. Add lines 1a-1f	····		438,112			
Program Service Revenue			· ·	Business Code				
Servic	c d							
Program		All other program service Total. Add lines 2a-2f			0		:	
	— <u> </u>	Investment income (incother similar amounts)	luding dividends	, interest, and	42,473			42,473
	4 5	Income from investment of Royalties	f tax-exempt bond	d proceeds -	0			
	b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real 185,467 185,556 (89)	(II) Personal 0 0 0				
	1	Net rental income or (lo Gross amount from sales of	(i) Securities	(II) Other	(89)	(89)		
	ь	assets other than inventory Less: cost or other basis and sales expenses .	16,351 60,793	0				
		Gain or (loss) Net gain or (loss)	(44,442)	▶	(44,442)			(44,442)
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).	0				
Othe		Less: direct expenses Net income or (loss) fro	b		0			
	9a	Gross income from gam See Part IV, line 19		0				
		Less: direct expenses, Net income or (loss) fro		ities ►	0			
	b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from	ld b	0 0	0			
		Miscellaneous Rev		Business Code	1		<u> </u>	
	11a							
	1							
	С				_	ļ		
		All other revenue			0	ļ		
	1	Total Revenue Add in				 	 	<u> </u>
	'4	Total Revenue. Add in 9c, 10c, and 11e	es in, 2g, 3, 4,	o, ou, /u, oc, ▶	436,054	(89)		(1,969)

Part IX Statement of Functional Expenses

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

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

	All other organizations must complete com	unin (A) but are not	required to comp	nete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	133,912	133,912		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	92,976	92,976		
3	Grants and other assistance to governments, 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):				
	· · · · · · · · · · · · · · · · · · ·				
	Management				
	Legal				
	Accounting				
d	Lobbying			 	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		· ·		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	6.000			
а	Food purchases	6,229			6,229
b	Public relations	47,837			47,837
C	Fees & other charges	9,614		9,614	
d	Pledge Write-offs	(130)		(130)	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	290,438	226,888	9,484	54,066
26	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				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	928,216	2	618,500
	3	Pledges and grants receivable, net	12,710	3	184,310
	4	Accounts receivable, net	0	4	2,358
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	0	6	
S		Part II of Schedule L	4,756,160	7	4,366,930
Assets	7	Notes and loans receivable, net	4,730,100	8	4,300,330
As	8	Inventories for sale or use	0	9	0
	10a	Land, buildings, and equipment: cost basis 10a 0			
	6	Less: accumulated depreciation. Complete Part VI of Schedule D	0	1	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	836,801	12	981,360
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0 500 007	15	0
_	16		6,533,887	_	6,153,458
	17	Accounts payable and accrued expenses	8,604		8,944
ities	18	Grants payable	0	18 19	0
	19	Deferred revenue	0	 	0
	20	Tax-exempt bond liabilities	0	 +	0
	21	Escrow account liability. Complete Part IV of Schedule D		-	<u>_</u>
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	4,840,086		4,358,137
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	4,848,690	26	4,367,081
ces		Organizations that follow SFAS 117, check here ▶			
lan	27	Unrestricted net assets	929,302	27	953,491
Ba	28	Temporarily restricted net assets	88,749	28	110,039
g	29	Permanently restricted net assets	667,146	29	722,847
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	0	30	0
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ğ	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
Š	33	Total net assets or fund balances	1,685,197	33	1,786,377
	34	Total liabilities and net assets/fund balances	6,533,887	34	6,153,458
Pa	irt XI	Financial Statements and Reporting			
					Yes No
1		ounting method used to prepare the Form 990: 🔲 Cash 🛮 🗹 Accrual			
		re the organization's financial statements compiled or reviewed by an ind		t? .	
		re the organization's financial statements audited by an independent according to the control of			2b ✓
C		'es" to lines 2a or 2b, does the organization have a committee that assumes	•	•	1 1 2 1
a -		audit, review, or compilation of its financial statements and selection of an in-			
Ja		a result of a federal award, was the organization required to undergo an a Single Audit Act and OMB Circular A-133?			1 1 1 2
b		'es," did the organization undergo the required audit or audits?			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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.

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization The TSTC Regents Circle 75 2892470 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated **d** ☐ Type III–Other e 🗌 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). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of organization (i) Name of supported (ii) EIN (IV) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No Yes No Yes No

Total

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.)

Public Support Part II

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	266,191	256,716	216,480	353,670	266,642	1,359,699
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	266,191	256,716	216,480	353,670	266,642	1,359,699
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)						
6	Public support. Subtract line 5 from line 4.						1,359,699
	tion B. Total Support	() 655	"				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	266,191	256,716	216,480	353,670	266,642	1,359,699
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	163,115	362,363	228,012	235,918	225,582	1,214,990
9	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 .						2,574,689
12	Gross receipts from related activities, etc	. (see instructio	ns)		1	12	
13	First five years. If the Form 990 is for	the organizatio	n's first, secon	d, third, fourth,	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>		<u> </u>	<u> </u>	
<u>Sec</u>	tion C. Computation of Public Sup	port Percer	ntage	· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2008 (line	6, column (f) div	vided by line 11	, column (f))		14	52.81 %
15	Public support percentage from 2007 Sch	nedule A, Part f	V-A, line 26f		l	15	35.50 %
16a	331/3 % support test-2008. If the organize					•	
	and stop here. The organization qualifies	• •					
b	331/3 % support test—2007. If the organization gua						
172	box and stop here. The organization qua 10%-facts-and-circumstances test—20						
170	more, and if the organization meets the "fa organization meets the "facts-and-circums	acts-and-circum	nstances" test, d	check this box a	and stop here.	Explain in Part I	V how the
	10%-facts-and-circumstances test - 2007 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circum	acts-and-circum nces" test. The	stances" test, cl organization qua	heck this box a lifies as a public	nd stop here . It ly supported org	Explain in Part I janization	V how the
18	Private foundation. If the organization did	not check a box	x on line 13, 16a	i, 16b, 17a, or 1	7b, check this b	ox and see inst	ructions ► 🗌

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.)

Sec	tion A. Public Support	THE BOX O					
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(,,=====	
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	<u> </u>					
	Amounts included on lines 1, 2, and 3 received from disqualified persons		<u> </u>				
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	() 0004	# \ 0005	4 1 2 2 2 2	(0 0000	T	
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	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						
11	Add lines 10a and 10b						
12	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.)						
14	First five years. If the Form 990 is for to organization, check this box and stop to the s	here		nd, third, fourth	•		
	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·					
15	Public support percentage for 2008 (lin					15	<u>%</u>
16	Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 2	7g	• • • •	16	%_
	tion D. Computation of Investmen			11 11 12		1	
17 18	Investment income percentage for 2008	•	• •	•	olumn (f)) .	18	<u>%</u> %
18 19a	Investment income percentage from 20 331/3 % support tests – 2008. If the organization				 and line 15 ic =		
138	17 is not more than 33½%, check this be						
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20_	Private foundation. If the organization						

Schedule A (F	111 930 0: 950-LZ) 2000 Fage	7
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	
·		
·		
	·····	
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Nam	e of the organization				entification number
	TSTC Regents Circle			75	2892470
Pa	organizations Maintaining Do the organization answered "Yes			ds or Acc	ounts. Complete if
		(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 funds are the organization's property, subj				
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?		donor advisor o	or other	-
Pa	t II Conservation Easements. Com	olete if the organization answe	red "Yes" to F	orm 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held on the last day of the tax year	., recreation or pleasure)	Preservation of Preservation o	f certified h	lly important land area istoric structure ervation easement
	•				Held at the End of the Year
а	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation e			2b	
C	Number of conservation easements on a conservation				
d	Number of conservation easements includ		٠, ,	2d	
3	Number of conservation easements modif the taxable year ▶	ed, transferred, released, exting	uished, or term	ninated by t	he organization during
4	Number of states where property subject	to conservation easement is loca	ated ▶		
5	Does the organization have a written police enforcement of the conservation easement		ring, inspection		
6	Staff or volunteer hours devoted to monitor	oring, inspecting, and enforcing	easements dur	ing the year	→
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing eas	ements during	the year ►	\$
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			f section	🗌 Yes 🗌 No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations	he text of the footnote to the or tion easements.	ganization's fir	ancial state	ements that describes
Pa	Organizations Maintaining Coll Complete if the organization answ	ections of Art, Historical Treversed "Yes" to Form 990, Part	asures, or Ot IV, line 8.	her Simila	r Assets.
1a	If the organization elected, as permitted unart, historical treasures, or other similar ass provide, in Part XIV, the text of the footno	ets held for public exhibition, edu	cation, or resea	arch in furth	
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to (i) Revenues included in Form 990, Part X (ii) Assets included in Form 990, Part X .	held for public exhibition, educ hese items: /III, line 1	ation, or resea	rch in furthe ►	
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to the	se items:		
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X				\$ \$

Page	2

Schedule D (Form 990) 2008

Par	t III Organization's Maintaini	ng Collections	of Art, Historic	al Treasures,	or Other Similar A	Assets (continued)
3	Using the organization's accession items (check all that apply):	and other records	s, check any of	the following th	at are a significant	use of its collection
а	Public exhibition		a 🛄	Loan or exchan	ge programs	
b	Scholarly research		е 📙	Other		
C	☐ Preservation for future generat	ions				
4	Provide a description of the organiz Part XIV.	ation's collections	and explain ho	w they further t	he organization's ex	empt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	uned as part of t	he organization's	collection?	
Par	Trust, Escrow and Custo Part IV, line 9, or reported				answered "Yes" to	Form 990,
	Is the organization an agent, trustee included on Form 990, Part X? .				ns or other assets n	ot
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follov	ving table:	<u> </u>	
					<u> </u>	Amount
	Beginning balance					
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.				
Par	t V Endowment Funds. Co					
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years bac	k (e) Four years back
1a	Beginning of year balance			 		
b	Contributions					
	Investment earnings or losses .			<u> </u>		
d	Grants or scholarships				-	
е	Other expenditures for facilities and programs					
f g	Administrative expenses End of year balance					
2	Provide the estimated percentage of	f the year end ba	lance held as:			
а	Board designated or quasi-endowm					
b	Permanent endowment ▶	%				
C	Term endowment ▶%	,)				
За	Are there endowment funds not in th	e possession of th	ie organization t	hat are held and	administered for the) <u> </u>
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
						3a(ii)
	If "Yes" to 3a(ii), are the related org					3b
4	Describe in Part XIV the intended us				. V " 46	
Par	t VI Investments—Land, Bu				t X, line 10.	
	Description of investment	(a) Cost or ot (investm		cost or other siss (other)	(c) Depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
	Other	<u> </u>				
Tota	II. Add lines 1a-1e. (Column (d) should e	egual Form 990. Pa	rt X. column (B).	line 10(c).)		

Part VII Investments - Other Securitie	s. See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial derivatives and other financial products			
Closely-held equity interests		<u> </u>	
Other Extraco Income Fund	665,573	End-of-year market value	
Extraco Equity Growth Fund	36,877 278,910	End-of-year market value End-of-year market value	
Extraco Equity Fund	210,510	Chu-or-year market value	
Total (Column (b) should equal Form 990, Part X, col (B) line 12)	981,36		
Part VIII Investments – Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	ation rket value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part IX			
	(a) Description		(b) Book value
Total. (Column (b) should equal Form 990, Part X, co	ol (R) line 15)		
Part X Other Liabilities. See Form 990			
(a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶			
1 (-) admin anni anni anni anni anni le) mio 20 / P			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4
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Par	t XI	Reconciliation of Change in Net Assets from Form 990	to Fi	nancial Statements	3	
1	Total	revenue (Form 990, Part VIII, column (A), line 12)			1	436,054
2		expenses (Form 990, Part IX, column (A), line 25)			2	290,438
3		ss or (deficit) for the year. Subtract line 2 from line 1			3	145,616
4		nrealized gains (losses) on investments			4	(44,436)
5		red services and use of facilities			5	0
6		ment expenses		i	6	0
7		period adjustments			7	0
8		(Describe in Part XIV)			8	
9		adjustments (net). Add lines 4–8			9	(44,436)
10	Exces	s or (deficit) for the year per financial statements. Combine lines			10	101,180
Par	t XII	Reconciliation of Revenue per Audited Financial Sta	teme	nts With Revenue	pe	r Return
1	Total	revenue, gains, and other support per audited financial statemen	its .		_1	577,174
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains on investments	2a	0	_	
b		ted services and use of facilities	2b	0]	
c		veries of prior year grants	2c	0		
d		(Describe in Part XIV)	2d	185,556		
		nes 2a through 2d			2e	185,556
3		act line 2e from line 1			3	391,618
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:				
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	0	ŀ	
b		(Describe in Part XIV)	4b	44,436]	
C		nes 4a and 4b			40	44,436
5	Total	revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line	e 12.)	<u> </u>	5	436,054
Par	t XIII	Reconciliation of Expenses per Audited Financial St	atem	ents With Expense	es p	er Return
1	Total	expenses and losses per audited financial statements			1	475,994
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
а		ted services and use of facilities	2a	0		
b		year adjustments	2b	0		
C		es reported on Form 990, Part IX, line 25	2c	0	}	
d		(Describe in Part XIV)	2d	185,556]	_
e		ines 2a through 2d			26	185,556
3		act line 2e from line 1			3	290,438
4		ints included on Form 990, Part IX, line 25, but not on line 1:	İ			
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b		(Describe in Part XIV)	4b	0	1	
		ines 4a and 4b			40	0
5		expenses. Add lines 3 and 4c. (This should equal Form 990, Par			5	290,438
Par	t XIV	Supplemental Information				
		his part to provide the descriptions required for Part II, lines 3, 5, rt V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and I			d 4;	Part IV, lines 1b
Par	t XII, L	ine 2d - Rental expenses				
Par	t XII, L	ine 4b - Unrealized Loss				
Par	t XIII, I	Line 2d - Rental expenses				
· 						
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SCHEDULE 1 (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. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

, 2 educate students (h) Purpose of grant or assistance To train and 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 Employer identification number 2892470 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Automotive and welding equipment (g) Description of non-cash assistance 75 • . (f) Method of valuation (book, FMV, appraisal, other) FM< Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 50,719 (e) Amount of non-cash assistance . . 83,193 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part General Information on Grants and Assistance 74-1646989 (e) Enter total number of other organizations Texas State Technical College ... 3801 Campus Drive. Waco. TX 1 (a) Name and address of organization The TSTC Regents Circle or government Name of the organization

Schedule I (i	Schedule I (Form 990) 2008
Part III	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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Student scholarships and awards	54	92,976	0	N/A	N/A .
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pr	ovide the information	on required in Part	I, line 2, and any other	additional information.
The TSTC Regents Circle honors donor's wishes for the type of	or the type of stu	dents in considering	the availability and	awarding of scholarship	students in considering the availability and awarding of scholarships, most scholarships are based
on need and/or merit and the recipients are selected by a TSTC	ed by a TSTC cor	nponent. The TSTC F	Regents Circle purch	ases and donates equip	component. The TSTC Regents Circle purchases and donates equipment to Texas State Technical
College when informed upon written request, by the college's board of directors, as to what equipment is necessary for the training and education of students.	ne college's boar	d of directors, as to v	what equipment is no	ecessary for the training	and education of students.
Cash assistance was made to Texas State Technical College to	sal College to aw	ard staff and faculty	and to provide for co	ontinuing education and	award staff and faculty and to provide for continuing education and training to staff and faculty.
Staff and faculty are chosen for assistance and recognition by	cognition by Texa	as State Technical C	ollege and not the T	STC Regents Circle.	fexas State Technical College and not the TSTC Regents Circle.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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 to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

The TSTC Regents Circle	75	2892470
Part VI, Section C, Line 19 - The organization's governing documents, conflict of interest	policy.	and financial statements
are available to the public upon request by contacting: Dr. Tara Odom, 3801 Campus Driv	e, Wac	o, TX 76705 (254) 867-4897
Part VI, Section A, Line 7a - The chancellor's designee has the power to appoint one Pres	ident o	f the Texas State Technical
College to serve on the board of directors.		
Conege to serve on the board of directors.		
Part IV, Section A, Line 1a - The executive committee has the power to act on behalf of th	e orgar	nization's governing body.
The executive committee is comprised of the president, vice-president, past president, se	cretary	, treasurer, and
the chancellor's designee. All of the executive committee members are also on the gover	nina ba	odv.
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

Open to Public Inspection

Employer identification number (f)
Direct controlling entity 2892470 75 (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c) Legal domicile (state or foreign country) See separate instructions. (b) Primary activity Attach to Form 990. (a)
Name, address, and EIN of disregarded entity The TSTC Regents Circle Name of the organization Part I

				1		
Part II	Identification of Related Tax-Exempt Organizations (had one or more related tax-exempt organizations during	ions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it during the tax year.)	ation answered "	Yes" to Form 990	, Part IV, line 34 t	oecause it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
Texas Sta 3801 Cam	Texas State Technical College 3801 Campus Drive, Waco, TX 76705 EIN:74-1646989	Public higher education institution	ΧĽ			N/A
						:

Schedule R (Form 990) 2009

Cat No. 50135Y

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

Page 2

Schedule R (Form 990) 2009

Yes No managing partner? Percentage ownership General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of Disproportionate allocations? ŝ Ξ Yes vy Share of total income Share of end-of-year assets ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 9 Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year. Share of total income (d)
I Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2009

Page 3

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note Complete line 1 if any pathy is listed in Date II II or IV of this school ile		_	Yes	ŝ
Note: Complete line in any entity is instead in a tank of the following transactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?			
		10		>
		\$ 4	ļ	
b Gift, grant, or capital contribution to other organization(s)		2	•	
c Gift, grant, or capital contribution from other organization(s)		<u>1</u>		>
d Loans or loan augrantage to or for other organization(s)		P		>
			-	.
e Loans or loan guarantees by other organization(s)		2	1	>
			1	
Colored at attack and the second of the seco		+		>
Sale of assets to oniel organization(s)			-	-
g Purchase of assets from other organization(s)		5	1	> ,
		무	-	>
		;=		>
1 Lease of Jacillides, equipment, of onlet assets to onlet organization(s)				
		Ţ		-
j Lease of facilities, equipment, or other assets from other organization(s)		<u>-</u>	+	>
k Derformance of services or membership or fundraising solicitations for other organization(s)		+		>
1 Dorformanco of sourings or membership or fundrassing colicitations by other organization(s)	•	=		>
I religionalize di services di interniberandi di fundialang sometamenta by curei digamzanding.		Ε.		>
m sharing of facilities, equipment, mailing lists, or other assets		;	\dagger	
n Sharing of paid employees		=	\dagger	>
o Reimbursement had to other organization for exhanses		9		>
	•	10		>
p Heimbursement paid by other organization tor expenses			+	
		1		-
a Other transfer of cash or property to other organization(s)		19		>
r Other transfer of cash or property from other organization(s)		. 1r		>
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.	ationships and trans	action thr	esholc	ds.
(4)	3	3		
Name of other organization	Transaction type (a-r)	Amount involved	volved	
Texas State Technical College b			133,912	912
(2)				
(5)				
(4)				
(9)		1		
(9)				
	Schedu	Schedule R (Form 990) 2009	990) 2	2009

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Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Part VI

(8)		[2]	9	(e)	9	(a)	£
Name, address, and EIN of entity	Primary activity	nicile	Are all partner		Disproportionate		General or
			section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No	- .	Yes No		Yes No
							-
			-				
						Schedule R (Form 990) 2009	n 990) 2009