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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)

<u> 2009</u> Open to Public

OMB No 1545-0047

	mal Revenue		► The organization	on may have to use a co	py of this return to s	atisfy state	reporting re	quireme	nts	Inspection	n
	For the 200	9 calendar ye	ar, or tax year beginning	07/01/00		/30/1	 :				
	Check if applica	ible Please	C Name of organization					D	Employe	er identification nun	nber
$\overline{}$	Address change	use IRS	•	RTE RESEARCH S	UPPORT FOUN	DATION					
\equiv	Name change	label or print or	Doing Business As						74-2	976236	
\equiv	-	type.		if mail is not delivered to street a	ddress)		Room/suite	E	Telephor		
\sqsubseteq	Initial return	See	20742 STONE O	AK PARKWAY			107		210-	828-1505	
	Termination	Specific Instruc-	City or town, state or count	try, and ZIP + 4				G	Gross receipt	s 11,992,	,941
	Amended return		SAN ANTONIO	TX	78258						
\Box	Application pen	_{iding} F Name	e and address of principal office	er				H(a	a) Isthisag	roup return for	
	, , , , , , , , , , , , , , , , , , ,		LLIAM S. HART	E.					affiliates?		X No
		SA	ME AS C ABOVE					"('	Are all aff included?	Yes	No
									If "No," at	tach a list (see instruction	ns)
_	Tax-exempt	status X	501(c) (3) ◄ (ins	ert no) 4947(a)(1)	or 527						
<u>J</u>	Website: ▶	N/A								emption number	
<u>K</u>	Type of organi	zation Coi	poration X Trust Assoc	other Date of the other		L	Year of formation	200	0 <u>m</u>	State of legal domicile	TX
_ <u>F</u>	art I	Summai	у								
	1	•	he organization's mission o	_							
Ф	E	DUCATION	NAL SUPPORT FOR	TEXAS A&M UNIV	JERSITY - CC	RPUS C	HRISTI				
ü											
Ē											
0	2 Che	ck this box	if the organization dis	scontinued its operations	or disposed of mor	e than 25%	6 of its net as	ssets.			
Ö	3 Num	ber of voting	members of the governing	body (Part VI, line 1a)					3	3	
Se	4 Num	ber of indepe	endent voting members of t	the governing body (Par	t VI, line 1b)				4	3	
ij	5 Tota	l number of e	employees (Part V, line 2a)						5	0	
ΞĘ	6 Tota	I number of v	olunteers (estimate if nece	essary)					6	0	
2 U IU Activities & Governance	7a Tota	il gross unrel	ated business revenue from	n Part VIII, column (C), I	ine 12				7a		
_	b Net	unrelated bus	siness taxable income from	Form 990-T, line 34					7b		0
>							Pno	r Year		Current Year	
	8 Con	tributions and	d grants (Part VIII, line 1h)								
디를	1	-	revenue (Part VIII, line 2g)					4	212		
\§	10 Inve	stment incon	ne (Part VIII, column (A), lir	nes 3, 4, and 7d)	- ~			<u>157,</u>	319	2,020,	<u> 298</u>
1	1	•	Part VIII, column (A), lines 5		•			1.50	21.0	0.000	
CANATED UEC Revenue	+		add lines 8 through 11 (mus		n (A), line 12)			<u>157,</u>		2,020,	
ŕ			ar amounts paid (Part IX, co				2,	<u>467,</u>	55/	1,420,	638
3	14 Ben	•	or for members (Part IX, col								
Ses.	15 Sala		ompensation, employee be	•	A), lines 5–10)					 	
ens	16a Prof		Iraising fees (Part IX, colun							······································	
Expens	b Tota	-	expenses (Part IX, column		RECE	VFD	 	225	111	217	150
ш	1 0	•	(Part IX, column (A), lines 1		A PARTY OF THE PAR			<u>325,</u> 792,		317,	
	,	*	Add lines 13–17 (must equa		lml						788
-	19 Rev	enue less ex	penses Subtract line 18 fro	om line 12	13 - NOV 17	2010	Bèginning o	635,		282, End of Year	210
Net Assets or	20 Tota	al assets (Par	t X. line 16)		11			960,		33,243,	188
Ass	21 Tota	•	art X, line 26)		OGDE	N UT			-	00/2:0/	
ž	22 Net		d balances. Subtract line 2	1 from line 20	CODE		32.	960,	678	33,243,	188
	art II	Signatu			•						
	, , , , , , , , , , , , , , , , , , ,		ties of perjury, I declare that I h	ave examined this return, in	cluding accompanying	schedules a	nd statements.	and to th	ne best of n	ny knowledge	
		and belief, it	is true, correct, and complete	Declaration of preparer (oth	er than officer) is based	d on all inforr	mation of which	n prepare	r has any k	nowledge	
Sig	an	X	Start I Sunt						//-	-11-10	
He	-	Signatu	re of officer						Date		
			DAVID L. SINAK	, TRUSTEE							
		Type or	print name and title								
		Preparer's	1)		Date ,		heck if		Preparer's identifying n	iumber
Pa		signature					se se		▼ X	(see instructions) P0007989)1
	eparer's	-	WAYNE	E. COLLIE,	C.P.A.		- , - en		EIN ►	74-6256	
Us	e Only	Firm's name	(or yours	STONE OAK P.		<u> </u>	07	+	4	, 1 0230	555
	-	if self-emplo address, and	•		78258-7478			.	Phone	210-828-1	505
Ma	v the IPS d		turn with the preparer show						no 🕨	X Yes	
			rwork Reduction Act Not							Form 990	(2009)
DA		ot unu rape	Jin Noddolloll Act NOL	, oco ano separate II						FOIR 330	(2009)

DAA

Pa	rt III Statement of Program S	ervice Accompli	shments				_
1	Briefly describe the organization's mission:						
Ε	DUCATIONAL SUPPORT FO	R TEXAS A&	M UNIVERSITY	- CORPUS C	CHRISTI		
				<u></u>			_
2	Did the organization undertake any signific	ant program services	during the year which wer	e not listed on			
	the prior Form 990 or 990-EZ?					Yes X N	0
	If "Yes," describe these new services on S	chedule O.					
3	Did the organization cease conducting, or	make significant chan	ges in how it conducts, an	y program			
	services?					Yes X N	0
	If "Yes," describe these changes on Sched	ule O					
4	Describe the exempt purpose achievemen	ts for each of the orga	inization's three largest pro	ogram services by exp	penses.		
	Section 501(c)(3) and 501(c)(4) organization	ons and section 4947	a)(1) trusts are required to	report the amount of	f grants and		
	allocations to others, the total expenses, a	nd revenue, if any, for	each program service rep	orted			
4a	(Code) (Expenses \$	L,420,638 in	cluding grants of \$	1,420,638) (Revenue \$)
	ÀSH TO TEXÀS A & M UN			STI FOR			
	DUCATIONAL PURPOSES						
_							
4b	(Code) (Expenses \$	ır	cluding grants of \$) (Revenue \$		_)
	,, ,				,		
-							
4c	(Code:) (Expenses \$	ır	cluding grants of \$) (Revenue \$)
		·					_
4d	Other program services. (Describe in Sche	edule O)					_
	(Expenses \$	including grants of	\$) (Revenue \$			
4e	Total program service expenses ▶	1,420,6					_
						Form 990 (200	_

<u></u>	art IV One chist of Required Ochecules					1
	,		1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1	Х	
_	complete Schedule A			2		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?		ł			_^_
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
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					 ^ `
4	Schedule C, Part II			4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)					<u> </u>
,	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 similar funds or accounts where donors have					
v	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		Χ_
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		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part					
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"					
	complete Schedule D, Part IV			9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or					}
	quasi-endowments? If "Yes," complete Schedule D, Part V			10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					
	VII, VIII, IX, or X as applicable			11		X
	 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 					
	Schedule D, Part VI.					
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		•	-		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.					
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Put the organization report as according to the control of the property of the control of th					
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
12	Schedule D, Parts XI, XII, and XIII			12		Х
124	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			13		X
14a				14a		Х
b						
	business, and program service activities outside the United States? 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				:	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Yes," complete Schedule G, Part III			19		X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20		X

Form	990 (2009) HARTE RESEARCH SUPPORT FOUNDATION 74-2976236		P	age 4
Pa	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
4-74	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	-		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
٠	to defease any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 250	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240	-	
25a		25a		Χ
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	234		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		Х
00	990-EZ? 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	200		Х
.=	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
	If "Yes," complete Schedule L, Part III	27	出資金は	X .24.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		-	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			3.7
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ļ		
	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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19° Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
	•				د إ	es	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			İ			
	U.S. Information Returns. Enter -0- if not applicable	1a	0				
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and repo	rtable		<u> </u>	- -		
	gaming (gambling) winnings to prize winners?	1	ſ	<u>1c</u>	+	X	
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	-		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						
_	instructions)	ı.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by		-			
	this return?			3a			Χ_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	(L t .		_ <u>3b</u>	+	\rightarrow	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	•			-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	iciai			1		v
L	account)?			<u>4a</u>	╁	_	<u>X</u>
b	If "Yes," enter the name of the foreign country:	nk					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	IIK				ŀ	
e-	and Financial Accounts.			5a		- [\bar{X}
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	n2		5b	\neg		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard			30	+		
С	Prohibited Tax Shelter Transaction?	ınıg		50			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- 50	\top		
va	organization solicit any contributions that were not tax deductible?			6a			Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			┪		
_	gifts were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods					
	and services provided to the payor?			7a	- -		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?			7c			<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	sonal			_		
	benefit contract?			<u>7e</u>			Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	!?		<u>7f</u>		_	Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>7g</u>	4		Χ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	s					
	required?			7h	\bot	_	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				-		
	organization, have excess business holdings at any time during the year?			8	+		
9	Sponsoring organizations maintaining donor advised funds.			-	-		
a	Did the organization make any taxable distributions under section 4966?			9a	-	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			95	+	\dashv	
10	Section 501(c)(7) organizations. Enter	140	ı			1	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1				
11	Section 501(c)(12) organizations. Enter.	1 44-	1				
a	Gross income from members or shareholders	11a	-				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	•		122	- -		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	120	+-	_	
	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	120					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.			
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	4		
b	Enter the number of voting members that are independent 1b 3	-		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.7
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X X X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			.,
	of the governing body?	7a		<u>X</u>
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:		-,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			.,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
		40	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	,,	v	
44-	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	425	-	<u>-</u> +
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b		426		
_	rise to conflicts?	12b		
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		
13		13		X
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14		X
		14		
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?			i
_	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15a		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ŀ	
IVa	with a taxable entity during the year?	16a		_X _,
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ľ	i
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	L	
<u> </u>	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(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► WAYNE E. COLLIE, CPA 20742 STONE OAK PKWY, #107			
SZ	·	1-82	Ω_1	505

-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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

(A) Name and Title	(B) Average hours per		e any current officer, directors (C) position (check all that apply)					(D) Reportable	(E) Reportable compensation	(F) Estimated
	nours 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
DAVID L. SINAK TRUSTEE	1.00	Х						0	0	C
JONATHAN M. HORNE	LOWER	1								
TRUSTEE	1.00	X						0	0	C
WILLIAM S. HARTE										
TRUSTEE	1.00	X						0	0	C
				-						
							_			
		ĺ								
			\vdash							
			\vdash			 				
		1								
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Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)	
	(A) Name and Title	(B) Average hours per	├	ition (chec	_		- compensation	(E) Reportable compensation	(F) Estimated amount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
			ļ								
		-				_	_				
1b 2	Total Total number of individuals (ind	oludina hut nat lim	utod	to th	000	lictor	d aba	<u>▶</u>	who recoved more than \$10	00 000 in	
	reportable compensation from	•		0	ose	iistet	abo	ve)	who received more than \$10		
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual	complete Schedu 1a, is the sum of ganizations great	ile J f repo er th	for so ortab an \$	uch i le co 150,	ndiv ompe 000?	dual ensat	on a	and other compensation fror complete Schedule J for su		Yes No X
5	Did any person listed on line 1st services rendered to the organ										5 X
<u>Sec</u>	tion B. Independent Contracte Complete this table for your five	e highest comper	nsate	ed inc	lepe	nder	nt cor	ntrac	ctors that received more than	n \$100,000 of	
	compensation from the organiz	zation (A) I business address						Π	Dascani	(B) tion of services	(C) Compensation
									AVENUE, 34TH FLO	OOR	
	an Total			00	<u> </u>				INVESTIBLE NO.		102,830
						·					
2	Total number of independent c more than \$100,000 in comper						to th	ose	listed above) who received		.1
DAA	,										Form 990 (2009)

<u>Pa</u>	<u>rt V</u>	<u>III. Stater</u>	nent of Reve	nue						_
		•					(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 s	12	Federated can	nnaigne	1a	_			Tevende		012, 010, 01014
발		Membership d		1b						
PE		•		1c						
r ar		Fundraising ev								
$g_{\overline{a}}$		Related organ		1d						
Sis		Government grants		1e						}
ğĕ	f	All other contribution and similar amounts								
클링				<u>1f</u>						
S E	g		ns included in lines 1a-	1f	\$					}
2	h	Total. Add line	es 1a–1f							
울						Busn. Code				
<u> </u>	2a									
ě	b									
ا چَ.	С									
Se	d									
E	е									
Program Service Revenue Contributions, gifts, grants	f	All other progra	am service reven	iue						
ā	g	Total. Add line	es 2a2f			<u> </u>				
1	3	Investment inc	ome (including d	ividend	ls, interest	, and				
		other similar ai	mounts)			•	742,045			742,045
	4	Income from in	vestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties								
			(ı) Real		(II) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	c	Rental inc or (loss)								
ŀ	d	Net rental inco	me or (loss)			>				
	7a	Gross amount from sales of assets	(i) Securities	3	(n)	Other				
ŀ		other than inventory	11,231,	026		19,870				-
-	b	Less cost or other	<u>-</u>							
ļ		basis & sales exps	9,972,	643						
	С	Gain or (loss)	1,258,			19,870				
	d	Net gain or (los	ss)			>	1,278,253	1,258,383		19,870
	8a		om fundraising ever	nts [
nue		(not including \$	•							
346			eported on line 1c)							
Other Reven		See Part IV, line		a						
Ę.	b	Less direct ex		ь						
0			(loss) from fundr	aising	events					
			om gaming activities	٠,						
		See Part IV, line		а						
	ь	Less direct ex		ь		·				
			(loss) from gamı	ng activ	/ities	•				
			inventory, less	Ĭ [_				-	
		returns and all		а						
	ь	Less. cost of g		ь						
		_	(loss) from sales	of inve	entory	•				
- 1			ellaneous Revenue	-		Busn. Code		-	- -	
Ì	11a									
	b				ļ			·		
	c				Ì					
	d	All other reven	ue		ļ			· · · · -		
		Total. Add line			·	•				
{			e. See instruction	ıs		•	2,020,298	1,258,383	0	761,915

Form 990 (2009)

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 column (A) but	are not required to compr		
	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	1,420,638	1,420,638		
2	Grants and other assistance to individuals in	1,120,000	2/ 120/ 000		· · · · · · · · · · · · · · · · · · ·
-	the U.S. See Part IV, line 22				
_	•				
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)				
а	Management				
b	Legal				
С	Accounting	8 , 295		8 , 295	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees			- <u>-</u>	
g	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		<u> </u>		
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)	202 250		200 250	
a	INVESTMENT ADVISORY FEE	292,350		<u>292,350</u>	
b	FOREIGN TAX	16,481 24		16,481	
c d	MISCELLANEOUS EXPENSE	∠4		24	
e		-			· · · · · · · · · · · · · · · · · · ·
f	All other expenses			·	
25	Total functional expenses. Add lines 1 through 24f	1,737,788	1,420,638	317,150	
26	Joint costs. Check here ▶ If following	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,120,030	<u> </u>	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
_					

	,		(A) Beginning of year	(B) End of year
1	Cash—non-interest bearing		1	
2			4,621,418 2	
3			3	
4			4	
5	·	trustees kev		
	employees, and highest compensated employees. Con	•		
	Schedule L	ipicio i dit ii oi	5	
6		t under section		
"	4958(f)(1)) and persons described in section 4958(c)(3			
	Part II of Schedule L	ND). Complete	6	
2 7	Notes and loans receivable, net		7	*****
2 7 2 8 2 8			8	
ເ ອ	Prepaid expenses and deferred charges		9	
1 1	a Land, buildings, and equipment: cost or	1 1		-
''	other basis Complete Part VI of Schedule D	10a		
1,	Less: accumulated depreciation	10b	10	
11	·	[100]	28,339,260 11	
12		20,339,200 11		
13		13		
14		14		
15	•	19	· 	
16				
17		(4)		
18	• • • • • • • • • • • • • • • • • • • •	17		
19	Grants payable Deferred revenue		18	
20		19		
- 1	•	of Cabadula D	20	
21 22 28	Escrow or custodial account liability. Complete Part IV of Payables to current and former officers, directors, truste			· · · · · · · · · · · · · · · · · · ·
<u> </u>				
5	employees, highest compensated employees, and disq	uainieu		
- 1	persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated thir	dd	22	· · · · · · · · · · · · · · · · · · ·
24	* *	•	23	
	, ,	arties	24	·
25 26	•		25	
	Organizations that follow SFAS 117, check here	and		
27 28	complete lines 27 through 29, and lines 33 and 34.	and		
27	Unrestricted net assets			,
28			27	
29			28	
29	Organizations that do not follow SFAS 117, check h	oro N V	29	<u>' </u>
<u>.</u>		ele 🕨 📉		
29 30 31 32 33 34	and complete lines 30 through 34. Capital stock or trust principal, or current funds			
3 30		30	***************************************	
31	Paid-in or capital surplus, or land, building, or equipment		32,960,678 32	
{ 32		or other funds	32,960,678 32 32,960,678 33	
33	Total net assets or fund balances			

Form **990** (2009)

orm	990 (2009) HARTE RESEARCH SUPPORT FOUNDATION 74-2976236		Pa	ge 1 2
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	_3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HARTE RESEARCH SUPPORT FOUNDATION

Employer identification number 74-2976236

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	structio	ons.		
he	orgar	ization is not	a private foundation because	it is. (For lines 1 through 11, che	eck only or	ne box)							
1	\Box			ciation of churches described in			A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	N)(ii). (Attach Schedule E)									
3	П			e organization described in secti	ion 170(b)	(1)(A)(iii)							
4	H	•	•	in conjunction with a hospital de				(A)(iii).	Enter th	ne hospi	tal's name.		
•	نا	city, and state	•	in conjunction man a mospital ac				,,,,,,,,,		.ссор.	,		
5		•		f a college or university owned or	r onersted	hy a gove	rnment:	al unit de	scriber	lın			
3	Ш	_	•	· · · · · · · · · · · · · · · · · · ·	ореганса	by a gove	, i i i i i i i i i i i i i i i i i i i	as diffic de	,3011000				
_		-	b)(1)(A)(iv). (Complete Part			LV4V4V4							
6	\vdash			vernmental unit described in sec									
7		_	•	ubstantial part of its support from	n a govern	mental un	iit or fron	n the ge	nerai pu	IDIIC			
	$\overline{}$	described in s	section 170(b)(1)(A)(vi). (Co	emplete Part II.)									
8	Ц	A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II	1)								
9		An organizati	on that normally receives (1)) more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership f	ees, and	d gross			
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions,	and (2) n	o more	than 33	1/3 % o	fıts			
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 51	11 tax) fr	om busi	nesses				
		acquired by the	he organization after June 30	, 1975. See section 509(a)(2) . (Complete	Part III.)							
10		An organization	on organized and operated e	xclusively to test for public safety	y See sec	tion 509(a)(4).						
11	X	An organization	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions	of, or to	carry ou	it the				
	_	purposes of o	one or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2). \$	See se c	tion			
	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 X Type III-Other												
e													
-	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												
•													
_	organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the												
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?												
				atrala, oithor along or togather w	th parcan	docerbo	d in (ii)					Vac	No
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No												
	and (iii) below, the governing body of the supported organization?									X			
		• •	member of a person describe								11g(ii)		
		• •	ontrolled entity of a person d								11g(iii	11	Χ
<u>h</u>			following information about the		T				T				
(i)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		is the tion in col	(vii) Am		
	orga	anization		(described on lines 1–9 above or IRC section		sted in your document?		of your		zed in the	sup	JOIL	
				(see instructions))			sup	oort?	U	S?			
					Yes	No	Yes	No	Yes	No	_		
ΤE	EXA	S A&M U	NIVERSITY - CO	PRPUS CHRISTÍ					į				
			74-1760663	6	X		X		X				
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Tota	1		1		1			1	1	1			

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	art II Support Schedule for O						Page
Г	(Complete only if you ch				i)(A)(iv) aliu i	70(D)(1)(A)(VI)	
5~6	tion A. Public Support	ecked the box	on line 5, 7, or	6 UI Fait I.)			
	lendar year (or fiscal year beginning in)	7-1 2005	(h) 2000	(-) 2007	(4) 2000	(=) 2000	(O Total
Ca	iendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
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 through 3						
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						
Sec	tion B. Total Support		•		•		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		` '	, ,	, , , , , , , , , , , , , , , , , , , ,		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12	Gross receipts from related activities, etc. (see instructions)			-	12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2009 (line 6,	column (f) divided !	by line 11, column	(f))		14	%
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	
l6a	33 1/3 % support test—2009. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 33	1/3 % or more, che	eck this box	_
	and stop here. The organization qualifies a	as a publicly suppor	rted organization				► l
b	33 1/3 % support test—2008. If the organ	ızatıon did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3 % or more	e, check this	_
	box and stop here. The organization qualit	fies as a publicly su	pported organization	on			▶ [
17a	10%-facts-and-circumstances test—200	9. If the organization	n did not check a t	oox on line 13, 16a,	or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fa			•	•	V how the	
	organization meets the "facts-and-circumst				-		•
b	10%-facts-and-circumstances test—200	8. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and h	ne 15 is 10% or	

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

	tion A. Fublic Support							
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(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 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							·
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from						İ	
	line 6)				ļ			
	tion B. Total Support	T				T		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
9	Amounts from line 6					<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-		-		ļ	-	-
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 in line 10b, whether or not the business is regularly carried on							
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 the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	1	
	organization, check this box and stop here	•						.
Sec	tion C. Computation of Public Su	pport Percenta	age					
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))	_		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	15				16	%
Sec	tion D. Computation of Investmen	nt Income Perc	entage					
17	Investment income percentage for 2009 (lir	ne 10c, column (f) d	livided by line 13, o	olumn (f))			17	%
18	Investment income percentage from 2008	Schedule A, Part III	, line 17				18	%
19a	33 1/3 % support tests—2009. If the orga	nization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3 %	, and line		
	17 is not more than 33 1/3 %, check this bo	ox and stop here . T	The organization qu	alifies as a publicly	supported organiz	zation		>
b	33 1/3 % support tests—2008. If the orga	nization did not che	ck a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3 %, and	i	
	line 18 is not more than 33 1/3 %, check th	is box and stop he	re. The organizatio	n qualifies as a pub	olicly supported org	ganization		▶ [
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	ind see instruction	S		▶ [

Schedule A (Form 990 or 990-EZ) 2009 HARTE RESEARCH SUPPORT FOUNDATION

74-2976236

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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 2009

Name of the organization	E (() } E			Employer	Employer identification number	ber	
	Ξl	DATTON			1 / 4 – 25	14-29/6236		
Part I General Information on Grants and Assistance	d Assistance							
 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	the amount of the grance?	ants or ass grant funds	rants or assistance, the grantees' grant funds in the United States	eligibility for the grants	s or assistance, an	p	X Yes	ů
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 14 (Form 990) if additional space is needed.	overnments an recipient that re	d Organ	id Organizations in the Ur eceived more than \$5,000	ited States. Com. Check this box	plete if the org if no one recip	yanization ans ient received	wered "Yes" to more than \$5,000.	Use
1 (a) Name and address of organization or covernment	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant) -
TEXAS A&M UNIVERSITY-CORPUS CHRISTI 6300 OCEAN DRIVE	6990941 74				(Inches)		EDUCATIONAL SU	SUPPORT
			٦					
			_			:		
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	organizations		-				1 0	

	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if addition	onal space is neede	d.		•
•	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
			-			
			-			
			_			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I line 2, and any other additional information	omplete this part to	provide the informat	ion required in Part I	line 2 and any other add	itional information

Page 2

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

74-2976236

Schedule I (Form 990) 2009 HARTE RESEARCH SUPPORT FOUNDATION

25410

COMMITTEE MEETINGS OF THE GRANT RECIPIENT, AT WHICH WE LEARN MORE ABOUT AND STAY FAMILIAR WITH THE ACTIVITIES AND OPERATIONS FOR WHICH OUR GRANT FUNDS PRIOR TO MAKING ANY GRANTS TO TEXAS A&M UNIVERSITY - CORPUS CHRISTI (THE WE HAVE ONE OR MORE REPRESENTATIVES ATTEND PROGRAMS AND ADVISORY RECONCILIATION WITH RESPECT TO THE USE OF OUR GRANT FUNDS, AND REVIEW IT SOLE GRANT RECIPIENT), WE REVIEW A PROPOSED BUDGET FOR THE USE OF GRANT AT THE END OF EACH YEAR, WE RECEIVE A REPORT AND BUDGET PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS WITH THE GRANTEE. PART I, LINE ARE USED. FUNDS.

SCHEDULE O (Form 990).

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Form 990 or to provide any additional information. Attach to Form 990.

HARTE RESEARCH SUPPORT FOUNDATION

Employer identification number 74-2976236

FORM 990, PART VI, LINE 11 - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ENTIRE FORM 990 IS SENT OUT TO THE TRUSTEES OF THE ORGANIZATION FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPON REQUEST.

4-2976236 YE: 6/30/2010	Federal Stat				
	Taxable Interest on	Investments			
Description TOTAL	Amount \$ 311,792 \$ 311,792		Exclusion Code 14	Postal Code	Acquired after 6/30/75
	Taxable Dividends fr	om Securities			
Description	Amount \$ 430,253 \$ 430,253	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
TOTAL	430,233				
				-	