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Form Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2009

Open to Public Inspection

	For the 200	9 calendar v	year, or tax year beginning 09/	01/09 , and ending	08	/31/1	0			111000000
В	Check if applica		C Name of organization	<u></u>) Emplo	yer identification number
$\bar{\Box}$	Address change	e use IRS	1	N STATE UNIV FO	UNDAT	ION. I	NC	1	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
님	-	label or	22						75-	2331886
님	Name change	print or type.	Number and street (or P O box if mail is not	delivered to street address)			Room/suite	. 1		one number
닏	Initial return	See	BOX T-0950					Ĭ J		-968-9183
	Termination	Specific Instruc-	044	P + 4				<u> </u>	Gross rece	
	Amended return		STEPHENVILLE	TX 76402					<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
H	Application pen	E Nor	e and address of principal officer						H(a) Is this	a group return for
ш	Application per	uning	, ,					1	affiliate	· · ·
								1	H(b) Are ali include	
										'attach a list (see instructions)
丄	Tax-exempt	status X	501(c) (3) ◄ (insert no)	4947(a)(1) or	527					
J	Website:	N/A		4				lı	H(c) Group	exemption number
<u>K</u>	Type of organi	zation X Co	rporation Trust Association	Other >		L	Year of forma	ation 19	78	M State of legal domicile TX
<u></u> F	<u>Part I </u>	Summa	iry							
	1 Brief	fly describe	the organization's mission or most s	significant activities						
9	F	INANCIA	L SUPPORT FOR TARLETO	ON STATE UNIVER	SITY	and sc	HOLARS	SHIPS	FOR	
Jan	S'	TUDENTS								
Governance										
Ó	1	ck this box I	net asse	<i>,</i> ,,	10					
∞ 5	,	ber of votin		3	13					
Activities &	1		pendent voting members of the gove	11 ´	4	13				
ΞĘ	i		employees (Part V, line 2a)) 	5	13				
¥	ı		volunteers (estimate if necessary)		6					
	1	-	elated business revenue from Part V	· ·	<u> </u>	OGDE	<u> </u>	11	, <mark>7a</mark>	
	D Net	unrelated bu	usiness taxable income from Form 9	990-1, line 34				Prior Year	3 7 B	Current Year
_	8 Conf	tributions an	nd grants (Part VIII, line 1h)						,424	1,364,009
Revenue	I		e revenue (Part VIII, line 2g)							
9	_		me (Part VIII, column (A), lines 3, 4	37	,236	245,725				
ĕ	1	er revenue (I		,722	2,344					
	1	l revenue –	206	,382	1,612,078					
	13 Gran	nts and simi	lar amounts paid (Part IX, column (A	431	, 657	741,596				
)	14 Ben	efits paid to	or for members (Part IX, column (A	i), line 4)						
Š	15 Sala	ries, other c	compensation, employee benefits (F	Part IX, column (A), lines	5–10)			70	,546	43,481
enses	16a Prof	essional fun	draising fees (Part IX, column (A), !	line 11e)						****
Expe	b Tota	ıl fundraısıng	g expenses (Part IX, column (D), line	e 25) ▶						
Ш	יו ן טווע	er expenses	(Part IX, column (A), lines 11a-11d	d, 11f–24f)		_	_		,155	92,784
	18 Tota	l expenses	Add lines 13-17 (must equal Part I	X, column(A)(小理 25) 巨	D				,358	877,861
_	1 19 Rev	enue less ex	kpenses Subtract line 18 from line	12		<u> </u>		-39 <u>4</u>		734,217
Net Assets or	20 7-4-	l accote (Da	art V. Juno 16)	LA DO T 20	11	3		ng of Curre , 497		End of Year 13,946,058
Asse	20 Tota	•	art X, line 16) Part X, line 26)	등 MAR 2 1 20	11 10	5		<u> = J </u>	874	1,001
Net.	27 Not	•	nd balances Subtract line 21 from t	line 20	و ل	<u> </u>	12	,496		13,945,057
	Part II		re Block	"I" "OGDEN, t	 			<u>/</u>	<i>,</i> ₁	
·			illues of perjury, I declare that I have exam	nned this return including acc	ompanyir	na schedules	and state	ments, an	d to the be	st of my knowledge
		and belief, i	it is true, correct, and complete, Declaration	on of preparer (other than offi	cer) is bas	sed on all inf	ormation o	f which pr	eparer has	any knowledge
Si	gn		ance Allen	HARA					10	3/15/2011
	ere	Signat	ure of officer	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	-				Date	
		_	NCY ALLEN			PRESI	DENT			
		Туре о	r print name and title							
_		Preparer's	<u> </u>			Date		Check if		Preparer's identifying number
Pa		signature	MICHAEL E BOUCHER	R, CPA		03/1	5/11	self- employe	d▶	(see instructions) P00117749
	eparer's		BOUCHER M		G, P	C, CP		, •	EIN Þ	75 04 05 04 0
Us	se Only	Firm's name of self-emplo	e (or yours						Phone	
		address, an	2 11		1					254-965-7321
Ma	y the IRS d	iscuss this r	return with the preparer shown abov						-	X Yes No
Fo	Privacy A	ct and Pape	erwork Reduction Act Notice, see	the separate instruction	s.					Form 990 (2009)
	-									\sim

		• •	
4d Other program services (Des	cribe in Schedule O)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service exper	nses ▶ 741,596		
			Form 990 (2009)

Г	art 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,"		x	
•	complete Schedule A	2	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? 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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and 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			
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			4,5
_	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			1
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		x
10	complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or			-
10	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			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 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	x	lacksquare
12A	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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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	47		_v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009)

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	
Did the organization report more than \$5,000 of grants and other assistance to individuals in the			37
United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	<u> </u>
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			37
employees? If "Yes," complete Schedule J	23	\vdash	X
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 lines	l	l	v
24b through 24d and complete Schedule K If "No," go to line 25	24a	-	X
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
to defease any tax-exempt bonds?	24c		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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	l		v
990-EZ? If "Yes," complete Schedule L, Part I	25b		X
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			x
disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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?			x
If "Yes," complete Schedule L, Part III	27		
Was the organization a party to a business transaction with one of the following parties (see Schedule L,			4
Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		X
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
Schedule L, Part IV	28b		<u> </u>
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,	200		x
Part IV	28c 29		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
conservation contributions? If "Yes," complete Schedule M	30		
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		x
Part I	31		- 22
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
Schedule N, Part II	32		
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		-22
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	34		X
III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		-22
	35		X
Schedule R, Part V, line 2	35		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		х
organization? If "Yes," complete Schedule R, Part V, line 2	130		
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,	27		x
Part VI	37	\vdash	
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	х	
 19? Note. All Form 990 filers are required to complete Schedule O.		990	(2000)

Га	it v Statements Regarding Other IRS Filings and Tax Compliance				
4	Friedly and the second of the Conference of Transport Tr			Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4.			
	U.S. Information Returns Enter -0- if not applicable	1a	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reg gaming (gambling) winnings to prize winners?	ortable		i	х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ſ	10		
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		x
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)			'	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	i by			
-	this return?		3a	ļ —	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		X_
b	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Bank			I
	and Financial Accounts				1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding			
	Prohibited Tax Shelter Transaction?		5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е			
	organization solicit any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b	ļ	
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 g	oods	_	-	- '
	and services provided to the payor?		7a		<u> </u>
þ	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	s	1		
	required to file Form 8282?	1	7c		
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 p	ersonal	-		
	benefit contract?	-40	7e 7f	 	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict /	7 <u>1</u>	╁	\vdash
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<u>'9</u>	┼	\vdash
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as	7h		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		"	†	\vdash
U	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.			1	\vdash
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?		9b	1	_
10	Section 501(c)(7) organizations. Enter			1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			l '
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
'' 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		12a		Ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			For	m 990	(2009)

8,109				
_	990 (2009) TARLETON STATE UNIV FOUNDATION, INC 75-2331886			age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch			
	Schedule O. See instructions.			
<u>Sec</u>	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body		Yes	No
1a b	Enter the number of voting members of the governing body Enter the number of voting members that are independent 13 13	┪		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		,
-	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		 	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	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			
	the year by the following	- <u>:</u>	_=	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
	tion B. Policies (This Section B requests information about policies not required by the Internal renue Code.)			
110	ende Oode.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1		
	form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		L
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		L
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			'
а	The organization's CEO, Executive Director, or top management official	15a		<u>x</u>
b	Other officers or key employees of the organization	15b	├ ─	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		~	
	with a taxable entity during the year?	16a	 	<u> </u>
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	16h	1	ł
Sec	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
<u> 36 C</u> 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(c)(3)s only)			
. •	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 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			

BOX T-0950

TX 76402

STEPHENVILLE

organization: > ASHLEAH BAKER

Form 990 (2009) TARLETON STATE UNIV FOUNDATION, INC 75-2331886

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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	Posi	tion ((Chec	C) k all	that a	pply)	(D) Reportable 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
NANCY ALLEN	-									
PRESIDENT	8.00	X		X	_			0	0	0
JERRY D. DAVIS	0 00							ا		0
J. TAB THOMPSON	2.00	X		X				0	0	0
SECRETARY/TREASURER	2.00	x		x				ol	o	0
SCOTT ALLEN	2.00	^		<u> </u>						
SCOII ALLEN	2.00	x						o	o	0
MICHAEL BOUCHER	2.00	1		╁		+				
	2.00	x						l ol	o	0
LEE CLAY										<u> </u>
	2.00	X						0	0	0
LANA WELLS-COLLIE	R									
	2.00	X						0	0	0
A. DWAIN MAYFIELI							1			_
	2.00	X	<u> </u>	<u> </u>	_	<u> </u>	_	0	0	0
SAM MCGOWAN			1	ļ			ļ			•
TOTAL 10000	2.00	X	<u> </u>	<u> </u>	\vdash	1	<u> </u>	0	0	0
JOHN MOORE	2 00	x					İ	ol	0	0
ALISA TERRELL ST	2.00	<u> </u>	-	╁	\vdash	\vdash		<u> </u>		
ALISA TERRELL SIZ	2.00	x						o	o	0
DR. BARRY B. THOM	IPSON	^	-	╀			\vdash	<u> </u>		
Div. Bracki D. Inol	2.00	x	ŀ					l ol	o	0
DR. RUEBEN H. WAI		 		T		T	 			
	2.00	$ \mathbf{x} $				i		l ol	o	0
		 								
	<u> </u>				L_					
		1_		_						
					[
	ļ	╀	<u> </u>	<u> </u>	_					
	1	1	1		l			1		

Pa	rt VII	Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)	
	Name	(A) e and Title	(B) Average hours per	Posi	tion (chec	C) k all t	that a			(E) Reportable	(F) Estimated
			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
	_											
							ļ 					
							_					,
							_					
	_		ļ									
	_											
	_					_						
	_											
												
			-									
45	Tatal											
1b 2	Total Total num	ber of individuals (in	cluding but not l	ımıte	d to	thos	e lıs	ted a	bov	le) who received more than	\$100,000 in	
		compensation from								·	·	
3										yee, or highest compensat	ted	Yes No
4	For any in		e 1a, is the sum	of re	porta	able	com	pens	atıo	n and other compensation s," complete Schedule J fo		3 X
5	Individual Did any p	erson listed on line 1	a receive or acc	rue c	comp	ens	atıor	n fron	n an	y unrelated organization fo		4 X
Sec		endered to the organe ependent Contract		" cor	nple	te So	ched	lule J	for	such person		5 X
1	Complete		ve highest compo	ensa	ted i	ndep	end	ent c	ontr	ractors that received more	than \$100,000 of	
			(A) business address			_				Descrip	(B) tion of services	(C) Compensation
					_							
									_			
-							,					
									_			
	Total num	ber of independent	contractors (incli		but	not I	limite	ed to	the	se listed above) who receiv		
DAA		\$100,000 in compe		_								o Form 990 (2009)

Pa	<u>rt V</u>	III Stater	nent of Reve	nue						
	•						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(0, (0)								revenue		512, 513, or 514
in the	1a	Federated car		1a						,
g g	b	Membership d		1b						
a, ts	С	Fundraising ev		1c						
ŶĒ	ď	Related organ	ızatıons	1d						,
S, E	е	Government grants	(contributions)	1e						•
er s	f	All other contribution								·
들원		and similar amounts	not included above	_1f	1,	364,009				,
קק	g	Noncash contributio	ns included in lines 1a-	1f :	\$					'
O B	h	Total. Add line	es 1a-1f				1,364,009			
ane						Busn. Code				
Ş.	2a									
8	b									
ķ	С									
Ser	d									
E	е									
Program Service Revenue Contributions, gifts, grants	f	All other progr	am service reve	nue						
č	g	Total. Add line								
	3		come (including	divider	ds. intere	est, and				
		other similar a			,	· •	233,631		•	233,631
	4		nvestment of tax	-exem	pt bond p	roceeds >	<u> </u>			
ı	5	Royalties			p. 20 p	•				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents		960						(
ı	b	Less rental exps						ľ		
		Rental inc or (loss)		960					:	
	d	Net rental inco		300			960	960		
- 1		Gross amount from	(i) Securities			Other	300			
Ì		sales of assets		296		18,839				
	.	other than inventory		230	 	10,000				,
	b	Less cost or other	22	041						1
	_	basis & sales exps		745	-	18,839				'
	_	Gain or (loss) Net gain or (lo		, , 43	<u> </u>	10,055	12,094	-6,745		18,839
	d			₋₁₋			12,034	0,743		10,000
93	8a		om fundraising eve	nis)
Other Reven		(not including \$								
Re			reported on line 1c)			l.				
ē		See Part IV, line		a						
ŏ				b						· ·
			(loss) from fund		events	▶_				
	9a		om gaming activitie							!
		See Part IV, line		a						
		Less direct ex	•	þ						<u> </u>
			(loss) from gam	ing ac	tivities					
	10a		f inventory, less							
		returns and al		а		_				
		Less cost of	=	b			** * * * * * * * * * * * * * * * * * * *			
	С		(loss) from sale		ventory					
		Misc	ellaneous Revenue	<u> </u>	_	Busn. Code				
	11a	RECOVERY	FROM ADULT I	ROBA	TION	<u> </u>	1,384			1,384
	b					ļ				
	С									
	d	All other rever	nue							
	е	Total. Add line	es 11a-11d			•	1,384			
	12_	Total Revenu	e. See instructio	ns		<u> </u>	1,612,078	-5,785	0	253,854

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 a	re not required to comple	ete 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	- "-		3	o.po.looo
•	organizations in the U S See Part IV, line 21	741,596	741,596		
2	Grants and other assistance to individuals in	,41,550	741,330		
~	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				<u> </u>
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	40,250	· · · · · · · · · · · · · · · · · · ·	40,250	
8	Pension plan contributions (include section 401(k)	10,200		10,230	····
•	and section 403(b) employer contributions)				
9	Other employee benefits	2 021	-	2 024	
10	Payroll taxes	3,231		3,231	
11	Fees for services (non-employees)				
а	Management				
b	Legal	585		585	
C	Accounting	13,100		13,100	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			·	
f	Investment management fees	29,764		29,764	
g	Other	32,526		32,526	
12	Advertising and promotion			,	
13	Office expenses	3,505		3,505	
14	Information technology	0,000		5,555	
15	Royalties				
16	Occupancy	7,404		7,404	 .
		1,865	-	1,865	
17	Travel			1,000	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 065		1 0 6 5	_
19	Conferences, conventions, and meetings	1,065		1,065	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	545		545	
23	Insurance	2,425		2,425	
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)				
а	The state of the s				
b			+		
_	•				
C		-			
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	877,861	741,596	136,265	
26		Т	T		
	SOP 98-2. Complete this line only if the			1	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA			•		Form 990 (2009

		-		(A)		(B)			
Τ.				Beginning of year		End of year			
1	Cash—non-interest bearing			182,297	_1_	157,689			
2	Savings and temporary cash investments		ļ		2	384,681			
3	Pledges and grants receivable, net				3_	27.4			
4	Accounts receivable, net			255,274	4	254,135			
5	Receivables from current and former officers, directors,								
	employees, and highest compensated employees Com	plete Part II of							
	Schedule L			5					
6	Receivables from other disqualified persons (as defined								
	4958(f)(1)) and persons described in section 4958(c)(3)		-	minimum ar					
۱ ا	Part II of Schedule L		6						
7	Notes and loans receivable, net			7					
8	Inventories for sale or use				8				
9	Prepaid expenses and deferred charges	r 1			9				
10a	Land, buildings, and equipment cost or								
	other basis Complete Part VI of Schedule D	10a	88,779		_				
b	Less accumulated depreciation	10b	1,034	138,384 11,921,621	10c	87,745 13,061,807			
11	Investments—publicly traded securities	•							
12	Investments—other securities See Part IV, line 11		12						
13	Investments—program-related See Part IV, line 11		13						
14	Intangible assets		14						
15	Other assets See Part IV, line 11		1	15	1				
16	Total assets. Add lines 1 through 15 (must equal line 3	4)		12,497,577	16	13,946,058			
17	Accounts payable and accrued expenses	874	17	1,001					
18	Grants payable		18	*******					
19	Deferred revenue				19				
20	Tax-exempt bond liabilities		ľ		20				
1	Escrow or custodial account liability Complete Part IV of	of Schedule D	ļ		21				
22			ļ	•					
	employees, highest compensated employees, and disq	•			:				
21 22	persons Complete Part II of Schedule L	aaoa		= -	22				
23		d narties			23				
24	Unsecured notes and loans payable to unrelated third p	•	Ì		24				
25	Other liabilities Complete Part X of Schedule D	dilics	ł		25				
26	Total liabilities. Add lines 17 through 25		ŀ	874	26	1,001			
	Organizations that follow SFAS 117, check here ▶ 3	₹ and		0, 1		= / 002			
	complete lines 27 through 29, and lines 33 and 34.		ļ						
27 28 29 30 31 32 33	Unrestricted net assets			-976,946	27	1,236,011			
28	Temporarily restricted net assets								
20	•		ŀ	1,483,786 11,989,863		1,153,371 11,555,675			
29		> [**)	ŀ	11,909,005	29	11,333,073			
		ns that do not follow SFAS 117, check here ▶							
	and complete lines 30 through 34.								
30	Capital stock or trust principal, or current funds	}		30 31					
31		-in or capital surplus, or land, building, or equipment fund							
32	Retained earnings, endowment, accumulated income, o	or other funds	ļ	10 400 500	32	12 045 055			
33	Total net assets or fund balances		ļ	12,496,703		13,945,057			
34	Total liabilities and net assets/fund balances			12,497,577	34	13,946,058			

Form **990** (2009)

Form	990 (2009) TARLETON STATE UNIV FOUNDATION, INC 75-2331886		Pag	ge 12
_Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	\mathbf{X}_{-}	
b	Were the organization's financial statements audited by an independent accountant?	2b	X_{\perp}	
c	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	\mathbf{x}_{-}	
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	Ì		
	the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

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

Department of the Treasury Internal Revenue Service Name of the organization

TARLETON STATE UNIV FOUNDATION, INC

Employer identification number

75-2331886

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % 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 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 c Type III-Functionally integrated Type II Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that 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 following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii Provide the following information about the supported organization(s) (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the col (i) of your above or IRC section governing document? support? US? (see instructions)) No Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 TAR	LETON STA	TE UNIV E	OUNDATION	I, INC 75-	-2331886	Page 2
	rt II Support Schedule for O						
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
Sec	tion A. Public Support	·					
Ca	endar 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")	312,010	163,390	394,254	164,424	206,269	1,240,347
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	312,010	163,390	394,254	164,424	206,269	1,240,347
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)						100,361
6	Public support. Subtract line 5 from line 4						1,139,986
Sec	tion B. Total Support	•				-	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	312,010	163,390	394,254	164,424	206,269	1,240,347
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	503,977	373,053	329,638	294,323	245,723	1,746,714
9	Net income from unrelated business activities, whether or not the business is regularly carried on					384	384
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				3,762		3,762
11	Total support. Add lines 7 through 10	L					2,991,207
12	Gross receipts from related activities, etc	(see instructions)				12	960
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax year	r as a section 501(c)(3)	
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Si	upport Percent	tage				
14	Public support percentage for 2009 (line 6	, column (f) divided	by line 11, colum	n (f))		14	38.11%
15	Public support percentage from 2008 Scho	edule A, Part II, line	e 14			15	34.65%
16a	33 1/3 % support test—2009. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	3 1/3 % or more, o	check this box	
	and stop here. The organization qualifies	as a publicly suppo	rted organization				► X
b	33 1/3 % support test—2008. If the organ	ization did not ched	ck a box on line 13	or 16a, and line 1	5 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali	ifies as a publicly si	upported organiza	tion			> [
17a	10%-facts-and-circumstances test—200	9. If the organization	n did not check a	box on line 13, 16a	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumstai	nces" test, check t	his box and stop h	ere. Explain in Pai	rt IV how the	
	organization meets the "facts-and-circums	stances" test. The o	rganization qualifi	es as a publicly su	pported organization	on	•
b	10%-facts-and-circumstances test—200	8. If the organization	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check t	his box and stop h	ere. Explain in Pai	rt IV how the	

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

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 TARLETON STATE UNIV FOUNDATION, INC 75-2331886 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 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6)

Sec	tion B. Total Support					•	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	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						
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)						

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

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

Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

organization, check this box and stop here

Section C. Computation of Public Support Percentage

Schedule A (Form 990 or 990-EZ) 2009 TARLETON STATE UNIV FOUNDATION, INC 75-2331886

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.

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME

\$

3,762

าชี109 Tarleton State Univ Foundation, Inc

75-2331886

Federal Statements

FYE: 8/31/2010

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	 Excess
	\$ 160,185	\$ 100,361
TOTAL	\$ 160,185	\$ 100,361

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009

Name of the organization Employer identification number TARLETON STATE UNIV FOUNDATION, INC 75-2331886 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? "Partill" Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 TARLETON S	STATE UNIV F	OUNDATION,	<u>INC</u>	<u> 75-23</u>	31886		Page 2
Pa	rt III Organizations Maintaining	Collections of Art	, Historical Trea	sures,	or Other	Similar A	ssets (conti	nued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	eck any of the followi	ng that a	re a significa	ant use of its		
а	Public exhibition	d Loan	or exchange progran	ns				
b	Scholarly research	e Other						
c	Preservation for future generations	• <u> </u>				. – – –	_	
4	Provide a description of the organization's colle Part XIV	ections and explain how	they further the orga	nızatıon's	s exempt pu	irpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	receive donations of art,	historical treasures,	or other	sımılar			es No
Da	art IV Escrow and Custodial Arra					"Ves" to F		- Annah ang
	IV, line 9, or reported an am			-ation c	1113446160	163 (01	Om 330, 1 8	art
12	Is the organization an agent, trustee, custodian							
ıa	included on Form 990, Part X?	i or other intermediary in	or contributions or other	iei assei	S HOL			
_	*		4 - 6 1 -					es No
D	If "Yes," explain the arrangement in Part XIV a	na complete the following	ig table					
						 	Amoun	<u></u>
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f_		
	Did the organization include an amount on For	m 990, Part X, line 21?						es 🔲 No
	If "Yes," explain the arrangement in Part XIV							
<u> Pa</u>	rt V Endowment Funds. Comple	ete if organization a		to Forn	<u>n 990, Pa</u>	rt IV, line 1	<u>10.</u>	
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three year	s back (e) Fou	r years back
1a	Beginning of year balance	11,989,863	11,852,216					
b	Contributions	86,541	125,015					
С	Net investment earnings, gains,							
	and losses	11,949	19,250			}		
d	Grants or scholarships							
	Other expenditures for facilities							
-	and programs	532,678	6,618	İ				
f	Administrative expenses			-		·		
g g	End of year balance	11,555,675	11,989,863					
2	Provide the estimated percentage of the year e			ļ.				
	Board designated or quasi-endowment							
_	- 400 00.	%						
b								
					1 £ 4b			
Ja	Are there endowment funds not in the possess	ion or the organization t	nat are neid and adn	unistered	i for the			Voc No
	organization by						0-0	Yes No
	(i) unrelated organizations						3a(i)	
_	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations !	•					_ <u>3b</u> _	
4	Describe in Part XIV the intended uses of the c			0.5	V !! :			
Pa	rt VI Investments—Land, Buildir						т	
	Description of investment	(a) Cost or other basis	(b) Cost or oth		• •	cumulated	(d) Book	(value
		(investment)	basis (other		depr	eciation		
1a	Land	***	86	,400			<u> </u>	<u>86,400</u>
b	Buildings						<u> </u>	
C	Leasehold improvements							
d	Equipment		2	,379		1,034		1,345
е	Other						<u> </u>	
Tota	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, co	olumn (B), line 10(c))		<u> </u>		87,745

Schedule D (Form 990) 2009 TARLETON STATE UNIV FO	DUNDATION, INC	75-2331886	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	ue
Financial derivatives			
Closely-held equity interests			
Other			
 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	0. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(-,	(4) 20011 10100	Cost or end-of-year market value	ue
		· · · · · · · · · · · · · · · · · · ·	
vene Line .			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.		1 425	
(a) Description		(D) B	ook value
	, ,		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line 25) <u>.</u>		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
			
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	_		
rough recogning the musicipal following the Part A (followers)			

Sch <u>e</u>	dule D (Form 990) 2009 TARLETON STATE UNIV FOUNDATION,	INC 75-233188	6	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Aud	lited Financial Stater	nents	:
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,612,078
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	877,861
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	734,217
4	Net unrealized gains (losses) on investments		4	714,137
5	Donated services and use of facilities		5	·
6	Investment expenses	[6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	714,137
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	1,448,354
<u>P</u> a	rt XII : Reconciliation of Revenue per Audited Financial Statements \	With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	2,428,798
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		Í	
а	Net unrealized gains on investments 2a	714,137		
b	Donated services and use of facilities 2b		1	
C	Recoveries of prior year grants 2c			
ď	Other (Describe in Part XIV)	102,583		
e	Add lines 2a through 2d		2e	816,720
3	Subtract line 2e from line 1	_	3	1,612,078
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		Į	
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,612,078
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Retu	'n
1	Total expenses and losses per audited financial statements		1	980,444
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c		- 1	
d	Other (Describe in Part XIV)	102,583	~	
0	Add lines 2a through 2d		2е	102,583
3	Subtract line 2e from line 1	,	3	877,861
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	<u>877,861</u>
	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d!	and 4b. Also complete		
_	art to provide any additional information			
_P2	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT FU	<u>INDS</u>		
_P]	ERMANENT ENDOWMENT FUNDS HAVE BEEN CONTRIBUTED	BY_THE_DONOR	<u>s</u> <u>F</u>	OR PURPOSES_
_01	F INVESTMENT TO GENERATE TEMPORARILY RESTRICTE	D_AMOUNTS_AVA	ILA	BLE_FOR_USE_
_A	S SCHOLARSHIPS FOR TARLETON STATE UNIVERSITY S	TUDENTS. THE	PE	RMANENT
B	ALANCES ONLY ARE REPORTED AS ENDOWMENT FUNDS.	PORTION OF T	HE	INVESTMENT _
_ I]	NCOME EACH YEAR IS ADDED TO THE PERMANENTLY EN	DOWED_BALANCE	<u> </u>	IN 2008 THE
_ហ្	REALIZED LOSSES ON THE INVESTMENT PORTFOLIO	AUSED_THE_PER	MAN	ENTLY

Schedule D (Form 990) 2009 TARLETON STATE UNIV FOUNDATION, INC 75-2331886 Part XIV Supplemental Information (continued)	Page 5
_ENDOWED_BALANCES TO DECLINE BELOW THE ORIGINALLY CONTRIBUTED A	моинтя. тнія
DECLINE WAS RESTORED DURING YEAR ENDED 8-31-2010 AND RESULTED	IN_THE
SIGNIFICANT AMOUNT TERMED RELEASED BY DONOR IN CURRENT YEAR.	THE AMOUNTS
WERE NOT PHYSICALLY RELEASED BUT RECLASSIFIED AS UNRESTRICTED	WHEN THE
TEMPORARILY RESTRICTED BALANCES WERE RESTORED TO ORIGINAL HIST	CORIC
BALANCES.	
PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER	
_INTERFUND_ADMINISTRATIVE_FEES\$_	97,588
_MISC_INCOME_REPORTED_AS_REDUCTION_OF_EXPENSE\$_	4,995
_INTERFUND_ADMINISTRATIVE_FEES\$_	97_,588
_MISC_INCOME_REPORTED_AS_REDUCTION_OF_EXPENSE\$_	4_,995
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - C	THER
INTERFUND_ADMINISTRATIVE_FEES\$_	97,588
_MISC_INCOME_REPORTED_AS_REDUCTION_OF_EXPENSE\$_	4,995
PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS -	OTHER
_INTERFUND_ADMINISTRATIVE FEES	97,588
MISC INCOME REPORTED AS REDUCTION OF EXPENSE \$_	4,995

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047

ž

Name of the organization

X ×es Employer identification number 75-2331886 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ► Attach to Form 990. 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. INC TARLETON STATE UNIV FOUNDATION, General Information on Grants and Assistance Partil

swered "Yes" to lore than \$5,000. Use	(h) Purpose of grant or assistance	SCHOLARSHIPS STUDNTS	UNIVERSITY SUPPORT				A
ganization an int received m	(g) Description of non-cash assistance						
nplete if the or no one recipie	(f) Method of valuation (book, FMV, appraisal, other)						
nited States. Con Check this box if	(e) Amount of non-cash assistance						
id Organizations in the United States. Complete if the organization answered "Yes" to ceived more than \$5,000. Check this box if no one recipient received more than \$5,000 pace is needed	(d) Amount of cash grant (e) Amount of non-cash assistance	285,028	456,568				
d Organ seived m sace is r	(c) IRC section if applicable	ΔOΣ	GOV				
overnments an ecipient that recipient side () if additional si	(b) EIN	75-6001870	75-6001870				organizations
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 I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government	TARLETON STATE UNIV-SCHOLARSHIPS BOX T-0001 STEPHENVILLE TX 76402	TE UNIV-DEPT SUP AWRDS TX 76402				2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 TARLETON STATE UNIV FOUNDATION, INC 75–2331886

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

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

18109

						the state of the s
<u>a</u>	(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 pr	complete this part to p	provide the informati	on required in Part I,	rovide the information required in Part I, line 2, and any other additional information.	ional information.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspections

Name of the organization

TARLETON STATE UNIV FOUNDATION, INC

Employer identification number 75–2331886

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PRESENTED TO A COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE RETURN EACH YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE AT THE OFFICE OF THE FOUNDATION UPON REQUEST BY DONOR OR OTHER INTRESTED PARTIES.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

► See separate instructions.

(Including Information on Listed Property)

Attach to your tax return.

Name(s) shown on return Identifying number TARLETON STATE UNIV FOUNDATION, 75-2331886 INC Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 545 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recover (f) Method (business/investment use only-see instructions) (e) Convention (a) Classification of property placed in service (a) Depreciation deduction period 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property f 20-year property 25 yrs S/L 25-year property q Residential rental 27 5 yrs. ММ S/L property MM S/L 27 5 yrs Nonresidential real MM S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L MM S/L 40-year 40 yrs Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 545 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

	Taxable Interest on	Investments			
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired afte 6/30/75
ПОПАТ	\$ 91,017		14		
TOTAL	\$ 91,017				
	Taxable Dividends fr	om Securities			
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired afte 6/30/75
Везсприон	\$ 142,614	<u>Dusiness Code</u>	14	0000	
TOTAL	\$ 142,614				

Federal Statements

18109 Tarleton State Univ Foundation, Inc 75-2331886 FYE: 8/31/2010

(Non-employee)	
1 - Other Fees for Service (
Form 990, Part IX, Line 11g	

Fund Raising		0
'	ۍ ا	·
Management & General	25,148 2,351 2,351 903 916 1,000 2,148	32,526
Mar	v	w
Program Service		0
<u> </u>	ر م	w
Total Expenses	25,148 2,351 60 903 1,000 2,148	32, 526
ш	ν	တ
Description	BAD DEBTS - STUDENT LOANS BOARD MEETINGS BANK CHARGES PROPERTY MAINTENANCE AWARDS, PLAQUES, & FLOWERS FOUNDATION ENHANCEMENT MISCELLANEOUS	TOTAL