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-m 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

- Department of the Treasury Internal Revenue Service

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

Open to Public

Ā	For the	2010 cale	endar year, or tax year beginning September 1 , 2010, and ending	Aug	ust 31	, 20 11				
В	Check if	applicable	C Name of organization The TSTC Regents Circle		D Employ	yer identification number				
	Address	change	Doing Business As			75-2892470				
	Name c	_	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	one number				
	Initial re	_	3801 Campus Drive			254-867-4897				
一	Termina		City or town, state or country, and ZIP + 4							
一		ed return	Waco, TX 76705		G Gross r	receipts \$ 1,419,021				
H		tion pending	F Name and address of principal officer Peter Kultgen	LI/a) la flua		for affiliates? Yes No				
	Applical	lion pending	3801 Campus Drive, Waco, TX 76705			ncluded? Yes No				
_	T		✓ 501(c)(3)			I list (see instructions)				
<u> </u>	Tax-exempt status									
<u> </u>										
			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	n 2000	M State	of legal domicile TX				
F	art I	Summ								
	1	-	escribe the organization's mission or most significant activities: To compl							
ě			by providing financial support for new and ongoing projects and activities in t	he areas	of researc	ch, education				
[Z rnance		and com	munity service			***************************************				
¥Ë.						***************************************				
Activities \$200	2		his box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of i							
ಹ್ಜ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	19				
જે	4	Number	of independent voting members of the governing body (Part VI, line 1b) .		4	18				
ΞĘ	5	Total nur	mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	0				
<u>_</u>	6		mber of volunteers (estimate if necessary)		6	20				
	7a		related business revenue from Part VIII, column (C), line 12		7a	0				
\bigcirc	b		lated business taxable income from Form 990-T, line 34		7b	0				
Revenive NNED	 ~			Prior Ye		Current Year				
Z	8	Contribu	tions and grants (Part VIII, line 1h)		152,415	1,401,541				
, ž.	9		service revenue (Part VIII, line 2g)		0	1,101,011				
\ <u>\argintarrow</u>	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		21,243	17,480				
æ,	11		, , , , , , , , , , , , , , , , , , ,		21,243	17,460				
	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4 440 004				
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		173,658	1,419,021				
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		111,796	167,838				
	14		paid to or for members (Part IX, column (A), line 4)		0	0				
es	15		other compensation temployee benefits (Part IX, column (A), lines 5-10)		0	0				
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0				
Š	b	Total fun	draising expenses (Part IX, column?(D), line 25) ▶	kaad af	N. 133.4	建筑的 (25-44)。此一点				
ш	17	Other ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		47,986	55,361				
•	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		159,782	223,199				
	19	Revenue	penses. Add lines 13–17 (must equal Part IX, column (A), line 25) . eless expenses, Subtract line 48 from line 12		13,876	1,195,822				
- 0 g				jinning of C	urrent Year	End of Year				
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)		7,542,111	8,073,531				
t As	21	Total liab	oilities (Part X, line 26)		5,695,206	5,177,260				
\$5	22	Net asse	ts or fund balances. Subtract line 21 from line 20	•	1,846,905	2,896,271				
Part II Signature Block										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is										
tru	e, correc	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer ha	s any know	ledge					
			Level 10 (level)		3//:	2/12.				
Sig	an	Sign	nature of officer	Da	ate	y . Z				
He	_		President - CUPTIS CLEVELAND							
Type or print name and title										
Print/Type preparer's pame										
	Paid Check if									
	epare	#			self-em					
Us	se On	ly Firm's r			n's EIN ▶	74-2323205				
	ا - عالم در		address > P.O. Box 8256, Waco, TX 76714-8256	Pho	one no	254-776-3871				
IVI 2	ιy τηe II	no aiscus	s this return with the preparer shown above? (see instructions)	<u> </u>	· · ·	· 🗹 Yes 🗌 No				

2/

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To complement the State of Texas' support of the colleges by providing financial support of the colleges by providing financial
	support for new and ongoing projects and activities in the areas of research, education and community service.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 167,838 including grants of \$ 167,838) (Revenue \$ 0)
	Conducted successful fund raising through direct mail, solicited donors, and personal visits. Made awards to deserving students
	and faculty. Assisted in student recruitment and textbook purchases for remedial classes.
	See schedule I.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
70	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 167 838

Part l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N /	
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	<u>·</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	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	11b		1
C	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	11c		1
d	Did the organization report an amount for other assets 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	11d		✓
e f	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√ -
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Ь	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, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		√
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, Parts III and IV	16		√
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 (see instructions)	17		1
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		→
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		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			,
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b For	m 99 0	(2010)

orm 99	0 (2010)		F	Page 4
Part I	Checklist of Required Schedules (continued)	· · · · · ·		
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	Yes	No
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	✓	
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		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		/A /A
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	N	/A
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	W	√ √
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	√	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			_
38	Part VI	37		✓
	10. Note: / iii 1 offi 300 file is a required to complete scriedule O	38	✓	l

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 1b 0 b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c. Did the organization comply with backup withholding nulse for reportable payments to vendors and preparate the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1c / 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1c / 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1c / 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1c / 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1c / 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1c / 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 2c 2d 2d 2d 2d 2d 2d 2d		Officer if Schedule O Contains a response to any question in this Fart V	<u> </u>	• •	<u> </u>
reportable gaming (gambling) winnings to prize winners? 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 2 b I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country. I was the organization and party to a prohibited tax shelter transaction accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5 ao r5b, did the organization lite 1 two sor is a party to a prohibited tax shelter transaction? 7 If "Yes" to line 5 ao r5b, did the organization in that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes" did the organization shelt were not tax deductible? 9 Organization solicit any contributions that were not tax deductible? 10 Organizations that may receive deductible contributions under section 170(c). 20 If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 21 If "Yes," indicate the number of Forms 8282 filed during the year pay permiums on a personal benefit contract? 22 If "Yes," indicate the number of Forms 8282 filed during the year pay formation, have excess business holdings at a	10	Enter the number reported in Boy 2 of Form 1000 Enter 0 March and back a	2,884		No
reportable gaming (gambling) winnings to prize winners? 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 2 b I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country. I was the organization and party to a prohibited tax shelter transaction accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5 ao r5b, did the organization lite 1 two sor is a party to a prohibited tax shelter transaction? 7 If "Yes" to line 5 ao r5b, did the organization in that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes" did the organization shelt were not tax deductible? 9 Organization solicit any contributions that were not tax deductible? 10 Organizations that may receive deductible contributions under section 170(c). 20 If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 21 If "Yes," indicate the number of Forms 8282 filed during the year pay permiums on a personal benefit contract? 22 If "Yes," indicate the number of Forms 8282 filed during the year pay formation, have excess business holdings at a	_	· · · · · · · · · · · · · · · · · · ·	13		(1,1)
reportable gaming (gambling) winnings to prize winners? 2					
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Statements, field for the calendar year ending with or within the year covered by this return If all teast one is reported on line 2a, did the organization field leal required detered amployment tax returns? By the sum of lines 1 and 2 is greater than 250, you may be required to e-file, (see instructions) If the sum of lines 1 and 2 is greater than 250, you may be required to e-file, (see instructions) If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O If "Yes," enter the name of the foreign country: MA See instructions for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. Was the organization and you to prohibited tax shelter transaction? If "Yes" on ine Sao F50, id the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Organizations shaft may receive deductible contributions under section 170(c). If "Yes," did the organization include with every solicitation an express statement that such contributions and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided of the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided or the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided or the payor? If "Yes," did the organization receive a pyrament in excess of \$75 made party as a contribution and party for goods and services provided for the pa	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		.,	; ". <u>l</u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 more during the year? 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account in a foreign country (such as a bank account, or other financial account, or other financial accountry (such as a bank account, or other financial account, or other financial accountry (such as a bank account, or other financial accounts, or other financial accountry). 5 If "Yes," enter the name of the foreign country: ▶ NA 5 See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization aparty to a prohibited tax shelter transaction? 6 If "Yes," into line 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization static include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 If "Yes," idid the organization include with every solicitation and party for goods and services provided to the payor? 9 Organizations that may receive deductible contributions under section 170(c). 9 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 9 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property of which it was required to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, or a personal benefit contract? 9 If the organizat		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2		. , 3
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .		M	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority oxer. A financial account in a foreign country (such as a bank account, securities account, or other financial account). b If "Yes," enter the name of the foreign country: In It is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes," id the Sa or Si, did the organization file Form 8886-17? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive adeductible contributions under section 170(c). 6d If "Yes," did the organization include with every solicitation an express statement that such contributions and services provided to the payor? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d If It the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 filed during the year 7d If the organization sell and a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990 as required? 6d If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f If the organization received from the substitutions under section 4956? 8 Sponsoring organi	_			[
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the a					
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organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ital Ital N/A Ital N/A Ital N/A Ital Ital N/A Ital N/A Ital Ital N/A Ital Ital N/A Ital Ita	8				
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			+		الگئنگ ح
Initiation fees and capital contributions included on Part VIII, line 12					-
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	10			認為	:-(%)
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			- 200		$\mathfrak{g}^{\mathfrak{M}}$
a Gross income from members or shareholders		· · · · · · · · · · · · · · · · · · ·	، ، يَّوْ		
By Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a Note organization is licensed to issue qualified health plans 13a Note organization is licensed to issue qualified health plans 13b Note organization is licensed to issue qualified health plans 13b Note organization is licensed to issue qualified health plans 13c Note organization is licensed to issue qualified health plans 13c Note organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b Note organization in Schedule O 14b Note organization in Schedule O 14b Note organization in Schedule O			300	1.000 (C)	
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	•			:
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a	M	/A
the organization is licensed to issue qualified health plans	h		**, _	العلموا الدين المراد	1, 3
c Enter the amount of reserves on hand	IJ	the experiencial inclination of the second section of the second section is a second section of the secti	100	[40.43]	
Did the organization receive any payments for indoor tanning services during the tax year?	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		The state of the s	142		<u> </u>
	_			M	Á
· ····			_		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.			
Cooti	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	. 🗸
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	N	. 387	- 30
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 18	12° (. 33
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.1		
	any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	W 171	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,		/\delta
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	9		<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ue Co	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such	.02		<u> </u>
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b	N	A
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		4	ننٽ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	1	_
13	Does the organization have a written whistleblower policy?	13	<u> </u>	/
14	Does the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a	N	₹A
b	Other officers or key employees of the organization	15b	N	VA
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		10	
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>گ</u> ند مد	✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		्व । [::	* 3
	organization's exempt status with respect to such arrangements?	16b	N	Ka 🚟
Secti	on C. Disclosure			<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only	y) ava	ailable
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o and financial statements available to the public.	f inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<u> </u>	
	organization: ► Dr. Tara Odom, 3801 Campus Drive, Waco, TX 76705 (254-867-4897)	J. 1116		

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.
- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization nor (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)					ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	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
(1) Tara Odom Executive Director	40							0	0	0
(2) Peter Kultgen President	0	√			√			0	0	0
(3) Robert Porter Past President	0	✓			✓			0	0	0
(4) Richard Anderson Vice President	0	1			✓			0	0	0
(5) Rodney Kroll Secretary	0	1			✓			О	0	0
(6) Harold Rafuse Treasurer	0	1			✓			0	0	0
(7) Brian Green Director	0	√						0	0	0
(8) Tom Munson Director	0	>						0	0	0
(9) Virgil Moore Director	0	~						0	0	0
(10) Bill Johnson Director	0	~						0	0	0
(11) Terry Preuninger Director	0	✓						0	0	0
(12) Penny Forrest Director	0	√						0	0	0
(13) Ernest Roybal Director	0	√						0	0	0
(14) Manny Vela Director	0	1					-	0	O	0
(15) Keith Honey Director	0	✓						0	0	0
(16) Ron Widup Director	0	/						0	0	0

Name and title Average hours per week (describe hours for related organizations or ganizations organizations organizations) Average hours per week (describe hours for related organizations organiz	(F) commated count of other coensation om the inization related inizations
Nours per Nou	ount of other oensation om the contration irelated
Director	
Director (19) Curtis Cleveland 0	0
Director O	0
20) Charles Olson 0	0
Director	0
(23) (24) (25) (26) (27) (28) 1b Sub-total	0
(24) (25) (26) (27) (28) 1b Sub-total	
(25) (26) (27) (28) 1b Sub-total	
(26) (27) (28) 1b Sub-total	
(28) 1b Sub-total	
1b Sub-total	
1b Sub-total	
c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	0
 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	0
reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	0
employee on line 1a? If "Yes," complete Schedule J for such individual	
<u> </u>	Yes No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization.	f
(A) (B) (C) Name and business address Description of services Compens	
N/A	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0	

Part	. VIIII	Statement of Revenue				
			Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e			` .	
ontributiond other s	f g	All other contributions, gifts, grants, and similar amounts not included above 1f 1,401,541 Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f ▶	1,401,541	`		***
e		Business Code		<u>ي</u>		·
Program Service Revenue	2a b c d					
E	l e					
Progra	f	All other program service revenue . Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest,			[]	
		and other similar amounts)	28,826			28,826
	4	•	20,020			20,020
	4	Income from investment of tax-exempt bond proceeds				·
	5	Royalties				
		(i) Real (ii) Personal				~
	6a	Gross Rents 222,737	. g			
	Ь	Less: rental expenses 222,737			* *	
	l c	Rental income or (loss)				٠ //
	ď	NI-A newA-1 in service on (I)				
	_	Gross amount from sales of (i) Securities (ii) Other	4%			
	7a	assets other than inventory 1,128,680			*	
	b	Less: cost or other basis and sales expenses . 1,140,026		AN A		
	С	Gain or (loss) (11,346)		XXX		
	d	Net gain or (loss)	(11,346)			(11,346)
/enne	8a	Gross income from fundraising events (not including \$		33.4.2.		
Other Rever		of contributions reported on line 1c). See Part IV, line 18 a		* > .	* ** (*)	· Ý
Ħ	b	Less: direct expenses b		, , ,	,	ľ
•	С	Net income or (loss) from fundraising events . ▶		1 %		
		Gross income from gaming activities.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*	7 * 1	*
	ь	See Part IV, line 19 a Less: direct expenses b		,	, ,	,
	1	Net income or (loss) from gaming activities				····
	100		<u> </u>	_		
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a					
	Ь			<u> </u>		
	c		 			
	d	All other revenue	 			
	_		 			
	1 e	Total. Add lines 11a–11d		ļ		,
	12	Total revenue. See instructions ▶	1,419,021	l		17,480

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).

	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	60 555	CO 555		
0	Grants and other assistance to individuals in	69,555	69,555		
2	the U.S. See Part IV, line 22	98,283	98,283	, <u>, , , , , , , , , , , , , , , , , , </u>	, , ,
3	Grants and other assistance to governments,	50,203	30,203	42*	
J	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				, a.,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			Smills (I)	, , , ,
-	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	9,136		9,136	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		* as ' . ' }		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel		 		
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings .				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	· 14 24 ,	2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	A CONTRACTOR	144.7.
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				- "
	(A) amount, list line 24f expenses on Schedule O.)				
а	Public Relations	19,856			19,856
b	Fees & Other Charges	7,019		7,019	
С	Food Purchases	19,350			19,350
d					
е				_	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	223,199	167,838	16,155	39,206
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation	L	L	1	L

Part X Balance Sheet								
			(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing	0	1	0			
	2	Savings and temporary cash investments	659,543	2	1,101,107			
	3	Pledges and grants receivable, net	148,872	3	896,984			
	4	Accounts receivable, net	2,165	4	0			
	5	Receivables from current and former officers, directors, trustees, key	- 100 ·	n ye bir				
	_	employees, and highest compensated employees. Complete Part II of	***					
		Schedule L	0	5	0			
	6	Receivables from other disqualified persons (as defined under section	,		s ****** ·			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			South Marie			
		employers and sponsoring organizations of section 501(c)(9) voluntary						
S.		employees' beneficiary organizations (see instructions)	0	6	0			
Assets	7	Notes and loans receivable, net	5,694,353	7	5,177,141			
As	8	Inventories for sale or use	0	8	0			
	9	Prepaid expenses and deferred charges	0	9	0			
	10a	Land, buildings, and equipment: cost or						
		other basis. Complete Part VI of Schedule D 10a 0						
	b	Less: accumulated depreciation 10b 0	.0	10c	0			
	11	Investments—publicly traded securities	0	<u> </u>	898,299			
	12	Investments—other securities. See Part IV, line 11	1,037,178		0			
	13	Investments—program-related. See Part IV, line 11	0		0			
	14	Intangible assets	0	<u> </u>	0			
	15	Other assets. See Part IV, line 11	0		0			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,542,111		8,073,531			
	17	Accounts payable and accrued expenses	9,050	-	7,532			
	18	Grants payable	0		0			
	19	Deferred revenue	0	 ''	0			
	20	Tax-exempt bond liabilities	0		0			
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0			
Ħ	22	Payables to current and former officers, directors, trustees, key						
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0					
_		·	5.686.156	↓ .==	5,169,728			
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	3,080,130		3,103,720			
	24 25	Other liabilities. Complete Part X of Schedule D	0	+	0			
	26	Total liabilities. Add lines 17 through 25	5,695,206		5,177,260			
		Organizations that follow SFAS 117, check here ▶ ✓ and complete	W. V. 24	4, "	155 7 St. 1 V W. 1891			
es	,	lines 27 through 29, and lines 33 and 34.			1			
ä	27	Unrestricted net assets	927,090	27	1,928,880			
33	28	Temporarily restricted net assets	139,846	28	258,861			
<u>Б</u>	29	Permanently restricted net assets	779,969	29	708,530			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and		25				
		complete lines 30 through 34.			, ,			
ţ	30	Capital stock or trust principal, or current funds	0	30	0			
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0	+	0			
ţ	32	Retained earnings, endowment, accumulated income, or other funds .	0		0			
Ž	33	Total net assets or fund balances	1,846,905	-	2,896,271			
_	34	Total liabilities and net assets/fund balances	7,542,111	34	8,073,531			

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1,419,021
2	Total expenses (must equal Part IX, column (A), line 25)	223,199
3	Revenue less expenses. Subtract line 2 from line 1	1,195,822
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	1,846,905
5	Other changes in net assets or fund balances (explain in Schedule O)	(146,456)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	2,896,271
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	🗀
		Yes No
1	Accounting method used to prepare the Form 990: 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 ✓
b	Were the organization's financial statements audited by an independent accountant?	2b ✓
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 🗸
	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 separate basis, consolidated 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 ✓
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 A/A
		Form 990 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

75-2892470

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

4947(a)(1) nonexempt charitable trust.

Open to Public

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

Inspection

Department of the Treasury Internal Revenue Service

The TSTC Regents Circle

Employer identification number

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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting . . . \square Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (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). (i) Name of supported (n) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of (vi) Is the in col (i) listed in your the organization in organization (described on lines 1-9) organization in col support col (i) of your support? (i) organized in the governing document? above or IRC section (see instructions)) Yes No No Yes (A) (B) (C) (D) (E)

18

Part	(Complete only if you checked th	ne box on line	5, 7, or 8 of 1	Part I or if the	organization	failed to qua	
	Part III. If the organization fails to	qualify unde	r the tests list	ted below, ple	ease comple	te Part III.)	
	on A. Public Support	()			1.0.000		
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	216,480	353,670	266,642	187,853	653,430	1,678,075
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	216,480	353,670	266,642	187,853	653,430	1,678,075
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.				3,300		1,678,075
Secti	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	216,480	353,670	266,642	187,853	653,430	1,678,075
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	228,012	235,918	225,582	206,474	251,563	1,147,549
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	A . A		🗞			2,825,624
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	_
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	<u></u>		🕨 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line					14	59.39 %
15 16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organic			 on line 13 and		15 0r more, ch	50.45 %
100	box and stop here. The organization qua						
b	33¹/3% support test—2009. If the organ	•	•	•			<u> </u>
	check this box and stop here. The organ						. ► _
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	010. If the orga	nization did no and-circumstar	ot check a box nces" test, che	on line 13, 16 ck this box an	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members of the organization members of the organization.	tion meets the	"facts-and-cir	rcumstances"	test, check th	is box and sto	op here.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	_		• • • •	
(Complete only if you	checked the box on li	ine 9 of Part I or If	the organization faile	d to qualify under Part II.
If the organization fail	s to qualify under the	tests listed below.	please complete Par	t II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
=	The value of services or facilities		-				
5	furnished by a governmental unit to the		Ì				
	organization without charge		ļ				
6	Total. Add lines 1 through 5				-		
	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			Ì			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		i	E galage of a			
Secti	on B. Total Support	1	, ,	The restriction	<u> </u>	L	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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		-				
_	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.)		<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for the	_			-		
<u> </u>	organization, check this box and stop he					· · · · ·	· · • 💆
Secti 15	on C. Computation of Public Suppo Public support percentage for 2010 (line			13 column (f)		15	
16	Public support percentage for 2010 (fine Public support percentage from 2009 Sc					16	<u>%</u> %
	on D. Computation of Investment In			• •		10	70
17	Investment income percentage for 2010			y line 13. colui	mn (f))	17	%
18	Investment income percentage from 200	•	• •	-		18	%
19a	331/3% support tests-2010. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2009. If the organization						33½%, and
	line 18 is not more than 331/3%, check this		=	-		•	_
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

chedule A (F	Form 990 or 990-EZ) 2010	Page 4
Part IV	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. Also complete this part for any additional information. (See instructions).	
		
····		
		
• •		
••••		
		·
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Employer identification number

 75-2	89247	0	
 	_		

The T	STC Regents Circle		75-2892470
Par	Organizations Maintaining Donor Advised Funds or Other Simi organization answered "Yes" to Form 990, Part IV, line 6.	lar Funds or	Accounts. Complete if the
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		···
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ecote hold in	donor advised
•	funds are the organization's property, subject to the organization's exclusive leg		
•			
6	Did the organization inform all grantees, donors, and donor advisors in writing		
	only for charitable purposes and not for the benefit of the donor or donor advice conferring impermissible private benefit?		
Dor			
	Conservation Easements. Complete if the organization answered		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that ap		
	Preservation of land for public use (e.g., recreation or education)		• •
		vation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation co	intribution in tr	ne form of a conservation
	easement on the last day of the tax year.		Tariba.
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in (a	•	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished	d, or terminate	d by the organization during the
	tax year ►		
4	Number of states where property subject to conservation easement is located ▶		·
5	Does the organization have a written policy regarding the periodic monitor		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cons	ervation easen	nents during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	ion easements	during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the require		ion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its		
	balance sheet, and include, if applicable, the text of the footnote to the organiza	tion's financial	statements that describes the
	organization's accounting for conservation easements.		·
Par	Organizations Maintaining Collections of Art, Historical Treasu		r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep		
	works of art, historical treasures, or other similar assets held for public exhibitions are in a provided in Part VIV. the text of the Control of the Contro		
	public service, provide, in Part XIV, the text of the footnote to its financial statem		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to repo		
	works of art, historical treasures, or other similar assets held for public exhibitions and the first state of the same and the same are stated as the same are same are same as the same are same are same are same are same as the same are same	oition, education	on, 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		▶ \$
2	If the organization received or held works of art, historical treasures, or other	r similar asset	ts for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to	these items:	
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990. Part X		b ¢

Part	III Organizations Maintaining	Collections of	Art, His	stori	cal Treasures	, or O	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	ords,	check any of the	ne follov	wing that are a s	significant use of its
а	☐ Public exhibition		d		Loan or excha	inge pro	ograms	
b	Scholarly research		е		Other			
С	☐ Preservation for future generatio							
4	Provide a description of the organizat	tion's collections	and exp	lain h	ow they further	the org	ganization's exer	npt purpose in Part
_	XIV.							
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra line 9, or reported an amount					answe	red "Yes" to Fo	orm 990, Part IV,
	Is the organization an agent, trustee,					tions o	r ather seeds n	
1a	included on Form 990, Part X?	, custodian or oth	ner mieri	media	ary for contribu	tions of	rother assets n	
b	If "Yes," explain the arrangement in Pa							☐ Yes ☐ No
U	ii res, explain the arrangement in ra	art Arv and comp	iete tile i	Ollow	ing table.		Δ	mount
С	Beginning balance					10		
d	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance							
2a	Did the organization include an amoun							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa		•					
Par	Endowment Funds. Comple	ete if the organi	zation a	nswe	ered "Yes" to	Form 9	90, Part IV, line	1 0.
		(a) Current year	(b) P	nor yea	ar (c) Two yea	ırs back	1	
1a	Beginning of year balance						4、劉袞() - 4	
b	Contributions	· · · · · · · · · · · · · · · · · · ·				_		K 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Net investment earnings, gains, and		1					
	losses						* *	
d	Grants or scholarships					_	}	a. 17. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
е	Other expenditures for facilities and						\$100 to 100 to 1	
	programs							
f	Administrative expenses End of year balance							
g 2	Provide the estimated percentage of t	he year and halar	l 200 bold			- ·	<u> </u>	
a	Board designated or quasi-endowmer			as.				
b	Permanent endowment ▶	%	/0					
c	Term endowment ▶ %							
3a	Are there endowment funds not in the		he organ	izatio	on that are held	and ad	lministered for th	ne
	organization by:	•	ŭ					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Forr	n 990, F	Part >	K, line 10.			
	Description of investment	(a) Cost or o (investm		(b)	Cost or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land					9 0, "	7. J	
b	Buildings							
C	Leasehold improvements							
d	Equipment	·						
Total	Other		200 5	<u> </u>	7 (5)	24 : :		
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	190, Part	X, cc	olumn (B), line 1	0(c).)	•	

Part VII	Investments - Other Securities.	See Form 990, Part X,	line 12.		
(Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of vast or end-of-year	
(1) Financia	Il derivatives				
(2) Closely-	held equity interests	-			
(3) Other					
(A)					
(B)					
(C)		···			
(D)					
(E) (F)					
(G)					
<u>``</u> (H)					
(I)			1		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12.) ▶		** **	<>\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Part VIII	Investments - Program Related	J. See Form 990, Part X	(, line 13.		
	(a) Description of investment type	(b) Book value		(c) Method of v st or end-of-year	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					· · · · · · · · · · · · · · · · · · ·
(8)					
<u>(9)</u> (10)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	Immune y e mer	- N. 00 000 00 X 10	
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)		 			
(9)					
(10)	umn (b) must equal Form 990, Part X, c	ol (R) line 15)		•	
Part X	Other Liabilities. See Form 990,			· · · · · ·	<u> </u>
1.	(a) Description of liability	(b) Amount		-025 · · · · · · · · · · · · · · · · · · ·	**************************************
(1) Federa	I income taxes				,
(2)			72 💰 💮	No.	
(3)				12 (7,	
(4)					
(5)				<u> </u>	**************************************
(6)				*,	
(7)				, ;	
(8)			1 4		*
(9)			J	ĄŽ	* **
(10)				·: 22. ··	
(11)	A) must small form 000 Part V and 1971 and 1971		4		
otal. (Column	(b) must equal Form 990, Part X, col (B) line 25.)	the tax of the feet = 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	**	/ 6::	» ′

Part		mer	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,419,021
2	Total expenses (Form 990, Part IX, column (A), line 25)	_2	$\overline{}$	223,199
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_3	; <u> </u>	1,195,822
4	Net unrealized gains (losses) on investments	4		38,544
5	Donated services and use of facilities	5	 -	0
6	Investment expenses	6		0
7	Prior period adjustments	7	$-\!\!\!\!\!-$	0
8	Other (Describe in Part XIV.)	8		(185,000)
9	Total adjustments (net). Add lines 4 through 8	9		(146,456)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		1,049,366
_	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	$\overline{}$	
1	Total revenue, gains, and other support per audited financial statements		1	1,680,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments			
b	Donated services and use of facilities	0		
C	Recoveries of prior year grants	0	Š.	
d	Other (Describe in Part XIV.)		ana wada	
е	Add lines 2a through 2d	· -	2e	261,281
3	Subtract line 2e from line 1	• -	3	1,419,021
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
b	Other (Describe in Part XIV.)	0	America.	_
C	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	5 Botu	1,419,021
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	-	
1	Total expenses and losses per audited financial statements	٠ ٢	1	630,936
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
a	Donated services and use of facilities		(3)	
b	Prior year adjustments	0		
C	Other losses		775	
d		/3/		407 727
e	Add lines 2a through 2d	. ⊦	2e	407,737
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. -	<u>-</u>	223, 133
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
a b	Other (Describe in Part XIV.)	-		
_	Add lines 4a and 4b	- ⊢	4c	0
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. F	5	223,199
Part		<u>. </u>		223,133
Comp Part V any ac	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also of Iditional information. I - Line 8 - refund of contribution	omp		is part to provide
. ait 7				
Part X	II - Line 2d - rental income		222,73	37
Part X	III - Line 2d - rental expenses		222,73	37
	- refund of contributions		185,00	00
	Total		407,73	37
		·		·

Schedule D (For	m 990) 2010 .	Page 5
Part XIV	Supplemental Information	(continued)
·		
		······································
		······································

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Part II

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

°N □ (h) Purpose of grant or assistance 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. Part II Employer identification number educate students √ Yes 75-2892470 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to train and Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Misc. Equipment (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 42.800 FMV (e) Amount of non-cash assistance ▶ Attach to Form 990. 5.344 (d) Amount of cash grant can be duplicated if additional space is needed. (c) IRC section the selection criteria used to award the grants or assistance? ıf applicable General Information on Grants and Assistance 74-1646989 (b) EIN (1) Texas State Technical College 3801 Campus Drive, Waco, TX 1 (a) Name and address of organization The TSTC Regents Circle or government Name of the organization

Schedule I (Form 990) (2010) 0 . Cat. No. 50055P Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations (Z 8

Schedule I (Fo	Schedule I (Form 990) (2010)					Page 2
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. Part III can be duplicated if additional space is needed.	viduals in the U space is needed	Inited States. Com	plete if the organiza	ition answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Studen	1 Student scholarships and awards	82	95,284	0	0 N/A	N/A
7						
4						•
5						•
9						
7						
Part IV The TSTC	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The TSTC Regents Circle honors donor wishes for the type of students in considering the availability and awarding of scholarships. Most scholarships are based on need and/or merit	this part to pro	wide the information	required in Part I, I, Ity and awarding of sch	provide the information required in Part I, line 2, and any other additional information. In considering the availability and awarding of scholarships. Most scholarships are based on need	ultional information. ps are based on need and/or merit
and the rec	and the recipients are selected by a TSTC component. The TSTC Regents Circle purchases and donates equipment to the Texas State Technical College, when informed by written request	ne TSTC Regents C	ircle purchases and do	onates equipment to the	e Texas State Technical Coll	ege, when informed by written request
by the coll	by the college's Board of Directors, as to what equipment is necessary for the training and education of students. Cash assistance was made to Texas State Technical College to award	is necessary for th	ne training and education	on of students. Cash a	ssistance was made to Texa	s State Technical College to award
staff and fa	staff and faculty and to provide for continuing education and training to	and training to staf	f and faculty. Staff and	faculty are chosen for	assistance and recognition	staff and faculty. Staff and faculty are chosen for assistance and recognition by Texas State Technical College and
not the TS	not the TSTC Regents Circle.					

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The TSTC Regents Circle

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

75-2892470

Part VI, Section C, Line 19 - The organization's governing documents, conflict of interest policy, and financial statements are available				
to the public upon request by contacting: Dr. Tara Odom, 3801 Campus Drive, Waco, TX 76705 (254)-867-4897				
Part VI, Section A, Line 7a - The Texas State Technical College chancellor's designee has the power to appoint one board member. The				
president of Texas State Technical College has been appointed to serve on the board of directors.				
Part VI, Section B, Line 12c - The organization reminds board members of the conflict of interest policy and have them review it, and				
acknowledge that review, on an annual basis.				
Part XI, Line 5 -				
refund of contributions (185,000)				
unrealized gain on securities 38,544				
total (146,456)				
Part VI, Section B, Line 11b - The organization's executive director reviews the Form 990 before signature.				
·				

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

The TSTC Regents Circle

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

► See separate instructions.

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OMB No. 1545-0047

Employer identification number

75-2892470

Part I	Identification of Disregarded Entities (Complete	e if the organization answered "Yes" to Form 990, Part IV, line 33.)	answered "Yes"	to Form 990, Pa	rt IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	ntions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had ring the tax year.)	he organization a	nswered "Yes" t	o Form 990, Pa	ırt IV, line 34 becz	ause it had
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling (3)) entity	Section 512 controll entity
							Yes
(1) Texas 5 3801 Campu	(1) Texas State Technical College 3801 Campus drive, Waco, TX 76705 EIN 74-1646989	public higher ed				N/A	>
(2)		institution					
(3)							
(4)							
(5)							
(9)		:					
(£)							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	6	Cat. N	Cat. No. 50135Y		Schedule	Schedule R (Form 990) 2010

Schedule R (Form 990) 2010

(k) Percentage Percentage ownership ownership Ξ Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (i) General or managing partner? ŝ (g) Share of end-of-year assets Yes (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total income (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) assets (f) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) Primary activity (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign (a)
Name, address, and EIN of related organization (b) Primary activity Ξ related organization (a) Name, address, and Part III Part IV ন ල 9 9 ල 9 Ξ ₹ € E 2 9 E Ξ

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2010 Part V Transactio

) 2010	orm 990	Schedule R (Form 990) 2010	Sche		
	nent	requirement	;		(5)
	rvice	debt service	222,737		Texas State Technical College (4)
!		party			(3)
	e third	debt due third	5,169,728	P	Texas State Technical College (2)
	onary	48,144 discretionary	48,144	p	Texas State Technical College (1)
guiui pe	Method of determining amount involved	Methoc	Amount involved	Transaction type (a−r)	Name of other organization
S	(d)	Isacilon	c relationships and training (c)	ne, including covered (b)	If the answer to any of the above is 1 test, see the instructions for information on who must complete this line, including covered relationships and transaction timesholds. (a) (d) (d)
<u> </u>	+	-			Other transfer of cash or property from other organization(s)
>	19				q Other transfer of cash or property to other organization(s)
>	1р				p Reimbursement paid by other organization for expenses
>	10				o Reimbursement paid to other organization for expenses
> N.	1n	·			n Sharing of paid employees
>	1m	<u>.</u>			m Sharing of facilities, equipment, mailing lists, or other assets
>	1	Ľ.			l Performance of services or membership or fundraising solicitations by other organization(s)
>	<u> </u>	<u> </u>			
X >					i Lease of facilities, equipment, or other assets from other organization(s)
•	1i 🗸				i Lease of facilities, equipment, or other assets to other organization(s)
>	1h				
*	1g				g Purchase of assets from other organization(s)
>	11				f Sale of assets to other organization(s)
		<u>]</u>	•	•	
>	3 9				
	\ 2 2 2		•	•	
>	. 2		•	•	
•	4 t			•	b Giff grant or capital contribution to other organization(s)
Ţ,			d in Parts II-IV?	d organizations liste	During the tax year, did the organization engage in any of the for
ο N	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

٠,

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

Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (h) General or managing partner? of Schedule K-1 (Form 1065) amount in box 20 (g) Code V—UBI (f)
Disproportionate
allocations? å Yes (e)
Share of
end-of-year
assets (d)
Are all partners section 501(c)(3) organizations? Yes No (c)
Legal domicile
(state or foreign country) (b) Primary activity (a) Name, address, and EIN of entity Ξ 2 ପ୍ର € 3 9 E 8 6 4 (12) 3 (10) (15) (16)

Schedule R (Form 990) 2010

	Form 990) 2010	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	-
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