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## SCANNED NOV 0 4 2016

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/torm990.

A For the 2013 calendar year, or tax year beginning SEP 1, 2013 and ending AUG 31, 2

Open to Public Inspection

_					
В	Check if applicab	E Name of organization		D Employer identif	fication number
Г	Addre	TSTC FOUNDATION			
F	Name chang	D. D. J.		1 75-2	2892470
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
Ē	Termi	· ·			-867-3940
F	Amen	ded Cia	L	G Gross receipts \$	1,383,519.
F	Appli			H(a) Is this a group	
_	pendi			for subordinate	
		3801 CAMPUS DRIVE, WACO, TX 76705		H(b) Are all subordinates	
ī	Tax-ex	empt status: X 501(c)(3)	or 527	1	a list. (see instructions)
		te: > WWW.TSTC.EDU/DONORS/FOUNDATION	<u> </u>	H(c) Group exemption	•
		organization: X Corporation	L Year		M State of legal domicile: TX
	art I	Summary	<del></del>		
	1	Briefly describe the organization's mission or most significant activities: TO C	OMPLEM	ENT THE STA	TE OF
Activities & Governance		TEXAS' SUPPORT OF THE COLLEGES BY PROVID	ING FI	NANCIAL SUP	PPORT FOR
Ĕ	2	Check this box > I If the organization discontinued its operations or dispo	sed of more	than 25% of its net a	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	9
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)	٠٠٠ ناست	4	8
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Σ	6	Total number of volunteers (estimate if necessary)	<u>Q</u> ∥	6	20
Act	7 a	Total unrelated business revenue from Part VIII, column (C), Iñe-12			<del></del>
	Ь	Net unrelated business taxable income from Form 990, T, line 34			0.
		S OCT S & CO.		Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		595,263.	586,972.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	0.	0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		105,246.	
			·	66,167.	
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	766,676.	764,523.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· · · ·	835,108. 0.	562,471.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	182	Professional fundraising fees (Part IX, column (A), line 11e)	·· · · ·	0.	0.
ped	l lua	Total fundraising expenses (Part IX, column (D), line 25)   61, 9	62	<u></u>	V .
Ä	17			74,068.	126,411.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		909,176.	688,882.
	1	Revenue less expenses. Subtract line 18 from line 12		<142,500.	
5,6		Actional roots expenses against the remaining 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		8,674,409.	17,463,602.
ASS	21	Total liabilities (Part X, line 26)	" "	4,975,386.	13,553,205.
<b>SE</b>	22	Net assets or fund balances. Subtract line 21 from line 20		3,699,023.	3,910,397.
	art #	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of exeparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	
		- All h		10117	2016
Sig	ın	Signature of princer	_	Date	
He	re	JEFF KILGORE, CHIEF EXECUTIVE DIRECTOR  Type or print name and title	R		
-			$\overline{}$	ata · Tay - T	
D - 1		Print/Type preparer's name  Preparer's storage   Pr	1 1	ate Check [	PTIN
Pai		ANTHONY WOMMACK COMPANY P. C.	~	4/10/13 sett-employs	
	parer	Firm's name COKER, WOMMACK & COMPANY, P.C.	<del></del>	/ Firm's EIN	74-2323205
USE	Only	Firm's address P.O. BOX 8256 WACO, TX 76714-8256		DL	A 776 2071
<u></u>				Phone no.45	4-776-3871
Ma	y the II	IS discuss this return with the preparer shown above? (see instructions)	<u></u>	······································	X Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	my990 (2013) TSTC FOUNDATION 75-2	2892470	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. $\Box$
1	Briefly describe the organization's mission:		
	TO COMPLEMENT THE STATE OF TEXAS' SUPPORT OF THE COLLEGES BY	PROVID	ING
	FINANCIAL SUPPORT FOR NEW AND ONGOING PROJECTS AND ACTIVITIE	ES IN TH	E
	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?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to		
	revenue, if any, for each program service reported.	nai expenses, i	2110
4a	500 117 500 471		
	CONDUCTED SUCCESSFUL FUND RAISING THROUGH DIRECT MAIL, SOLIC	ידיידים כי	
	DONORS, AND PERSONAL VISITS. MADE AWARDS TO DESERVING STUDEN		
	FACULTY. ASSISTED IN STUDENT RECRUITMENT AND TEXTBOOK PURCHA		<del></del>
	REMEDIAL CLASSES.	SES FUR	
	REMEDIAL CLASSES.		
			·
		<del></del>	
	•		
4b	(Code) (Expenses \$ Including grants of \$) (Revenue \$)		)
		<del></del> -	
			<del></del>
		<del>-</del> ·	
		<del></del> _	
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
			<del>-</del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 582,117.		
			_

## Form 990 (2013) TSTC FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	140
•	16 BVC - B - a - modele Cohe dut - 6	1	X	ſ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<b>-</b>	1	<del> </del>
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•		4		х
E	during the tax year? If "Yes," complete Schedule C, Part II	-	<u> </u>	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-3-		
6	•			х
7	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,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b> -		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
•	Schedule D, Part III	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.	:		
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		İ	
u	Part VI	11a	$\mathbf{x}$	
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		Х
С	The state of the s		_	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	111	i	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
ь	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Ţ		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	-	ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		<u>X</u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
		Form 5	വവന ഗ	M131

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		]	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ŀ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		X
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 25a	24a		X
b	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 to defease	}		
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	L
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		ľ	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		l	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			۱
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<sub>v</sub>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		Α
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
~~	Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	Х	
25-	Part V, line 1	35a		Х
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
<b>J</b> U	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
	The state of the s	للتنسب		

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Form **990** (2013)

Forti	990 (2013) TSTC FOUNDATION 75-2892	2470	) [	Page :
F1111111	rt V Statements Regarding Other IRS Filings and Tax Compliance			ugo
	Check if Schedule O contains a response or note to any line in this Part V			_
		·	Yes	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	1	165	No
_				1
b	and the transfer of the transf	4		ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	†
_	(gambling) winnings to prize winners?	1c	X	<del> </del>
2a		,		
	filed for the calendar year ending with or within the year covered by this return 2a	4		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ŀ		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u>L</u> .	X
ь	If "Yes," enter the name of the foreign country:		1	Ī
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ł	1	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	]	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	6a	1	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<del>"</del>		
•	were not tax deductible?	6ь	ł	
7	Organizations that may receive deductible contributions under section 170(c).		······	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7.		Х
a	· · · · · · · · · · · · · · · · · · ·	7a	<del> </del>	<u> </u>
•	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		l .
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		*******
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		***************************************
9	Sponsoring organizations maintaining donor advised funds.			
а	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?	9ь		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		`	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			<i>'</i>
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		: 1	,
ь	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 filling Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	. [	
	Is the organization licensed to issue qualified health plans in more than one state?	12-		<u>-</u>
а	· · ·	13a	·····	<del></del>
١.	Note. See the instructions for additional information the organization must report on Schedule O.	• ]		٠, ٩
D	Enter the amount of reserves the organization is required to maintain by the states in which the	٠. ]	_^ [	J# 4
	organization is licensed to issue qualified health plans	1		), ×
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI	• •		<u> </u>		X						
<u>Sec</u>	tion 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	9	```								
	If there are material differences in voting rights among members of the governing body, or if the governing					ŀ						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			[ .;								
b												
2												
	officer, director, trustee, or key employee?											
3												
•	of officers, directors, or trustees, or key employees to a management company or other person?											
A	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5												
6	Did the organization have members or stockholders?		•	<u>5</u>		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					-21						
70	more members of the governing body?	ippoint one of		7a		X						
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	 stockholder e		- / 0								
b		Stockholders, o	j.	7b		X						
	persons other than the governing body?	ar by the follows				<u></u>						
8	•	al by the followin	y.		х	•						
a	The governing body?  Each committee with authority to act on behalf of the governing body?		• • •	8a 8b	X							
Þ			·	OD								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	- 1	Х						
800	tion B. Policies (This Section B requests information about policies not required by the Internal F			9								
<u> </u>	tion b. Policies (This Section B requests information about policies not required by the Internal P	ieveriue Code.)			Yes	NI-						
102	Did the organization have local chapters, branches, or affiliates?		[	10a	162	No X						
	If "Yes," did the organization have written policies and procedures governing the activities of such of	 ·hantere affiliate		iva								
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	mapters, armatt	, ,	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	 dv before filina t	he form?	11a		X						
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay octors thing t	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х							
ь.	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	$\frac{1}{X}$							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		.									
•	in Schedule O how this was done			12c	х							
13	Did the organization have a written whistleblower policy?		· · · ·	13		X						
14	Did the organization have a written document retention and destruction policy?		Ì	14		$\frac{1}{X}$						
15	Did the process for determining compensation of the following persons include a review and approv		ent .	··········								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		··· [	· ) . ]	- 1							
а	The organization's CEO, Executive Director, or top management official		ſ	15a	<b>1</b>	X						
ь	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).	•••••		7		********						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		< ∄	Ŧ							
	taxable entity during the year?		Ī	16a	1	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ion :	1								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			. 1	ŧ	•						
	exempt status with respect to such arrangements?			16ь	- 1							
Sec	tion C. Disclosure		<del></del>									
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-	F (Section 501(c	)(3)s only) av	ailabl	 B							
	for public inspection. Indicate how you made these available. Check all that apply.		, , . , , , w.		•							
		in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	•		financ	ial							
-	statements available to the public during the tax year.		,= = <b>.</b> , , <b>,</b>									
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of th	e organizatio	on: 🕨								
_	THE ORGANIZATION - 254-867-3940											
_	3801 CAMPUS DRIVE, WACO, TX 76705											

	<b>)</b>		
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COLL	1330		

#### TSTC FOUNDATION

75-2892470

Page 7

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### 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 (A)	(B)			(0	2)			(D)	(E)	(F)
Name and Title	Average	(40	not c	Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per	box.	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	a a a	irecto	r/ous	(ee)	from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90	₽ 2			致		(W-2/1099-MISC)	(VV-2/1099-IVIISO)	organization
	organizations	Individual trustee	Institutional trustee		8	Highest compensated employee		(17 12 1000 111100)		and related
	below	E P	ફ		Көу етріоуее	2 8 C	15			organizations
	ine)	횰	<u>F</u>	Officer	Ş	E E	Гот			
(1) VIRGIL MOORE	0.00									
PRESIDENT		X		X				0.	0.	0.
(2) CURTIS CLEVELAND	0.00									
TREASURER		X		Х				0.	0.	0.
(3) HAROLD RAFUSE	0.00					1	ł			
VICE PRESIDENT		X		X				0.	0.	0.
(4) RENE CAPISTRAN	0.00									
VICE PRESIDENT		X		Х		<u> </u>		0.	0.	0.
(5) FRANK ESPINOZA	0.00									
SECRETARY		X	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
(6) JESSICA TONEY	0.00								_	_
DIRECTOR		X		<u> </u>		_	_	0.	0.	0.
(7) GREG DODDS	0.00	Į				Ì		_	_	
DIRECTOR		X		<u> </u>	_	<u> </u>		0.	0.	0.
(8) BRIAN GREEN	0.00									
DIRECTOR		X	ļ	ļ	<u> </u>	_	<u> </u>	0.	0.	0.
(9) JEFF KILGORE	40.00		ł							•
CHIEF EXECUTIVE DIRECTOR		<u> </u>	<u> </u>	_	ļ	<u> </u>		0.	0.	0.
		1	1							
		<del> </del>	-		<b> </b>	<u> </u>	⊢			
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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2013)

d All other revenue .. ..... ... ...

Total. Add lines 11a-11d

Total revenue. See instructions.

0. 108,752.

764,523.

68,799.

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Do not include amounts reported on lines 6b, Total expenses Management and 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and 272,064. 272,064 organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in 290,407. 290,407 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees ........... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes ...... 10 Fees for services (non-employees): Management ..... 10,347. 10,347. Accounting Lobbying ... Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology Royalties .. . . .... 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates ...... 21 22 Depreciation, depletion, and amortization ... 23 Insurance Other expenses Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 43,817. 19,646 FOOD PURCHASES 4,975 19,196. PUBLIC RELATIONS 42,766. 42,766. FEES & OTHER CHARGES 29,481. 29,481 d All other expenses 688,882. 582,117. 44,803. 61,962. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	1,594,836.		1,590,257.
	3	Pledges and grants receivable, net	81,682.	3	90,660.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	,	1	
		trustees, key employees, and highest compensated employees. Complete		1	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		1	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			· .
য়		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	4,077,185.	7	3,480,225.
Ř	8	Inventories for sale or use		8	•
	9	Prepaid expenses and deferred charges		9	
	10a	manifer and a design and a desi		<u> </u>	
		basis. Complete Part VI of Schedule D 10a 10,854,241.			
l	Ь	Less: accumulated depreciation	1,399,812.	10c	10,634,989.
	11	Investments · publicly traded securities	1,520,894.	11	1,667,471.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,674,409.	16	17,463,602.
	17	Accounts payable and accrued expenses	11,563.	17	447,436.
	18	Grants payable		18	
	19	Deferred revenue		19	
į	20	Tax-exempt bond liabilities		20	
l	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	4,963,823.	23	13,105,769.
[	24	Unsecured notes and loans payable to unrelated third parties		24	
ı	25	Other liabilities (Including federal income tax, payables to related third			
i		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,975,386.	26	13,553,205.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
8		complete lines 27 through 29, and lines 33 and 34.			
au		Unrestricted net assets	1,667,206.	27	1,779,155.
Ba	28	Temporanly restricted net assets	680,228.	28	771,458.
2	29	Permanently restricted net assets	1,351,589.	29	1,359,784.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			•
SO		and complete lines 30 through 34.	(X :		the state of the
set		Capital stock or trust principal, or current funds		30	
<b>₹</b>		Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>ا</u> چ		Retained earnings, endowment, accumulated income, or other funds		32	
		Total net assets or fund balances	3,699,023.	33	3,910,397.
	34	Total liabilities and net assets/fund balances	8,674,409.	34	17,463,602.

om	990 (2013) TSTC FOUNDATION	75-289	2470	Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23.
2	Total expenses (must equal Part IX, column (A), line 25)	2			82.
3	Revenue less expenses. Subtract line 2 from line 1	3			41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,699		
5	Net unrealized gains (losses) on investments	5	135	7	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,910	),3	97.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		<del>-</del>		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 Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	••	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			ŀ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ	ııred audıt			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3ь		<u> </u>

Form **990** (2013)

#### SCHEDULE A

Department of the Treasury

(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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

Open to Public Inspection

			TSTC FO	UNDATION						7	5-2892	470	
Part	1	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The or	gani	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1 [		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	)(ь)(1)(А)(і	).				
2		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з [		A hospital or	a cooperative hosp	tal service organization (	described	in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>s</b> e	ection 170	(b)(1)(A)(i	ii). Enter	the hospital	's name,	
_		city, and stat											
5 🖸	<u>K</u> ]	-	on operated for the (b)(1)(A)(iv). (Compl	benefit of a college or unete Part II.)	niversity o	wned or op	perated by	y a govern	mental uni	t descrit	oed in		
6 L		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7		•	•	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	ribed in	
_	_		<b>b)(1)(A)(vi).</b> (Comple										
8 <u>L</u>	_	-		section 170(b)(1)(A)(vi).									
9 L		-	•	erves: (1) more than 33									
			•	nctions - subject to certa									
		Income and I	ınrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	ınızatıon	after June 3	0, 1975.	
_			<b>509(a)(2).</b> (Complete	•									
10 닏				perated exclusively to te								_	
11 L		-		perated exclusively for the									
				ations described in secti				2). See <b>se</b>	ction 509(	a)(3). Ch	eck the box	that	
			· · · · · · · · · · · · · · · · · · ·	organization and compl					. — T	- III - <b>N</b> I-	- <b>6</b> 1	h	
	$\neg$	a ∐ Type I		at the organization is not	ype III - Fu						n-functional		tea
e∟													
			<del>-</del>	than one or more publicly						5(a)(1) UI	Section 308	(a)(Z).	
f		_		tten determination from t	แเษ เกอ แล	atitisa ty	pe i, type	ii, oi iyp	<b>5</b> 111			Г	_
~			rganization, check ti	organization accepted ar	nv aift or c	 ontribution	n from anv	of the foll	owing per	sons?	-	_	
9				firectly controls, either a							1.	Yes N	lo
				upported organization?					() (	,	11g(i)	100 11	<u></u>
		-		n described in (i) above?						•	11g(ii)		
			•	person described in (i)						•	11g(iii)		
h				about the supported or				•••	•••	••	(*** <b>B</b> (***/	L	
••				от	<b></b>	(-)-							
	ame of supported organization		(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(Iv) Is the organization in col. (I) listed in your organization governing document? (I) of your si			tion in col	(vi) is organizatio (i) organiz U S	on in col ed in the	(vil) Amount sup	of moneta	ıry
				(see Instructions))	Yes	No	Yes	No	Yes	No			
							· · · · · · · · · · · · · · · · · · ·						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	187,853.	653,430.	2,337,995.	635,741.	577,994.	4,393,013.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			<del> </del>			
3	The value of services or facilities					}	
	furnished by a governmental unit to					]	
	the organization without charge						<u> </u>
4	Total. Add lines 1 through 3	187,853.	653,430.	2,337,995.	635,741.	577,994.	4,393,013.
5	The portion of total contributions			, ·	`		
	by each person (other than a	`		Ţ.			
	governmental unit or publicly		· ·	• • • • • • • • • • • • • • • • • • •	`		
	supported organization) included			·	. •	,	
	on line 1 that exceeds 2% of the		`	. •	. , .	. *	
	amount shown on line 11,				, i		
	column (f)		` `			<u> </u>	
	Public support. Subtract line 5 from line 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	: :				4,393,013.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	187,853.	653,430.	2,337,995.	635,741.	577,994.	4,393,013.
8	Gross income from interest,						
	dividends, payments received on	}					
	securities loans, rents, royalties						
	and income from similar sources	206,474.	251,563.	392,306.	452,183.	524,712.	1,827,238.
9	Net income from unrelated business						
	activities, whether or not the		·				
	business is regularly carried on						- <del></del>
10	Other income. Do not include gain					'	
	or loss from the sale of capital	[					
	assets (Explain in Part IV.)			<del></del>			
	Total support. Add lines 7 through 10					1	6,220,251.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for				ex year as a section	n 501(c)(3)	
<u></u>	organization, check this box and stop			<del></del>	· ····· ···· ···· · · · · · · · · · ·	<u> </u>	
	ction C. Computation of Publ				<del></del> -		70 62
	Public support percentage for 2013 (	• • •	•	*		14	70.62 %
	Public support percentage from 2012					15	%
162	33 1/3% support test - 2013. If the	_			14 IS 33 1/3% OF IT	nore, check this box	
	stop here. The organization qualifies		_				▶ 🗓
b	33 1/3% support test - 2012. If the	•			line 15 is 33 1/3%	or more, check thi	s box
47.	and stop here. The organization qual		• •				
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						zation
	meets the "facts-and-circumstances"	•	•	• • • •	•		
10	10% -facts-and-circumstances tes						U70 UI
	more, and if the organization meets the						▶[□
10	organization meets the "facts-and-circ Private foundation. If the organization		-				
18	rivate iounidation. If the organization	ni dio not check a	OUX OII IIIIE 13, 10	a, 100, 17a, 01 170		dule A (Form 990	
					Scrie		01 000-EE/ 2013

## Schedule A (Form 990 or 990-EZ) 2013 TSTC FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			<del></del>			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	<b>!</b>					
	membership fees received. (Do not	  -	ļ				
	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 bus-		•				
	iness under section 513				ļ		ļ
4	Tax revenues levied for the organ-				•	1	
	ızation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			<u> </u>			
	furnished by a governmental unit to				]		
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			-			
	3 received from disqualified persons				1		<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			<del> </del>			<del>                                     </del>
_	Add lines 7a and 7b		1				
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	I	<u>.L.,</u>	<u> </u>	<u> </u>	.1
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		(a) 2009	(0) 2010	(6) 2011	(4) 2012	(6) 2010	(i) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			<u> </u>	J		
	Add lines 10a and 10b  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						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
14			's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
-	check this box and stop here						<u></u> ▶
Sec	ction C. Computation of Publ						
15	Public support percentage for 2013 (			column (f))		15	%
16						16	%
	ction D. Computation of Inve		_			-1-:::T 1	
						17	%
17	Investment income percentage from					18	<u> </u>
18	33 1/3% support tests - 2013. If the						
198	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, cho						
<u>20</u>	Private foundation. If the organization	on ala not check a	DOX ON line 14, 19	ga, or 190, Check 1			

Schedule A	(Form 990 or 990-EZ) 2013 TSTC FOUNDATION	75-2892470 Page 4
Part IV	Supplemental Information. 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).	
		<del></del>
		<del> </del>

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TSTC FOUNDATION

**Employer identification number** 75-2892470

Pat	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	<u>.                                    </u>	· · · · · · · · Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	rically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		p
			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 st		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	l 1
	listed in the National Register .		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
•	violations, and enforcement of the conservation easements		
7	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) abo		
8			
9	and section 170(h)(4)(B)(ii)?		
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ation 3 interioral statements that 46361563 th	o organization s accounting to
Pa	rt III Organizations Maintaining Collections of	of Art. Historical Treasures, or Oth	ner Similar Assets.
تتستنا	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	•	•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS:		·         •
а			<b>&gt; \$</b>
	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche	dule D (Form 990) 2013 TSTC FO	UNDATION					75	-289	2470	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, o	r Othe				
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	are a sig	nificant use	of its co	llection	items
	(check all that apply):									
а	Public exhibition	d	ו 🗀 ע	oan or exc	hange progra	ıms				
b	Scholarly research	e	. 🗆 o	ther					_	_
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how the	y further t	he organizatio	on's exen	npt purpose i	n Part X	311.	
5	During the year, did the organization solicit o	r receive donations	of art, hist	orical trea	sures, or othe	er simılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	zation's c	ollection?	··· · ·			Yes	☐ No
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the c	organizatio	on answered "	Yes" to F	orm 990, Pa	rt IV, line	9, or	
1a	Is the organization an agent, trustee, custodi	ian or other Intermed	diary for co	ontribution	ns or other as:	sets not i	ncluded			
	on Form 990, Part X?	· · · · · · · · · · · · · · · · · · ·							Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:						
								А	mount	
c	Beginning balance						1c			
d	Additions during the year					•	1d			
e	Distributions during the year						. 1e			
f	Ending balance						_1f			
	Did the organization include an amount on Fe							لــــا ،	Yes	No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Par	t V Endowment Funds. Complete	f the organization ar								
		(a) Current year	(b) Pri	or year	(c) Two year	s back (	d) Three years	back (	e) Four y	ears back
1a	Beginning of year balance	·	ļ		<del> </del>					
b	Contributions				ļ		<del></del>			
C	Net investment earnings, gains, and losses				ļ					
đ	Grants or scholarships				ļ					<del></del>
e	Other expenditures for facilities		•					- 1		
	and programs		ļ		<u> </u>					
f	Administrative expenses		ļ		ļ					
9	End of year balance		<u>i</u>		J					<del></del>
2	Provide the estimated percentage of the cur			column (	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should be should									
3a	Are there endowment funds not in the posse	ession of the organiz	cation that	are held a	and administer	red for th	e organizatio	n	<u></u>	<del>-  </del>
	by:									es No
	(i) unrelated organizations							}	3a(i)	
_	(ii) related organizations		• • • • • • • • • • • • • • • • • • • •					• • • }	3a(ii)	<del>-  </del> -
_	If "Yes" to 3a(ii), are the related organizations	•						ا	36	
4 FVS:::	Describe in Part XIII the intended uses of the		owment tu	nas.						
Pett	Land, Buildings, and Equipm		. Dani ()/ (	ina 11a C	See Farm 000		10			
	Complete if the organization answere							1	9 D l -	
	Description of property	(a) Cost or o	1	• •	t or other (other)		cumulated reciation	(0	i) Book v	value
	l and	Dasis (investi	e.ny		7,093.	uep	CUALIUII	-	07	003
	Land	.			7,148.	<del></del> ວ	19,252	10		,093. ,896.
	Buildings			10,13	,,,170.		17,232	10	, , , , ,	, 090.
	Leasehold improvements						<del></del>	+		
	Equipment	-					<del></del>	+		
_	Other	· L	Y colum	(R) line	10(c))		<u> </u>	10	634	.989.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

C	complete if the organization answered "Yes"	to Form 990, Part IV	/, line 11b. See Form 990	), Part X, line 12.	
	n of security or category (including name of security)	(b) Book value		valuation: Cost or end	l-of-year market value
	Jerivatives				
	ld equity interests				
N 045					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					<del></del>
(H)				· · · · · · · · · · · · · · · · · · ·	
	must equal Form 990, Part X, col. (B) line 12.)				
	nvestments - Program Related.			· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "Yes"	to Form 000 Part IV	/ line 11c See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	l-of-vear market value
(4)	(L) Decembration of the control of	(.,,	•		
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)				<del></del>	
(6)					
(7)					
(8)				<del></del>	<del></del>
(9)	must equal Form 990, Part X, col (B) line 13)				
	Other Assets.  Complete if the organization answered "Yes"  (a)	to Form 990, Part IV Description	/, line 11d. See Form 990	), Part X, line 15.	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Fart X (	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities.		<u></u>		
	Complete if the organization answered "Yes"	to Form 990, Part IV		rm 990, Part X, line 25.	
1	(a) Description of liability		(b) Book value	_  ·	·.
(1) Feder	al income taxes				• • •
(2)					•
(3)		<del></del>	ļ	_‡	:
(4)				<b>.</b>	• ,
(5)		·			
				_  `	31. 1 / A
(6)				<b>_</b> 1. ^	
(6)					
(6) (7)					
(6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line	e 25.) <b>&gt;</b>			

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

OMB No 1545-004/	2013	Open to Public.

Employer identification number 75-2892470 Inspection X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection Information about Schedule | (Form 990) and its instructions is at www.irs.gov/form990. Part i General Information on Grants and Assistance TSTC FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

criteria used to award the grants or assistance?	istance?		 finads in the United	. States.	:	:	A Yes No	<u>o</u>
Part # 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	Governments and	d Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	ional space is need	J9G.	(f) Method of		At Dissess of error	
1 (a) Name and address of organization or government	Nii (9)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance	, 
TEXAS STATE TECHNICAL COLLEGE								
3801 CAMPUS DRIVE			0	7	194	RQUIPMENT FOR	TO TRAIN AND EDUCATE SETTINGENTS	
17 (C) 18								l
								1
								l
								•
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	I rganizations listed in th	Te line 1 table			_   :		
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					<b>A</b>	5
LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.	e, see the instruct	tions for Form 880.					Schedule I (Form 990) (2013)	ر ان

(f) Description of non-cash assistance 75-2892470 ₹\Z K/N (e) Method of valuation (book, FMV, appraisal, other) 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. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. MOST SCHOLARSHIPS ARE BASED ON NEED AND/OR MERIT AND THE RECIPIENTS ARE THE TSTC FOUNDATION PURCHASES AND DONATES SCHOLARSHIPS. 0.N/A 0.N/A (d) Amount of non-cash assistance P IN CONSIDERING THE AVAILABLITY AND AWARDING OF TSTC FOUNDATION HONORS DONORS WISHES FOR THE TYPE 11,195. 279,212 (c) Amount of cash grant 547 32 (b) Number of recipients TSTC FOUNDATION TSTC COMPONENT. (a) Type of grant or assistance STUDENT SCHOLARSHIPS AND AWARDS Schedule I (Form 990) (2013) Ø TSTC EMPLOYEE AWARDS SELECTED BY STUDENTS Partiv Part THE

٨ Page 2

> FOR CONTINUING EDUCATION AND TRAINING TO STAFF AND FACULTY
> 27 WAS MADE TO TEXAS STATE TECHNICAL COLLEGE STAFF AND FACULTY AND TO PROVIDE

332102 10-29-13

NECESSARY FOR THE TRAINING AND EDUCATION OF STUDENTS. CASH ASSISTANCE

THE COLLEGE'S BOARD OF DIRECTORS, AS

THE TEXAS STATE

5 F

EQUIPMENT

REQUEST BY

TECHNICAL COLLEGE WHEN INFORMED BY WRITTEN

TO WHAT EQUIPMENT IS

Schedule I (Form 990) (2013)

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

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

2013
Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** 75-2892470 TSTC FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NEW AND ONGOING PROJECTS AND ACTIVITIES IN THE AREAS OF RESEARCH, EDUCATION AND COMMUNITY SERVICE. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE SIGNATURE. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REMINDS BOARD MEMBERS OF THE CONFLICT OF INTEREST POLICY AND HAS THEM REVIEW IT, AND ACKNOWLEDGE THAT REVIEW, ON AN ANNUAL BASIS. FORM 990, 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.

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 890, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

See separate instructions.

2013	

OMB No 1545-0047

Employer identification number 75-2892470 Open to Public inspection

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Part : Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

TSTC FOUNDATION

Name of the organization Department of the Treasury internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
中東其前 Identification of Related Tax-Exempt Organizations Complete if organizations during the tax year.	t <b>ions</b> Complete if the organization ar	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	rt IV, line 34 becaus	e it had one or more re	lated tax-exempt

(9)		entity?	Yes			×
	Direc	entity				N/A
(e)	Public charity	status (if section	501(c)(3))			
9	Exempt Code	section				
(0)	Legal domicile (state or	foreign country)	,			TEXAS
<b>(</b> a)	Primary activity				PUBLIC HIGHER EDUCATION	INSTITUTION
(8)	Name, address, and EIN	of related organization		TEXAS STATE TECHNICAL COLLEGE - 74-1646989	3801 CAMPUS DRIVE	WACO, TX 76705

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

75-2892470

Page 2

Schedule R (Form 990) 2013 TSTC FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(q)	(၁)	(p)	(e)	ε	(8)	Ê	8	9	B
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, occluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI	General or managing partner?	General or Percentage managing ownership
		foreign country)		sections 512-514)		dasadis	Yes No	K-1 (Form 1065)	Yes No	
	<b>-</b>									
	T-	_								
		-		_					_	
	1									
									<del></del>	
	•									
	·									
Part ty identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	rganizations Taxable sorporation or trust durin	is a Corporting the tax	oration or Trust Co year.	mplete if the organizati	on answered "Yes	on Form 990, Pa	art IV, line 34	because it had or	16 or mo	re related

(e)	(q)	(0)	(Q)	(e)	(1)	1	ε	<u>e</u>
Name, address, and EIN of related organization	Primary activity	Legal domicate (state or foreign country)	Direct controlling Type of entity S entity (C corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
	.,							
								<u>.</u>
	<b>_</b>							
332162 09-12-13		31				Sche	Schedule R (Form 990) 2013	990) 2013

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			1.1.7.0	Yes No
1 Dunng the tax year, did the organization engage in any of the following transactions with one of indre-related organizations issed in 1 a.v				Ta X
		:	:	1b X
	•			1c X
				X bt
		•		1e X
f Dividends from related organization(s)		:		¥ X
a Sale of assets to related organization(s)				19 X
		:		Th X
		:		1; X
related organi		•		1; X
k Lease of facilities, equipment, or other assets from related organization(s)		:		1k X
	ization(s)			x:
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. (s) u	:		-X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			:	10 X
				>
p Reimbursement paid to related organization(s) for expenses		:		×
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				-
r Other transfer of cash or property to related organization(s)				-t-
Other transfer of cash or property from related organization(s)			:	1s X
If the answer to any of the above is "Yes," see the instructions for inform	o must complete the	its line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1) TEXAS STATE TECHNICAL COLLEGE	В	272,064.	DISCRETIONARY	
(2) TEXAS STATE TECHNICAL COLLEGE	D	13,105,769.	DEBT DUE THIRD PARTY	
(3) TEXAS STATE TECHNICAL COLLEGE	Н	455,763.	DEBT SERVICE REQUIREMENT	<b>5</b> .4
(4)				
(5)				
(9)				
332163 09-12-13	32		Schedule R	Schedule R (Form 990) 2013

神成様 Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) (b) (c) (d)	) (a)	9	(p)	(4)	(6)	ε	6	5	8
Name, address, and EIN of entity	Primary activity	mictle	Predominant income partners sec. (related, unrelated, 60(c)(3)	<u>ه</u> ـ	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage fortal amount in box 20 managing ownership allocations? of changing K-1 partner?	Seneral or managing partner?	Percentage ownership
		country)	under section 512-514) Yes	No income	assets	Yes No	(Form 1065)	Yes	
			-						
								+	
								_	
					!				
								_	
								_	
								_	
								+	
				_					
								<del></del>	
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Schedule R (Form 990) 2013

Scingular Hypermental Information Provide additional information for responses to questions on Schedule R (see Instructions).	Schedule R	(Form 990) 2013 TSTC	FOUNDATION	/5-28924/0 Page 5
Provide additional information for responses to questions on Schedule R (see instructions).	Part VII	Supplemental Information		
	<u></u>	Provide additional information for re	enonces to questions on Schedule B (see instructions)	
		1 TOTICE Additional Information for re	sponses to questions on ochequie in (see instructions).	
	<del></del>			
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		<del></del>		
			<del> </del>	