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EXTENDED TO JULY 15, 2016

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

	A F	or the	e 2014 calendar year, or tax year beginning $$ SEP 1 , $$ 2014 $$ and e	ending A	<u>UG 31, 20</u>	15	
		heck if pplicabl	C Name of organization		D Employer ide	ntificati	on number
		Addre	STC FOUNDATION				
		Name			75	-289	2470
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber	
		Final	3801 CAMBIE DETUE		25	4-86	7-3940
		termin			G Gross receipts \$		3,310,240.
	Γ.	Amen			H(a) Is this a gro	up returi	
	\vdash	Applic			for subordir	-	Yes X No
		pendi	3801 CAMPUS DRIVE, WACO, TX 76705		H(b) Are all subordin		
	1 T	ax-ex	empt status: X 501(c)(3) 501(c) ()	r 527	1 ` `		(see instructions)
			te: WWW.TSTC.EDU/DONORS/FOUNDATION		H(c) Group exen		
			organization: X Corporation Trust Association Other ▶	L Year			ate of legal domicile: TX
1		ırt I	Summary	1		0111101	
			Briefly describe the organization's mission or most significant activities: TO CC	MPLEM	ENT THE S	TATE	OF
	Governance		TEXAS' SUPPORT OF THE COLLEGES BY PROVIDI				
	nar		Check this box I if the organization discontinued its operations or dispose				
	ver	_	Number of voting members of the governing body (Part VI, line 1a)	00 01 111010	man 2070 or no i	3	9
			Number of independent voting members of the governing body (Part VI, line 1b)			4	8
	ళ		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	0
	itie	_	Total number of volunteers (estimate if necessary)			6	20
S	Activities		Total unrelated business revenue from Part VIII, column (C), line 12	. ~ 0	2016	7a	0.
2016	Ă	1	Net unrelated business taxable income from Form 990-T, line 34	J(11. ")	10-1	7b	0.
er.			Tet uniciated business taxable mount from 500 1, into 54		Prior Year	110	Current Year
1 =4'		8	Contributions and grants (Part VIII, line 1h)	•	586 <u>,</u> 97	2.	1,994,168.
\subseteq	Jue		Program service revenue (Part VIII, line 2g)			0.	0.
SCANNED AUG	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		108,75	$\overline{}$	89,398.
	æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,79		<55,536·
μŢ			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		764,52		2,028,030.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		562,47		429,421.
		1	Benefits paid to or for members (Part IX, column (A), line 4)		302, 1	0.	0.
	, n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
98	se	ļ.	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
	Expenses		Total fundraising expenses (Part IX, column (D), line 25)) 8 . T		- 	
	Μ̈		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	/ •	126,41	1.	252,672.
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		688,88		682,093.
			Revenue less expenses Subtract line 18 from line 12		75,64		1,345,937.
	es oc		Tovertue toes experiess easiliast line to trent line to	Re	ginning of Current Y		End of Year
	sets or salances	20	Total assets (Part X, line 16)	"	17,463,60		22,470,667.
	t Ass Id Ba	21	Total liabilities (Part X, line 26)		13,553,20		17,392,320.
;	Ege Lege		Net assets or fund balances Subtract line 21 from line 20		3,910,39		5,078,347.
		rt II	Signature Block			- * 	<u> </u>
,	Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best	of my kn	owledge and belief, it is
		•	et, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	•	
	-	-			A	1	
	Sigr	1	Signature of officer	1, 1,	Date	ali	1 201/
	Her		■ BETH WOOTEN, EXECUTIVE DIRECTOR THE	11 RT		-//\	41/1/16
			Type or print name and title	V		- ' '	100
			Print/Type preparer's name Preparer's signafure		Date Che	ck	PTIN
	Paid		ANTHONY WOMMACK	$\mathcal{A}\mathcal{A}$	7/14/16 self-	employed	P00115852
	Prep	arer	Firm's name COKER, WOMMACK & COMPANY, P.C.		Firm's Elf		4-2323205
		Only	Firm's address P.O. BOX 8256				* = • •
			WACO, TX 76714-8256		Phone no	.254-	776-3871
	May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Ves No

	990 (2014) TSTC FOUNDATION		75-2892470 Page 2
Par	rt III Statement of Program Service Acco	omplishments	
	Check if Schedule O contains a response or no	te to any line in this Part III	
1	Briefly describe the organization's mission:	•	
•		TEXAS' SUPPORT OF THE COLLEC	GES BY PROVIDING
		AND ONGOING PROJECTS AND ACT	
		ON AND COMMUNITY SERVICE.	212220 201 200
	AREAS OF RESEARCH, EDUCATIO	N AND COMMONITI DERVICE:	
_	Didd.		
2	Did the organization undertake any significant program	n services during the year which were not listed on	Yes X No
		• • •	LYes LANo
	If "Yes," describe these new services on Schedule O		. —
3	Did the organization cease conducting, or make signif	icant changes in how it conducts, any program services	? Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accompl	shments for each of its three largest program services, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are requ	ired to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 440,449) . including grants of \$ 429,421.) (Revi	enue \$)
		RAISING THROUGH DIRECT MAIL,	
		. MADE AWARDS TO DESERVING	
		T RECRUITMENT AND TEXTBOOK	
	REMEDIAL CLASSES.	TI ILDOROLLIILII IIID ILIIIDOOR .	
	KEMEDIAH CHASSES.		· · · · · · · · · · · · · · · · · · ·

4b	(Code) (Expenses \$	including grants of \$) (Rev	renue \$
	/ (Exponded #		,
			
40	/0	including grants of \$) (Rev	
4c	(Code) (Expenses \$	including grants of \$	enue \$/
			· · · · · · · · · · · · · · · · · · ·
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants		
<u>4e</u>	Total program service expenses ▶	140,449.	
			Form 990 (2014)

Form 990 (2014) 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)?		х	
_	If "Yes," complete Schedule A	2	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?		Α.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4	ŀ	x
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	·	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_==
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	i -		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	İ '		
	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			
-	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		İ	ļ
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			ŀ
	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	ĺ		
	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	11f		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	
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 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	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	45		v
46	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		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 -
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ <u></u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u> -
		·	000	(2014)

Form 990 (2014) TSTC FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Vac	Al-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No_
21	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		
С	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		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	İ		
	transaction with a 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			
	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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			- T
	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		X
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?	31		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 12
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JE	 -	
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	
35a	and the second s	35a		Х
	If "Yes" to line 35a, 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	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
		Form	990	(2014)

Form	990 (2014) TSTC FOUNDATION 75-2892	470	P	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ū	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
20	filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 05		
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		 ^
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
6a	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua_	-	1
D	were not tax deductible?	6b		
~		OD		1
7	Organizations that may receive deductible contributions under section 170(c).	7-		х
a	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?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			х
	to file Form 8282?	7c_		 ^
	If "Yes," indicate the number of Forms 8282 filed during the year	┤		v
_	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?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
_	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. Did a donor advised fund maintained by the	١ ـ		
_	sponsoring organization have excess business holdings at any time during the year?	8		├
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		╁
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter		1	Ì
а	Gross income from members or shareholders 11a	-		ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ľ		
	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?	12a	ļ	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		₩
а	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	1		
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 . 13b	4		
С	Enter the amount of reserves on hand	<u> </u>	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	<u> </u>

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.

	(C IIIIC 54, 54, 57, 57, 58, 58, 58, 58, 58, 58, 58, 58, 58, 58			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec.	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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77
	officer, director, trustee, or key employee?	2		<u>X</u> _
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_ =		37
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a_	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			}
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 254-867-3940			
	3801 CAMPUS DRIVE, WACO, TX 76705			

Form	qqn	(2014)	

TSTC FOUNDATION

<u>75-2892470</u>

Page **7**

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.

Y Check this box if pother the organization per any related organization componented any current officer, director, or tructon

List persons in the following order. individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

X Check this box if neither the organization ne	or any related	orga	nıza	tion	cor	nper	nsat	ated any current officer, director, or trustee					
(A) (B)				_ (C	>)			(D)	(E)	(F)			
Name and Title	Average	(do	not c	Posi	ition more than one			Reportable	Reportable	Estimated			
	hours per	Γ box,		ss pe	rson	ıs botl	nan	compensation	compensation	amount of			
	week		cer an	dad	recto	ector/trustee)		from	from related	other			
	(list any hours for	liect						the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	90	itee			satec		(W-2/1099-MISC)	(***2/1099-141130)	organization			
	organizations	Indiwdual trustee or director	institutional trustee		yee	шре		(** 27 1000 111100)		and related			
	below	daa	untion	. i	Key employee	est co loyee	1			organizations			
	line)	횰	in St	Officer	Key	Highest compensated employee	Former						
(1) HAROLD RAFUSE	0.00									_			
CHAIRMAN		Х		X				0.	0.	0.			
(2) CURTIS CLEVELAND	0.00		i										
TREASURER	0 00	X		Х	_			0.	0.	0.			
(3) FRANK ESPINOZA	0.00									_			
VICE CHAIRMAN	0.00	X	 -	X				0.	0.	0.			
(4) ROLAND ADAMSON	0.00	x		x				0.	0.	^			
VICE CHAIRMAN	0.00	^	-	Λ				<u> </u>		0.			
(5) RYAN LINDSEY	0.00	X		х				0.	0.	0.			
SECRETARY (6) JESSICA TONEY	0.00	^		1						•			
DIRECTOR	0.00	x						0.	0.	0.			
(7) GREG DODDS	0.00												
DIRECTOR		x						0.	0.	0.			
(8) BRIAN GREEN	0.00												
DIRECTOR		X				ļ		0.	0.	0.			
(9) BETH WOOTEN	40.00							_	_	_			
EXECUTIVE DIRECTOR			<u> </u>					0.	0.	0.			
		-			ŀ								
-		-	 	-		-							
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(A) Name and title	(B) Average hours per	(do	not c	(C Posi	C) Ition		one	(D) Reportable compensation	(E) Reportable compensation	l l			
	week (list any hours for related organizations below line)	ee or director				Highest compensated carployee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensati om the anizati relate nizatio	e on ed
							_						
										1			
						_	<u></u>			1			
								:		1			
					-					\dashv	••		
1b Sub-total .	1			1	<u></u>	<u> </u>	>	0.	·· · · · · · · · · · · · · · · · · · ·	0.			Ó.
 Total from continuation sheets to Part V Total (add lines 1b and 1c) 	II, Section A						▶	0.		0.			0.
Total number of individuals (including but recompensation from the organization	ot limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3		Х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization		4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							elat	ted organization or indiv	idual for services		5		х
Section B. Independent Contractors				,				-				I	
 Complete this table for your five highest co the organization. Report compensation for 										ensa	ation f	rom	
(A) Name and business			ON					(B) Description of		Cr	(C ompe	;) nsatio	n
		-11	<u> </u>										
				_									-
2 Total number of independent contractors (including but i	not li	mite	d to	the	se li	sted	d above) who received r	nore than				
\$100,000 of compensation from the organ	ization >					0					Form	9 90 (2014

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 1,994,168 similar amounts not included above Noncash contributions included in lines 1a-1f \$_ ,994,168 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 68,225. 68,225. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (II) Personal (ı) Real 862,187. 6 a Gross rents 917,723. b Less. rental expenses <55,536.⊳ c Rental income or (loss) <55,536.> <55,536.> d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 385,660. assets other than inventory b Less cost or other basis 364,487 and sales expenses 21,173. c Gain or (loss) 21,173. 21,173. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 0. 028,030. <55,536.⊳ 89,398. 12 Total revenue. See instructions. Form 990 (2014)

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 (D) Fundraising (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 95,796. 95,796. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 333,625. 333,625. individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes Fees for services (non-employees): Management Legal 10,245. 10,245. c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 60,026 60,026. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 Insurance 23 Other expenses. Itemize expenses not covered 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.) 75,193. 53,705. 6,651. 92,872. 11,028 FOOD PURCHASES PUBLIC RELATIONS 53,705. FEES & OTHER CHARGES 35,824. 35,824 C All other expenses 112,746. 128,898. 682,093. 440,449. 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)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 1,590,257 2,969,540. Savings and temporary cash investments 2 2 90,660. 36,616. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 3,480,225. 3,014,895. 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 15,530,755. basis. Complete Part VI of Schedule D 10a 14,909,655. 621,100. 10,634,989. 10c 10b **b** Less: accumulated depreciation 1,539,961. 1,667,471. Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 17,463,602 22,470,667. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,589,377. 447,436. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 13,105,769. 15,802,943. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 17,392,320. 13,553,205 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,779,155. 1,708,671. 27 Unrestricted net assets 27 771,458. 1,979,598. 28 Temporarily restricted net assets 1,359,784. 1,390,078. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 3,910,397 5,078,347. 33 33 Total net assets or fund balances

22,470,667. Form **990** (2014)

Total liabilities and net assets/fund balances

17,463,602.

orm	1990 (2014) TSTC FOUNDATION	<u>75-289</u>	<u> 2470 </u>	Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,028	, 03	<u> 30.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	682	, 09	<u>3.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,345	, 93	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,910	, 39	7.
5	Net unrealized gains (losses) on investments	5	<177	,98	<u>37.</u> >
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	<u>5,078</u>	, 34	<u> 17.</u>
Pa	rt XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII			1	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1 1	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1		
	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 basıs,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	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 Audıt			
	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	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2014)

(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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

							Employer identification number 75 – 2892470				
	TSTC FOUNDATION 75 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
		<u> </u>					e instructions.	·			
	organ	ization is not a private found									
1	片	A church, convention of ch	•		o in sectio	ר)(מ)טיר חי	I)(A)(I).				
2	片	A school described in secti		· ·	4: 476	VL\/4\/A\/:	::\				
3	H	A hospital or a cooperative A medical research organization	•				*	iii) Enter t	the hospital's name		
4			ation operated in con	njunction with a nospita	i described	ı III SECIIO		iii). Cittoi	ino nospitars namo,		
5	city, and state. X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
9	لها	An organization operated for the benefit of a college of university owned of operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma						e general	public described in		
-		section 170(b)(1)(A)(vi). (Co	-		_			_			
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma				contribution	ons, memberst	nip fees, a	nd gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions	and (2) no	more tha	n 33 1/3% of it	ts support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the org	anization	after June 30, 1975		
		See section 509(a)(2). (Cor	mplete Part III.)								
10		An organization organized a	and operated exclus	ively to test for public sa	afety See	section 50)9(a)(4).				
11		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to ca	rry out the	purposes of one or		
		more publicly supported or	-						theck the box in		
		lines 11a through 11d that									
а		Type I. A supporting orga									
		the supported organization			a majority	of the dire	ctors or trustee	es of the s	upporting		
		organization You must o	•		4			-(-)			
b	L	☐ Type II. A supporting org									
		control or management o			same perso	ons that co	ontroi or manaç	je trie sup	ported		
_		organization(s). You mus Type III functionally inte	•		in connec	tion with	and functional	v integrate	ad with		
С		its supported organization						y integrate	sa widi,		
d		Type III non-functionally	• • •	•	-	-		ted organi	zation(s)		
u		that is not functionally int	=								
		requirement (see instruct	-		•		•				
е		Check this box if the orga	•	•				II, Type III			
		functionally integrated, or					,, ,,				
f	Ente	er the number of supported o		•							
g	Pro	vide the following information									
	((i) Name of supported	(iı) ElN	(iii) Type of organization (described on lines 1-9		organization in your	(v) Amount of		(vi) Amount of		
		organization		above or IRC section	governing	document?	support (-	other support (see Instructions)		
			_	(see instructions))	Yes	No					
						İ					
					 -	 		_			
						1					
						 		_			
						-					
		<u> </u>			1						
						<u> </u>		_			
			1		1	1	1		l		

Schedule A (Form 990 or 990-EZ) 2014 TSTC FOUNDATION 75-2892470 Page 2

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	653,430.	2,337,995,	635,741.	577,994.	966,963.	5,172,123.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	653,430.	2,337,995.	635,741.	577,994.	966,963.	5,172,123.
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)						
	Public support. Subtract line 5 from line 4						5,172,123.
Sec	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	653,430.	2,337,995.	635,741.	577,994.	966,963.	5,172,123,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	251,563.	392,306.	452,183.	524,712.	930,412.	2,551,176.
9	Net income from unrelated business						
	activities, whether or not the					Į	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						7,723,299.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	<u>.</u>
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<u> </u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2014 (-	olumn (f))	•	14	66.97 %
	Public support percentage from 2013					15	<u>70.62 %</u>
16a	33 1/3% support test - 2014. If the	-			14 is 33 1/3% or п	nore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				\triangleright X
b	33 1/3% support test - 2013. If the o	-			line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		▶Ш
b	10% -facts-and-circumstances tes	t - 2013. If the org	anızatıon dıd not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	ı ın Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anızatıon	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 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

Section A. Public Support	Jelow, please com	piete Fait II.)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011 -	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(2)	1				
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,					·	
merchandise sold or services per-	•					
formed, 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	1					
				_		<u> </u>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			ļ			
or expended on its behalf	-					
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and					,	
3 received from disqualified persons				ļ		
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					1	
amount on line 13 for the year		j				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business					-	
activities not included in line 10b,		ļ				
whether or not the business is			j			
regularly carried on 12 Other income. Do not include gain		1			 	
or loss from the sale of capital						
assets (Explain in Part VI)			 	 	-	
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>		L <u></u>
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here	ii- O		· 			P
Section C. Computation of Pub	· · · · · · · · · · · · · · · · · · ·				T T	
15 Public support percentage for 2014		-	column (f))		15	%
16 Public support percentage from 201				· ————	16	%
Section D. Computation of Inve						
17 Investment income percentage for 2			ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2014. If the						17 is not
more than 33 1/3%, check this box	and stop here. Th	e organization qua	lifies as a publicly	supported organia	zation	
b 33 1/3% support tests - 2013. If the	e organizatıon dıd	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	anızatıon qualıfıes	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	l		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			1
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		Ì	
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b_		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			}
	purposes.	4c	<u> </u>	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	1	<u> </u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?		 	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			İ
	Part VI.	6	-	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			1
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8	ļ	├
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>	_	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	<u> </u>
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	1		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 _	<u> </u>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a	 	1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	

determine whether the organization had excess business holdings)

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	·
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1_1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
-	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u></u>	
	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	ganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2014

75-2892470 Page 7 Schedule A (Form 990 or 990 EZ) 2014 TSTC FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (ii) (i) Distributable **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: а b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3) and 4c Breakdown of line 7: 8 а b С d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 TSTC FOUNDATION	75-2892470 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	e 17a or 17b, and Part III, line 12.
	Also complete this part for any additional information (See instructions).	
		· · · · · · · · · · · · · · · · · · ·
-		
		····

Department of the Treasury Internal Revenue Service

(Form 990)

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 www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TSTC FOUNDATION

Employer identification number 75-2892470

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	_
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	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 e		cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the oi	rganization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ng the year >
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue 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 tre	easures, or other similar assets for financial o	
	the following amounts required to be reported under SFAS 1	_	-
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

_		UNDATION							892470	
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	<u>er Simi</u>	lar Ass	sets(contini	ıed)
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following that	at are a s	ignifican	t use of it	ts collection	ıtems
	(check all that apply):									
а	Public exhibition	d			hange progr	ams				
b	Scholarly research	е	, []	Other		-				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	ney further t	he organizati	on's exe	mpt purp	oose in P	art XIII	
5	During the year, did the organization solicit of					er sımıla	r assets	_		
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 99	0, Part I	/, line 9, or	
	reported an amount on Form 990, Pa							<u> </u>		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included	3		□
	on Form 990, Part X?					•		L	Yes	Ll No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table:				T	A	
	Danisa halana						-		Amount	
C	Beginning balance	• • •				•	1c	ļ		
	Additions during the year Distributions during the year					•	1d 1e			
e	Ending balance	•					1f	1		
22	Did the organization include an amount on F	orm 990 Part X line	21 for	escrow or c	ustodial acco	ount liabi		<u> </u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	•						_		—
Par							10.			
L		(a) Current year	ĺ	Prior year	(c) Two yea			years bad	ck (e) Four	years back
1a	Beginning of year balance	(4)	1-7.	.: <u>:</u>	(3)		1-7			
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	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	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for t	he organ	nization	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere			/, line 11a. S	See Form 990					
	Description of property	(a) Cost or of basis (investr		, , <i>,</i>	or other (other)		ccumula preciatio		(d) Book	value
1a	Land			9	7,093.				97	7,093.
b	Buildings _				0,420.		621,3	100.	14,709	
С	Leasehold improvements									
d	Equipment			10	3,242.				103	3,242.
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line	10c)			. 🕨	14,909),655 <u>.</u>

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

2014	Open to Public Inspection

OMB No 1545-0047

Employer identification number

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

432101 10-15-14

TSTC FOUNDATION

Page 2

75-2892470

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014) Part III

	A. V. M	And Action A (a)	A A Activities A May	And the state of t	Constitution described and the second of
(a) Type of grant or assistance	(b) Number of recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
	•	***			
ISTC EMPLOYEE AWARDS	OT	11,143,	0	N/A	N/A
CHILDRIN CCHOLADGHIDS AND AWARDS	47E	322 482	C	κ/ν	Α,
Part IV Supplemental Information. Provide the information required		e 2, Part III, column	in Part I, line 2, Part III, column (b), and any other additional information	dditional information.	:
ງ ທຸ		FOR THE TYPE	E OF STUDENTS	NTS IN	
IDERING THE AVAILABLITY AND	AWARDING O	OF SCHOLARSHIPS.	HIPS. MOST		
SCHOLARSHIPS ARE BASED ON NEED AND/OR		T AND THE	MERIT AND THE RECIPIENTS	ARE	
SELECTED BY A TSTC COMPONENT. THE TSTC FOUNDATION PURCHASES	TSTC FOU	NDATION PU	RCHASES AND	D DONATES	
EOUIPMENT TO THE TEXAS STATE TECHNICAL COLLEGE WHEN	IICAL COL	LEGE WHEN	م ا	BY WRITTEN	
LLEGE'	DIRECTORS,	S, AS TO W	TO WHAT EQUIPMENT	ENT IS	
Y FOR THE TRAINING AND	EDUCATION OF	STUE	CASH ASSISTANCE	ISTANCE	
STATE TECHNIC		TAFF	AG	D TO	
PROVIDE FOR CONTINUING EDUCATION AND	ND TRAIN	TRAINING TO STAFF	FF AND FACULTY	ULTY.	

432102 10-15-14

Schedule I (Form 990) TSTC FOUNDATION Part IV Supplemental Information	75-	-2892470 Pag
STAFF AND FACULTY ARE CHOSEN FOR ASSISTANCE AND RECOGNITION	BY	TEXAS
STATE TECHNICAL COLLEGE AND NOT THE TSTC FOUNDATION.		
		·
		
		
	·	
		

SCHEDULE 0

(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.

Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

TSTC FOUNDATION 75-2892470 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)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

TSTC FOUNDATION

2014

OMB No 1545-0047

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Open to Public Inspection

Employer identification number 75-2892470

Schedule R (Form 990) 2014 (g) Section 512(b)(13) ž × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) <u>e</u> Total income Exempt Code € section 9 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) **FEXAS** PUBLIC HIGHER EDUCATION Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. INSTITUTION TEXAS STATE TECHNICAL COLLEGE - 74-1646989 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 3801 CAMPUS DRIVE 76705 WACO TX Part II Part

75-2892470

Page 2

Schedule R (Form 990) 2014 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

(j) (k) General or Percentage managing ownership partner? Yes No			e related	Section 512(b)(13) controlled entity?		. ,	 	Schedule R (Form 990) 2014
General or managing partner?			one or mor	(h) Percentage ownership				le R (Form
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had o	(g) Share of Peend-of-year o				Schedu
(h) Disproportionate allocations? Yes No			r IV, line 34					
(g) Share of end-of-year assets			rm 990, Pa	(f) Share of total income				
			Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)		:		
(f) Share of total income			answered "				!	-
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			e organization	(d) Direct controlling entity				
Predomina (related, 1 excluded fro sections			nplete if the	(c) Legal domicile (state or foreign country)				34
(d) Direct controlling entity			ration or Trust Colear.	(b) Primary activity	:			
(c) Legal domicile (state or foreign country)			as a Corpo	Prima				
(b) Primary activity			ganizations Taxable a	∑ د				
(a) Name, address, and EIN of related organization			Part IV 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.	(a) Name, address, and EIN of related organization				432162 08-14-14

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

90) 2014	orn 9	Schedule R (Form 990) 2014		35	432163 08-14-14
					(5)
					(4)
		DEBT SERVICE REQUIREMENT	862,187.	b	(3) TEXAS STATE TECHNICAL COLLEGE
	!	DEBT DUE THIRD PARTY	15,802,943.	Q	(2) TEXAS STATE TECHNICAL COLLEGE
					1
		DISCRETIONARY	95,796.	В	(1) TEXAS STATE TECHNICAL COLLEGE
	pə,	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a·s)	(a) Name of related organization
		formation on who must complete this line, including covered relationships and transaction thresholds	this line, including covered	no must complete	If the answer to any of the above is "Yes," see the instructions for in
X	1\$:	s Other transfer of cash or property from related organization(s)
×	+		:	:	r Other transfer of cash or property to related organization(s)
×	5		:	٠	q Reimbursement paid by related organization(s) for expenses
×	9		:		p Reimbursement paid to related organization(s) for expenses
×	9				 Sharing of paid employees with related organization(s)
×	두			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	ᄩ			nization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
×	=		•	nization(s)	
×	*				k lease of facilities, equipment, or other assets from related organization(s)
	i.	:	٠		j Lease of facilities, equipment, or other assets to related organization(s)
×	;				i Exchange of assets with related organization(s)
×	4				
×	19				g Sale of assets to related organization(s)
×	14				f Dividends from related organization(s)
×	- -		:		e Loans or loan guarantees by related organization(s)
+	1d X	· ·	٠		d Loans or loan guarantees to or for related organization(s)
×	+	<u> </u>	٠		c Gift, grant, or capital contribution from related organization(s)
_	th X			:	b Gift, grant, or capital contribution to related organization(s)
×	1a				a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
		in Parts II-IV?	elated organizations listed	s with one or more r	Note: Complete line in any chief is inside in any of the following transactions with one or more related organizations listed in Parts II-IV?
S No	Yes	İ			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI 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.

[(K) Percentage ownership											_												Schodule B (Form 000) 2014
1	U) neral o maging urtner?	N S	 	_		 	_	_		 +	-						\dashv			 +-	 	+	 	 <u>ا</u> يُّ
ŧ	Dispropor- Code V-UBI General or Percentage branch amount in box 20 managing ownership allocations? of Schedule K-1 partner?	(Form 1065) Ye																					 	Schodule B
;	(n) spropor- bonate scations?	200				 				\downarrow			_							 \perp		<u> </u>		 4
F	allo Dis	ڠ				 	-			 +				 _			\dashv			 +		+		 -
	(g) Share of end-of-year	assets															!		_					
	(17) Share of total	псоше																						
	Are all partners sec 501(c)(3) orgs?	Yes No				 			_		_									 1				
ا م	e part A	jë E	 	 	 		_			+				 _	_		_			╁		 -		\dashv
Sullent partifersing	Predominant income recording (related, unrelated, seconds)	sections 512-514)																						
Sion for certain line	(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	country)																						
ructions regarding exciu.	(b) Primary activity																							
that was not a related organization, see instructions regarding exclusion to certain lifesument partitions.	(a) Name, address, and EIN of entity																							

<u>Sche</u> dule F	(Form 990) 2014 TSTC FOUNDATION	/5-28924/U Page 5
Part VII	Supplemental Information	· —
	Dravida additional information for responded to questions as Cahadula D (see instructions)	
	Provide additional information for responses to questions on Schedule R (see instructions).	
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