Department of the Treasury

Internal Revenue Service

EXTENDED TO JULY 17, 2017

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

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.

Open to Public Inspection

AF	or the	2015 calendar year, or tax year beginning SEP 1, 2015 and er	nding A	UG 31, 201	.6				
В с	heck if oplicable	C Name of organization	_	D Employer iden					
	Addres change	TSTC FOUNDATION		ž					
	Name change	Doing business as		75-2892470					
]initial _return	,	oom/suite	E Telephone number					
<u></u>	Final return/ termin-	3801 CAMPUS DRIVE			1-867-3940				
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,807,251.				
\vdash	_return ∏Applica	WACO, TA 78705		H(a) Is this a group					
<u> </u>	⊥t≀on pendin	F Name and address of principal officer: HAROLD RAPOSE		for subordina					
		3801 CAMPUS DRIVE, WACO, TX 76705 mpt status	527	H(b) Are all subordinate					
		mpt status X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or EXEMPTE: ► WWW.TSTC.EDU/DONORS/FOUNDATION	321	1	n a list (see instructions)				
		organization: X Corporation Trust Association Other	1 Vear	H(c) Group exemp	M State of legal domicile: TX				
		Summary	<u> L 1</u> cal (or tormation, 2000	M State of legal dofficile. 1A				
		Briefly describe the organization's mission or most significant activities: TO CO	MPLEM	ENT THE ST	ATE OF				
Activities & Governance		TEXAS' SUPPORT OF THE COLLEGES BY PROVIDE			JPPORT FOR				
na.	_	Check this box if the organization discontinued its operations or dispose							
Ş		Number of voting members of the governing body (Part VI, line 1a)		1	3 9				
Ö	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		Г	4 8				
Se	5 7	otal number of individuals employed in calendar year 2015 (Part V, line 2a)			5 0				
viti	6	Total number of volunteers (estimate if necessary)			6 50				
Cţ	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		[7	7a 0.				
_	_ b 1	Net unrelated business taxable income from Form 990-T, line 34			7b 0.				
				Prior Year	Current Year				
e e	8 (Contributions and grants (Part VIII, line 1h)	<u> </u>	<u>1,994,168</u>	1,710,489.				
ē	9 F	Program service revenue (Part VIII, line 2g)		 _	0.				
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>89,398</u>					
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	<u><55,536</u>					
2017		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,028,030					
2(Grants and similar amounts paid (Part IX, column (A), lines 1-3)	(429,421					
เล		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	-/Q/-		0.				
es	15 8	Salaries, other compensation, employee benefits (Part IX, columni(A), lines 5-10)	3 1 41		0.				
Č.	16a f				0.				
Ex	b	(2) (3)	4	252 672	250 000				
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>U) </u>	252,672 682,093					
MAEDE SPEPES	18	Other expenses (Part IX, Column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25, DEN Revenue less expenses. Subtract line 18 from line 12		1,345,937					
es	; 1 3	Revenue less expenses Subtract line 18 from line 12	Res	ginning of Current Yea					
Net Assets or Fund Balances	20 -	Fotal assets (Part X, line 16)	<u> </u>	22,470,667					
Ass	21	Fotal liabilities (Part X, line 26)	<u> </u>	17,392,320					
Net unc	22 1	Net assets or fund balances Subtract line 21 from line 20		5,078,347					
Pa	rt II	Signature Block			<u> </u>				
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of	f my knowledge and belief, it is				
		, and complete. Declaration of prepager (other than officer) is based on all information of whic							
		9741/1/100/21		4111	12017				
Sigr	n	Signature of officer		Date					
Her		BETH WOOTEN, EXECUTIVE DIRECTOR							
		Type or print name and title							
	[Print/Type preparer's name Preparer's sign ture	7 [Date / / Check	PTIN				
Paid	1	ANTHONY WOMMACK MOUNTE		7/1/// setf-em					
Prep	1-	Firm's name COKER, WOMMACK & COMPANY, P.C.		Firm's EIN	74-2323205				
Use	Only	Firm's address P.O. BOX 8256			APA MOS AA-1				
	1	WACO, TX 76714-8256		Phone no.2	254-776-3871				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			. X Yes No				

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

<u>Form</u>	1990 (2015) TSTC FOUNDATION	<u>75-2892470</u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
•			
•	Bnefly describe the organization's mission.	EG DY DDOUTD.	TNIC
	TO COMPLEMENT THE STATE OF TEXAS' SUPPORT OF THE COLLEGE		
	FINANCIAL SUPPORT FOR NEW AND ONGOING PROJECTS AND ACTIV	VITIES IN THE	<u> </u>
	AREAS OF RESEARCH, EDUCATION AND COMMUNITY SERVICE.		
2	Did the organization undertake any significant program services during the year which were not listed on		
Σ.			X No
	the prior Form 990 or 990-EZ?	. Ltes	LALI NO
	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?	LYes	X No
	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	measured by expenses	
•			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ars, the total expenses, a	no
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$)
	CONDUCTED SUCCESSFUL FUND RAISING THROUGH DIRECT MAIL,	SOLICITED	
	DONORS, AND PERSONAL VISITS. MADE AWARDS TO DESERVING S'	TUDENTS AND	
	FACULTY. ASSISTED IN STUDENT RECRUITMENT AND TEXTBOOK P		
		ORCHADED FOR	
	REMEDIAL CLASSES.		
			
4b	(Code) (Expenses \$ including grants of \$) (Reveni		
TU	(Code) (Expenses 5 including grants or 5	ne 3	
			
			
4c	(Code) (Expenses \$) (Reven	ue \$)
			
A c4	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O.)	*	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 731,601.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for excrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes." complete Schedule D. Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a . . . Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 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 X 16 . . 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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X

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2015) TSTC FOUNDATION
Part IV Checklist of Required Schedules (continued)

تت	(continued)			
	Diddle and the second and the second	00-	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	X	
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	4	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	1
	Part IX, column (A), line 2? 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] ,		,
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	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
D	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		İ		1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	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	ļ		1
	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	ł		l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		,	v
	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).	00-		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	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			₩.
	contributions? If "Yes," complete Schedule M	30	<u> </u>	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			•
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		.
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	{
05-	Part V, line 1	34	X	
35a		35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054)	
00	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?		ļ	v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ļ	
20	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?	20	X	
	Note, All Form 990 filers are required to complete Schedule O	38 Eorm		(2015)

<u>Form</u>	990 (2015) TSTC FOUNDATION 75-2892	470	Р	age 5
Par	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 1a 0	[]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	[[[
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b	If "Yes," enter the name of the foreign country: ▶	1 1		[
	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_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-		X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	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 7f		
۰	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
g	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- '''		
0	sponsoring organizations maintaining donor advised fallos. Did a donor advised fallo maintained by the	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	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	1		-
11	Section 501(c)(12) organizations. Enter.	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
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.			
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]		
С	Enter the amount of reserves on hand	<u>L</u> _		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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		
		Form	990	(2015)

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TSTC FOUNDATION

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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 Q. See instructions

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule C. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			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 9			
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	İ		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<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			
	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			
	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:			
а	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		X
<u> </u>	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		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a		11a		
10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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		Х
-	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	1		
-	taxable entity during the year?	16a		x
ь	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) a	availab	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	finan	cial	
	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			

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.

X Check this box if neither the organize (A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HAROLD RAFUSE	0.00									
CHAIRMAN		X		X				0.	0.	0.
(2) CURTIS CLEVELAND	0.00	1	l		1	}		1		
TREASURER		X		X		<u> </u>		0.	0.	0.
(3) FRANK ESPINOZA	0.00		ļ]					
VICE CHAIRMAN		X		X		<u> </u>		0.	0.	0.
(4) ROLAND ADAMSON	0.00	1								_
VICE CHAIRMAN		X		X		igspace		0.	0.	0.
(5) RYAN LINDSEY	0.00									
SECRETARY		X		X		 -		0.	0.	0.
(6) JESSICA TONEY	0.00	l l		1						
DIRECTOR		X	<u> </u>	<u> </u>			_	0.	0.	0.
(7) GREG DODDS	0.00	۱		1						
DIRECTOR	0.00	X	<u> </u>	├-	-	-	_	0.	0.	0.
(8) MIKE AMIS	0.00									
DIRECTOR		X	_	├-	├-	<u> </u>		0.	0.	0.
(9) BRAD POPKIN	0.00	₹.,	i	İ				0.	_	_
DIRECTOR	0.00	X	-	├—	├	\vdash	_	0.	0.	0.
(10) CARY ABNEY		X		Ì			ĺ	0.	0.	0.
DIRECTOR	0.00	A	╁─	┼─	-	 	_			
(11) DAVID JONES HARDAWAY	0.00	X	ļ					0.	0.	0.
DIRECTOR (12) JOEL STONE	0.00	1	┢╌	┝	╁	\vdash	<u> </u>			
DIRECTOR _	0.00	\mathbf{x}						O.	0.	0.
(13) BETH WOOTEN	40.00	1	\vdash	 		<u> </u>				
EXECUTIVE DIRECTOR	10:00	1	ĺ		ĺ		İ	ο.	0.	o.
BABCOTTVB BIRDCTOR	 	<u> </u>		† –	-	<u> </u>	l —			
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		1	1	1		1		1	}	}
]_					<u></u>			}
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rar	VII Section A. Officers, Directors, Trus		ploy	<u>ees</u>			ghe	st C	Compensated Employe	es (continued)				
	` (A)	(B)			(C)			(D)	(E)	1	((F)		
	Name and title	Average	Position (do not check more than one				ODe	Reportable	Reportable	- 1	Esti	mated	ı	
	•	hours per	box, unless person is both a officer and a director/trustee			ıs bot	h an	compensation compensat						
		week	-	cer an	notad T	irecto	or/trus	166)	from	from related			ther	
		(list any	ec e		ļ	ŀ			the	organizations		compe		on
		hours for related	P	8		[sted		organization	(W-2/1099-MISC) [m the	
		organizations	ustee	trust		l s	E E		(W-2/1099-MISC)			_	nizatio relate	
		below	量	benal		를	를 했다.					organ		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег				o.ga		
			F	-	۲	×-		-						
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		<u> </u>		J		L	<u> </u>	<u> </u>			, 			
	Sub-total								0.		2.			<u>0.</u>
	Total from continuation sheets to Part V	II, Section A					••		0.		9.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.).			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wh	no r	eceived more than \$100	,000 of reportable				
	compensation from the organization			-									, 	<u></u> C
											Г		res	No
3	Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for										- }	3		X
4	For any individual listed on line 1a, is the s			-						the organization		. 1		
	and related organizations greater than \$15									•••	- }	4	\dashv	<u>X</u>
5	Did any person listed on line 1a receive or							elat	ted organization or indivi	dual for services	- {	. [
	rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	uch	per	son					5		<u>X</u>
Sec	tion B. Independent Contractors								 					
1	Complete this table for your five highest co	•								= -	ensa	ation fro	m	
	the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	ıthı	n the organization's tax	year				
	(A)							ſ	(B)		_	(C)		
	Name and business	address	N	ONI	€			\dashv	Description of s	ervices		ompens	ation	
								- }						
								4						
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							_	\dashv						
	. <u></u>													
									<u></u>					
							_							
2	Total number of independent contractors (ot li	mite	d to	tho	se la	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	zation 🕨					<u>0 </u>							
												Form 9	90 (2	015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,710,489 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 710 489 **Business Code** Program Service Revenue 2 a All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 71,736 71,736. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 652,603 6 a Gross rents b Less: rental expenses 061,842 c Rental income or (loss) <409,239 d Net rental income or (loss) <409.239 <409,239 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 138,082. 10,234,341 b Less: cost or other basis and sales expenses 161,140, 10,021,804 c Gain or (loss) <23.058 d Net gain or (loss) 189,479 189,479. 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 11 a d All other revenue Total. Add lines 11a-11d

Total revenue. See instructions.

261 215.

1,562,465

<409,239

Form 990 (2015) TSTC FOUNDATION Part IX Statement of Functional Expenses

	van 501/o/(2) and 501/o/(4) organizations must som		or organizations must	imploto column (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			тріете соіитп (А).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	435,181.	435,181.		
2	Grants and other assistance to domestic	}			
	ındıvıduals. See Part IV, line 22	285,675.	<u> 285,675.</u>		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	[
0	· · · · · · · · · · · · · · · · · · ·			 	
9 10	Other employee benefits . Payroll taxes			-	
11	Fees for services (non-employees).	·			
''	Management .				
b	Legal				
	Accounting	8,305.		8,305.	
ď	Lobbying	- 0,0001			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	141,416.		141,416.	
12	Advertising and promotion				
13	Office expenses .				
14	Information technology			· - - · · · · · · · · · · · · · · · · · ·	
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
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.)				
а	PUBLIC RELATIONS	45,252.			45,252.
b	FOOD PURCHASES	34,771.	10,745.	9,436.	14,590.
C	FEES & OTHER CHARGES	30,245.		30,245.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	980,845.	731,601.	189,402.	59,842.
26	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)				
	0 12-16-15				Form 990 (2015)

Pa	tΧ	Balance Sheet		
		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	2,969,540. 2	3,760,372. 31,679.
	3	Pledges and grants receivable, net	36,616. з	31,679.
	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L	5	<u> </u>
	6	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		
sts		employees' beneficiary organizations (see instr) Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	3,014,895. 7	2,486,331.
٩	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 26,612,868.	14 000 655	06 000 647
		Less. accumulated depreciation 10b 389,251.	14,909,655. 10	
	11	Investments - publicly traded securities	1,539,961. 11	
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related See Part IV, line 11	13	
	14	Intangible assets		
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	22,470,667. 16	
	17	Accounts payable and accrued expenses	1,589,377.	
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
ģ	22	Loans and other payables to current and former officers, directors, trustees,		
litie		key employees, highest compensated employees, and disqualified persons.		
Liabilities		Complete Part II of Schedule L	22	2
	23	Secured mortgages and notes payable to unrelated third parties	15,802,943. 23	26,538,674.
	24	Unsecured notes and loans payable to unrelated third parties	24	<u> </u>
	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	25	
	_26	Total liabilities. Add lines 17 through 25	17,392,320. 26	28,353,436.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
ces		complete lines 27 through 29, and lines 33 and 34.	1 700 671	1 200 406
<u>a</u>	27	Unrestricted net assets	1,708,671. 27	
Ba	28	Temporarily restricted net assets	1,979,598. 28 1,390,078. 28	
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	1,390,078. 29	1,333,1/0.
Ē		and complete lines 30 through 34.		
ts o	30	Capital stock or trust principal, or current funds	30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	32	
Š	33	Total net assets or fund balances	5,078,347. 33	
	34	Total liabilities and net assets/fund balances	22,470,667. 34	
	_			Form 990 (2015)

Form **990** (2015)

orn	1990 (2015) TSTC FOUNDATION	<u>75-28</u>	92470	Page 12
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		<u>,465.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,845.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,620.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,347.</u>
5	Net unrealized gains (losses) on investments	5	132	<u>,326.</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	5,792	<u>,293.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	es 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	O.		
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 reviewe	d on a		
	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 separa	te basis,		
	consolidated basis, or both:			
	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	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	1 1	
3а	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
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.lrs.gov/form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 75-2892470 TSTC FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization listed in your (described on lines 1-9 organization support (see other support (see verning document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 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)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,337,995,	635,741.	577,994.	966,963.	1,280,529,	_5,799,222,
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			ļ			
	or expended on its behalf		_				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,337,995.	635,741.	577,994.	966,963.	1,280,529,	5,799,222,
5	The portion of total contributions			1			
	by each person (other than a	1					
	governmental unit or publicly						
	supported organization) included	j					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						5,799,222.
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		 		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	2,337,995.	635,741.	577,994.	966,963.	1,280,529.	_5,799,222.
8	Gross income from interest,						
	dividends, payments received on			J		ļ	
	securities loans, rents, royalties					ĺ	
	and income from similar sources	392,306.	452,183.	524,712.	930,412.	724,339.	3,023,952,
9	Net income from unrelated business			ļ		1	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital]	1			,	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	L					8,823,174,
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here					
	ction C. Computation of Publ						<u> </u>
	Public support percentage for 2015 (_ '	•	olumn (f))		14	65.73 %
	Public support percentage from 2014		·			15	66.97 %
16a	33 1/3% support test - 2015. If the c	•			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•				▶ LXJ
b	33 1/3% support test - 2014. If the				line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	•	• •				. ▶⊔
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac		="	•	•	t VI how the organi	zation
	meets the "facts-and-circumstances"						. ▶∟
b	10% -facts-and-circumstances tes	_					U% or
	more, and if the organization meets the				•		<u> </u>
40	organization meets the "facts-and-circ		-		- · · · · ·		
18	Private foundation. If the organization	n dia not check a	DOX ON HITE 13, 16	a, 100, 1/a, 011/0		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2015 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)

Se	ction A. Public Support		, .		·	- 	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					 	
	are not an unrelated trade or bus-						
	iness under section 513						ı.
4	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			-			
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>	Ĺ	<u> </u>		
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on tines 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						
c	Add lines 7a and 7b			<u> </u>			
	Public support. (Subtract line 7c from line 6)				<u></u>	<u></u>	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975					<u> </u>	
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				,		
12	Other income Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)			-		+	_
	First five years, If the Form 990 is for	the organization!	e first second the	rd fourth or fifth t	av voar ac a coct		Langation .
174	check this box and stop here	tile organization	s mst, second, um	a, lourar, or mart	ax year as a secu	1011 30 1(0)(3) 016	anization,
Sa	ction C. Computation of Publi	c Support Pa	rcentage		·		
				naluma (fl)	·	15	
	Public support percentage for 2015 (li		-	column (I)) .	•••	15	9/
_	Public support percentage from 2014 ction D. Computation of Inves					16	
						14-1	
	Investment income percentage for 20		· · ·	ile 13, column (f))		17	9
	Investment income percentage from 2					18	
198	a 33 1/3% support tests - 2015. If the	=				-	ne 1 / is not
	more than 33 1/3%, check this box ar		=		_		. ▶∟
t	33 1/3% support tests - 2014. If the	•					·
00	line 18 is not more than 33 1/3%, che			•			tion 🚩
<u>20</u>	Private foundation. If the organization	n did not check a	00x on line 14, 19	a, or 19b, check t	nis box and see ii	nstructions .	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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			
_	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	[]	
0-	· · · · · · · · · · · · · · · · · · ·	-		-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
þ	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			
	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		
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		
5a	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		i
h	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		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30	<u> </u>	
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	ĺ		
		Į.		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in]
_	Part VI.	6_	 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1 _	ł	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	├	
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 or 990-EZ)	8	<u> </u>	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	-	1	}
	ın section 509(a)(1) or (2))? If "Yes," provide detail ın Part VI.	<u>9</u> a	 	<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			l
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		

10a

10b

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

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.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the

	dule A (Form 990 or 990-EZ) 2015 TSTC FOUNDATION			/5-28924/0 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	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		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		
Sect	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	Minimum 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	lly-ıntegrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	, , <u></u>		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.		···	
9	Distributable amount for 2015 from Section C, line 6	 -		
10	Line 8 amount divided by Line 9 amount		···	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2O15	Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u> b				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			***
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
<u>8</u>	Breakdown of line 7:			
<u>a</u>				
b	Evenes from 2012			
	Excess from 2013			
	Excess from 2014			
<u>е</u>	Excess from 2015			<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 TSTC FOUNDATION	75-2892470 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line II; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V. Section B. line 1e: Part V.
		·
		
*		
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·		
· · · · · · · · · · · · · · · · · · ·		
	 	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TSTC FOUNDATION

Employer identification number 75-2892470

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	r Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's	_		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
Par		ganization answered "Yes" on Form 990, Pai	rt IV, line 7	
	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e	·	cally impo	rtant land area
	Protection of natural habitat	Preservation of a certific	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conserv	ation 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	after 8/17/06, and not on a historic structure	,	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganizatio	n 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 per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense st	tatement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organıza	tion's accounting for
	conservation easements			
Par	t III Organizations Maintaining Collections o		ier Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	•		,
	historical treasures, or other similar assets held for public ext	·	e of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS	**		·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on 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		jain, provid	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
h	Assets included in Form 990, Part X			\$

		UNDATION							<u>892470</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	or Oth	<u>er Simil</u>	<u>ar Ass</u>	ets(continue	<u> </u>
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	t are a s	ignificant	use of it	s collection if	ems
	(check all that apply):									
а	Public exhibition	d	ı	_oan or exc	hange progra	ams				
b	Scholarly research	e	. 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizati	on's exe	mpt purp	ose in Pa	art XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	stoncal trea	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	ollection?			L	Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" or	Form 99	0, Part I\	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets no	t included	_		
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.				·		
									Amount	
C	Beginning balance .	•					. <u>1c</u>			
d	Additions during the year						. 1d			
e	Distributions during the year						1e			
f	Ending balance						1f	1		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or co	ustodiał acco	unt liab	ılıty? .	L	Yes	L∐ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years bac	k (e) Four ye	ars back
1a	Beginning of year balance									<u>.</u>
b	Contributions									
С	Net investment earnings, gains, and losses								ļ	
d	Grants or scholarships .									
е	Other expenditures for facilities									
	and programs								<u> </u>	
f	Administrative expenses .									
g	End of year balance .		<u></u>				L			
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administe	ered for	the organ	ızatıon	_	
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations					• • •			3a(ii)	——
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	ichedule R?				•	3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	/, line 11a S	See Form 990), Part X	(, line 10			
	Description of property	(a) Cost or o		()	t or other		Accumulat		(d) Book	/alue
		basis (invest	ment)		(other)	de	preciatio	<u> </u>		
1a	Land .				7,093.					<u>,093.</u>
b	Buildings			26,51	<u> 5,775.</u>		389,2	251.	<u>26,126</u>	<u>,524.</u>
С	Leasehold improvements .					_				
d	Equipment						<u>-</u>			
<u>e</u>	Other									
Total	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colur	nn (B), line	10c.)			. 🕨	<u> 26,223</u>	<u>,617.</u>

Part VIII Investments - Other Securities. Complete if the organization answered "Yes" o	on Form 000 Part IV	line 11h See Form 990	Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives			 -	
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)	<u> </u>			
(E)	<u> </u>			
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or en	d-of-year market value
(1)				
(2)			. <u></u>	
_(3)				
(4)				
(5)	<u>.</u> .			·
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		, line 11d. See Form 990,	Part X, line 15.	
	escription			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
				
(8)			· · · · · · · · · · · · · · · · · · ·	<u> </u>
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> 15.) </u>			L
	- 5 000 P+ N	lander and to One Fam	000 P+V I 01	_
Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization and the	on Form 990, Part IV	(b) Book value	n 990, Part X, line 2:).
		(b) BOOK VAILE	_	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
<u>(4)</u>			1	
(5)			-	
(6)			-	
(7)		··· ·	-	
(8)			4	
(9)	051		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∠ 5.) . ▶ [1	

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) 2015

Employer identification number OMB No 1545-0047 ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. TSTC FOUNDATION Vame of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I

2015

Open to Public Inspection

ž 75-2892470 (h) Purpose of grant or assistance TO TRAIN AND EDUCATE X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any STUDENTS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance EQUIPMENT FOR COLLEGE (f) Method of valuation (book, FMV, appraisal, other) EΜ 336,170, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 86,886 cash grant TEXAS SUBDIVISION (c) IRC section if applicable 74-1646989 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization PEXAS STATE TECHNICAL COLLEGE or government 3801 CAMPUS DRIVE WACO, TX 76705 Part

8	2 Enter total number of section 501(c)(3) and government organizations	and government or	rganizations listed in th	listed in the line 1 table	;	
က	3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table			•
主	LHA For Paperwork Reduction Act Notice, see the Instructions for For	, see the Instruct	tions for Form 990.			Schedule I (Form 990) (2015)

532101 10-28-15

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Page 2 --(f) Description of non-cash assistance 75-2892470 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. SELECTED BY A TSTC COMPONENT. THE TSTC FOUNDATION PURCHASES AND DONATES THE TSTC FOUNDATION HONORS DONORS WISHES FOR THE TYPE OF STUDENTS IN SCHOLARSHIPS ARE BASED ON NEED AND/OR MERIT AND THE RECIPIENTS ARE CONSIDERING THE AVAILABLITY AND AWARDING OF SCHOLARSHIPS. MOST (d) Amount of non-cash assistance 285,675 (c) Amount of cash grant 306 (b) Number of recipients TSTC FOUNDATION (a) Type of grant or assistance STUDENT SCHOLARSHIPS AND AWARDS SCHEDULE I PART III Schedule I (Form 990) (2015) Part ⊞

Schedule I (Form 990) (2015) WAS MADE TO TEXAS STATE TECHNICAL COLLEGE STAFF AND FACULTY AND TO 532102 10-28-15

STUDENTS. CASH ASSISTANCE

EQUIPMENT TO THE TEXAS STATE TECHNICAL COLLEGE WHEN INFORMED BY WRITTEN

REQUEST BY THE COLLEGE'S BOARD OF DIRECTORS, AS TO WHAT EQUIPMENT IS

NECESSARY FOR THE TRAINING AND EDUCATION OF

Schedule I (Form 990) TSTC FOUNDATION	75-2892470 Page 2
Schedule I (Form 990) TSTC FOUNDATION Part IV Supplemental Information	
PROVIDE FOR CONTINUING EDUCATION AND TRAINING TO STAFF	AND FACULTY.
STAFF AND FACULTY ARE CHOSEN FOR ASSISTANCE AND RECOGNI	TION BY TEXAS
DITTE THE THEORY THE CHOPMENT OF THE THEORY	
STATE TECHNICAL COLLEGE AND NOT THE TSTC FOUNDATION.	
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SCHEDULE O (Form 990 or 990-EZ)

1

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

Inspection

Department of the Treasury 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.

Employer identification number 75-2892470

TSTC FOUNDATION	<u> 75-2892470 </u>
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
NEW AND ONGOING PROJECTS AND ACTIVITIES IN THE AREAS OF 1	RESEARCH,
EDUCATION AND COMMUNITY SERVICE.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE FORM 9	90 BEFORE
SIGNATURE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REMINDS BOARD MEMBERS OF THE CONFLICT OF	F INTEREST POLICY
AND HAS THEM REVIEW IT, AND ACKNOWLEDGE THAT REVIEW, ON A	AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REC	QUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	141,416.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	141,416.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	141,416.

SCHEDULER

Department of the Treasury Internal Revenue Service (Form 990)

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.irs.gov/form990

TSTC FOUNDATION

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2015 (g) Section 512(b)(13) Ŷ × controlled Direct controlling 75-2892470 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)) Total income Exempt Code চ 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) **TEXAS** PUBLIC HIGHER EDUCATION Primary activity Primary activity or 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 WACO, TX 76705 Part Part

75-2892470

Page 2 ←

Schedule R (Form 990) 2015 TSTC FOUNDATION

Part III 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

	General or Percentage managing ownership partner?			re related	Section 512(bX13) controlled entity?				Schedule R (Form 990) 2015
	General or managing partner?			ne or moi	(h) Percentage ownership				e R (Forn
	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			ion or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	(g) Share of Peend-of-year ov				Schedul
	(h) Disproportionate allocations? Yes No			t IV, line 34					
	(g) Share of end-of-year assets			orm 990, Par	Share of total income				
				es" on Fc	(e) Type of entity (C corp, S corp, or trust)		!		
	(f) Share of total income			swered "Y					
-				ization an	(d) Direct controlling entity				
	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			the organ	1				2
-				omplete if	(c) Legal domicile (state or foreign country)				35
	(d) Direct controlling entity			ration or Trust Co	(b) Primary activity				
	(c) Legal domicile (state or foreign			is a Corpo	Prime				
5	(b) Primary activity			janizations Taxable a poration or trust dunn					-
	(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization				532162 08-08-15

Page 3 ⊱

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.			Yes	S S
	λ ₁		la la	×
 b cirt, grant, or capital contribution to related organization(s) c Grift, grant, or capital contribution from related organization(s) 			+	×
		٠	H 19	×
E Logis of foal guarantees by related organization(s)				4
f Dividends from related organization(s)			 	×
	•		+-	×
h Purchase of assets from related organization(s)			u :=	«
j Lease of facilities, equipment, or other assets to related organization(s)			X 11 X	
k Lease of facilities, equipment, or other assets from related organization(s)		:	14	×
I Performance of services or membership or fundraising solicitations for related orgi	related organization(s)	·		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		E +	××
	(c)ion			×
p Reimbursement paid to related organization(s) for expenses			qt	×
q Reimbursement paid by related organization(s) for expenses				×
r Other transfer of cash or property to related organization(s)				×
s Other transfer of cash or property from related organization(s)	4 0401 000000 000	Leave see to leave out of the	8	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	nis line, including covered	mation 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	
(1) TEXAS STATE TECHNICAL COLLEGE	В	435,181.	435,181.DISCRETIONARY	
(2) TEXAS STATE TECHNICAL COLLEGE	D	26,538,674.	26,538,674.DEBT DUE THIRD PARTY	
(3) TEXAS STATE TECHNICAL COLLEGE	ם	652,603.	603.DEBT SERVICE REQUIREMENT	
(4)				
(5)				
<u> </u>				
10/ 10/ 10/ 10/ 10/ 10/ 10/ 10/ 10/ 10/	36		Schedule B (Form 990) 2015	2015

Page 4

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)

(a) Name, address, and EIN Of entity	3	, ,			i					
or enuty	Primary activity	(c) Legal domicile	(d) Predominant income properties of the predomi	Are all partners sec 501(c)(3)	(f) Share of	(g) Share of	(h) Dispropor- tionate	(i) Code V-UBI	General o	(k) Percentage
		(state or toreign country)	excluded from tax under sections 512-514)	Yes No	total ıncome	end-of-year assets	allocations?	allocations? of Schedule K-1 partner? ownership	Yes No	ownership
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								Scheduk	B R (For	Schedule R (Form 990) 2015

532164 08-08-15

Schedule F	R (Form 990) 2015	TSTC	FOUNDATION	<u>75-2892470</u>	Page 5
Part Vii	R (Form 990) 2015 Supplemental I	nformation			
			ponses to questions on Schedule R (see instruction	ne)	
	T TOVIGE additional in	ionnation for rec	portises to questions on conceder in the montaction		
					
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