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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public

Department of the Treasury

The organization may have to use a conv of this return to satisfy state.

		the Treasury	► The organizatio	n may have to use a	copy of this return to	satisfy state repo	rting req	uirements		In	spection	
			lar year, or tax year begin			1 , 2012, and e		·		-31 ,20	13	
_		applicable	C Name of organization Texa					nc			identification no	
_	Address		Doing Business As							51-019		
-Ī			Number and street (or P O box	u if mail in not dalivared to a	straot addrace)		Room/s	uite	1	E Telephone		
_	Name ch	-					10	une -	l'		71-6100	
=	nıtıal ret		10100 Burnet Ro		.0		1 10_		- }-			
╣ ¹	Terminat	ed	City, town or post office, state,						- 1.	567,659		
_ ′	Amende	d return	Austin, TX 787	58						Gross rec	eipts \$	
/	Applicati	on pending	F Name and address of princip	oal officer			H(a)	ls this a gro	oup retu	ım for	_ 57	
							```	ls this a gro affiliates?			Yes X No	
	Tax-exer	npt status 🛚 🗓	501(c)(3) 501(c) (	) <b>∢</b> (insert no )	4947(a)(1) or 52	27	H(b)	Are all affili	ates ind	cluded? st (see instruc	∐ Yes ∐ No	
١ ١	Website	▶ WWW	TAME.ORG				H(c)				·	
<b>(</b> F	om of	organization 🛚 🗵	Corporation Trust Ass	ociation Other	L	Year of formation	L976	M State	of lega	l domicile	TX	
Pa	rt I	Summar	у									
201	1	Briefly descr	be the organization's missi	on or most significant	t activities Enab	ling Texas	stude	nts to	pur	sue ca	reers in_	
			Technology, Engi			y: 1. Creat	ing p	artner	ship	s amon	g	
ණු			s, industry, gove									
뺼			ting classroom an									
A Activities & 1G dyernance	,		ox Last Oom and ox				of its net	accets				
<del>প্</del>	2		•	/ /			OI IIS HEI	. 033613	3	[	27	
18	3		oting members of the gover							-		
(SB)	4		ndependent voting members			• •			4		27	
25	5		r of individuals employed in		(Ralt V, line 2a)				5	ļ	3	
105 105	5 6		r of volunteers (estimate if		$\mathbb{C}_{\mathbb{C}}$				6		1,200	
Ž.	7a	Total unrelat	ed business revenue from	Part∭I, column (C),	line 12				7a		0	
	D b	Net unrelate	d business taxable income	from Form 990-T line	34 77				7b		0	
Ų	13	Prior Year								Cur	rent Year	
	8	Contributions	s and grants (Part VIII, line	1h)	怎.\.\.			423	,976	5	411,711	
ē	a		vice revenue (Part VIII, line	2g)					,914	+	153,985	
Revenue	10			\ <b>\</b> \ <b>\</b> \	999				,401	1	1,963	
ě	10											
œ	11								001	<del> </del>	- CT CEO	
	12		e - add lines 8 through 11 (						,291		567,659	
	13		similar amounts paid (Part I		-3)			26	,525	<u> </u>	34,275	
	14	•	d to or for members (Part IX	. , , , ,							0	
ຫ	15	Salaries, oth	er compensation, employed	e benefits (Part IX, co	lumn (A), lines 5-10)	,		133	,999	9	169,371	
se	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e)		. [					0	
Expense	l b	Total fundra	sing expenses (Part IX, col	umn (D), line 25) 🕨		16,532						
Ä			ses (Part IX, column (A), lir		)		•	308	,496	5	331,874	
	18		ses Add lines 13-17 (must					469	,020	) .	535,520	
•	19		s expenses Subtract line			· · · · · · ·			,271		32,139	
10		iveverine ies	o exherises ounitact inte	TO HOLL IIII E 12			B.a					
nce:	5   2-	T-4-1 1	/D V 1 40\			ļ	⊳eginnin	g of Current			d of Year	
Bla	20		(Part X, line 16)		•				,175	+	637,722	
Fund Blances Net Assets or	21		es (Part X, line 26)			}			, 653	+	65,061	
			or fund balances Subtract	line 21 from line 20		<u> </u>		540	,522	3	572,661	
	rt II		ire Block									
Jnder	r penalti	es of perjury, 1 dec	lare that I have examined this retur laration of preparer (other than office	n, including accompanying	schedules and statements,	and to the best of my	knowledge	e and belief, i	t is			
iue c	LUITEUL, A	ila complete Dec	latation of preparer (other than one	L O -	- Preparer has a	Try knowledge			Т	1	1	
		Savi	ta Raj Xavu	a Kar				-	2	2 24	114	
Sig	n	Signatu	re of officer	-()					Date	:7	ł	
Her	re	& Savi	ta Raj, Executive	Director								
	-	123.	print name and title			<del></del>						
		1 2				Date		Charle	- 1.			
n •	.3	1	eparer's name	Preparer s signature				Check		PTIN	14100	
Pai			aul Zeller EA	_		02-17-2014		self-employe	ed	P0086	4109	
Pre	pare	Firm's name	▶ Rupert &	: Associates P	C		Firm's I	EIN <b>&gt;</b>				
Jse	e Oni	y Firm's addres	ss 🕨 10616 Ma	nchaca Rd			Phone	no				
			Austin T	X 78748				5	L2-2	82-230	1	
May	the ID	S diecues this	return with the preparer sh	iown above? (see inst	tructions)					X .	Yes No	

 $\mathcal{V}_{(\sim)}$ 

Form	n 990 (2012) Texas Alliance for Minorities in Engineering Inc	51-0192147	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		🗆
1	Briefly describe the organization's mission		
	Enabling Texas students to pursue careers in Science, Technology, Engineeri	ng, and Math	
	(STEM) by: 1. Creating partnerships among educators, industry, government,	and families t	
Part III Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III			
	prior Form 990 or 990-EZ?	Yes X	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		
		🗌 Yes 🕱	No
4	·	ed by	
4a	(Code ) (Expenses \$ 442,737 including grants of \$ ) (Revenue	\$	)
		th, Technology	z and
			-
		····	
4b	(Code ) (Expenses \$ 34,275 including grants of \$ 34,275 ) (Revenue	\$	)
			lons.
			-
		====	·
		<del></del>	
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	<u> </u>	)
	, (Expenses +) (totales		/
			<del></del>
ـــــــــــــــــــــــــــــــــــــ	Other program conjuges (Decembe in Schodista C.)		
4d	Other program services (Describe in Schedule O)	,	
4	(Expenses \$ including grants of \$ ) (Revenue \$		<del></del>
4e	Total program service expenses ► 477,012		

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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ļ		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	}		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	;		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow 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	
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		X
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С			_	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	•			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
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		Χ
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,	1,10		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	~		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	}	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 1		- 7 7
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.5	-	- 42
	If "Yes," complete Schedule G, Part III	19	1	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua h		20a		77

Checklist of Required Schedules' (continued)

EEA

Form 990 (2012)

No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Χ with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . . . Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Χ 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 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 Χ 27 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) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 Χ 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 . Χ 36 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, Χ 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 . . . . . . . . . Χ

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question 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 . 1b 0	,		į
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		į
	reportable gaming (gambling) winnings to prize winners?	1c	X	ĺ
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		ĺ	ı
	gifts were not tax deductible?	6b		
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?	7a		X
b	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		Ì	
	required to file Form 8282?	7c		Χ
d	if "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		3.5
^	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds			
a h	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
a	Gross income from members or shareholders	İ		
b	Gross income from other sources (Do not net amounts due or paid to other sources	]		
-	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a	Í	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		}	
a	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			
ь	Enter the amount of reserves the organization is required to maintain by the states in which	İ	1	
	the organization is licensed to issue qualified health plans	İ	10,444	
С	Enter the amount of reserves on hand		1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012) Texas Alliance for Minorities in Engineering Inc 51-0192147 Page 6 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 X Check if Schedule O contains a response to any guestion in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year 27 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 27 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a Χ Each committee with authority to act on behalf of the governing body? 8b b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Χ Did the organization have local chapters, branches, or affiliates? 10a 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 Χ Χ Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b 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 12a Χ 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 Χ Did the organization have a written whistleblower policy? 13 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Χ а 15a Χ Other officers or key employees of the organization . . 15b 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 Χ with a taxable entity during the year? . . . . . . . 16a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed

- 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) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization ▶ Savita Raj (512)471-6100

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⊢orm	990	(2012)	

Texas Alliance for Minorities in Engineering Inc

51-0192147

Page 7

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

Check if Schedule O contains a response to any question 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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per			Pos	ition			Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	(do no	ot che	ck m	ore th	an one		from	related	other
	hours for	1				both an		the	organizations	compensation
	related organizations		r and		ctor/t	trustee)	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	I t d n r r r d u s c c t o c d e c d e c d e c	n r s u t s i t	c e	Key employee	H c e m p l o y e e s s a t e d	F o r m e r			and related organizations
(1) Angie Mijares										
Member	1.00	X							0	0
(2) Dean Fontenot		}								
Member	1.00	Х							0	0
(3) Ed Downing					1					
Member	1.00	_X						(	0_	0
(4) Emanuel Guidry										
Member	1.00	X						(	0	0
(5) Eva Trevino								:		
Member	1.00	Х							0	0
(6) Evette Torres										
Member	1.00	X						(	0	0
(7) Floyd Anthony					l					
Member	1.00	X							0	0
(8) Gavino Ramos										
Member	1.00	X						(	0	0
(9) Glennis Sylvester										
Member	1.00	Х						(	0	0
(10) Grant Butkus										
Member	1.00	X						(	0	0
(11) Hector Valdez										
Member	1.00	X						(	0	0
(12) Helen Gonzales										
Member	1.00	X				L		(	0	0
(13) Jeffery Vann										
Member	1.00	X	Ш					(	0	0
(14) Jessica Murillo										
Member	1.00	X						(	0	0

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(B)			(C	<b>:</b> )			(D)	(E) -	(F)
Average hours per week (list any	1		ck mo	ore th			Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
related			-				organization	(W-2/1099-MISC)	from the
organizations below dotted line)	l t d nrı dur ı s e v t c	l t n r s u t s	Office	Key employee	H c e i o m g m p l e e o	o r m e	(W-2/1099-MISC)		organization and related organizations
1.00	X						0	0	0
1.00	X						0	0	0
1									
1.00	X						0	0	0
	,,								_
1.00	X						0	0	0
1.00	X						0	0	0
1.00	X						0	0	0
1.00	X	ļ					0	0	0
					İ				
1.00	X						0	0	0
2.00	X	<u> </u>	X				0	0	0
2.00	X		X				0	0	0
2.00	X		X				0	0	0
2 00	y		Y						0
2.00	A	-							0
2 60	_v		v				_		•
2.00	Α.		Λ				0		0
40.00			X				50,791	0	5,594
	Average hours per week (list any hours for related organizations below dotted line)  1.00  1.00  1.00  1.00  1.00  2.00  2.00  2.00  2.00  2.00	Average hours per week (list any hours for related organizations below dotted line)  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  2.00 X  2.00 X  2.00 X  2.00 X	Average hours per week (list any hours for related organizations below dotted line)  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X	Average hours per week (list any hours for related organizations below dotted line)  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1.00 X  1	Average hours per week (list any hours for related organizations below dotted line)  1 t d it organizations below dotted line)  1 t d it organizations below dotted line)  1 t d it organizations below dotted line)  2 t c it c error organizations below dotted line)  3 t c it c error organizations below dotted line)  4 t c it c error organizations below dotted line)  4 t c it c error organizations error organizations below dotted line)  5 t c it c error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizations error organizatio	Average hours per week (list any hours for related organizations below dotted line)  1 t d	Average hours per week (list any hours for related organizations below dotted line)  1 t d l t d v y g mp or r s e t t s i e e e o r s e d e e d e e e d r s i s i e e e d e r s o r s e d s i r s o r s e t s i e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e d e e e e d e e e e d e e e e e e e e e e e e e e e e e e e e	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (its lary hours for related organizations below dotted line)   Average hours per week (its lary hours for related organizations below dotted line)   Average hours per week (its lary hours for related organizations below dotted line)   Average hours per week (its lary hours for related organizations below dotted line)   Average hours per week (its lary hours for related organizations below dotted line)   Average hours per week (its lary hours for related organizations organizations)   Average hours per week (its lary hours for related organizations)   Average hours per week (its lary hours for related organizations)   Average hours per week (its lary hours for related organizations)   Average hours per week (its lary hours for related organizations)   Average hours per week (its lary hours for related organizations)   Average hours per week (its lary hours per week (its lary hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per week (its lary hours per week)   Average hours per we

Part	VII Section A. Officers, Dire	ctors, Trustees,	Key Employ	ees, a	and	High	est	Comp	ens	ated Employees (	continued)				
	(A) Name and title	P	(B)  Average hours per week (list any hours for	box,	unles	Pos eck m s per	son is	nan one both anustee)	ı	(D)  Reportable compensation from the	(E)  Reportable compensation related organization	from	an	(F) stimated nount of other pensatio	en.
			related organizations below dotted line)	I t d n r i d u r i t c e o u c l a o l	n r s u t s ı t t e	f f c e	e y e m	H on pensee	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	org an	rom the lanization d related anization	
(15)					Ī										
(16)															
(17)							-								
(18)		<del></del>													
(19)													_		
(20)											<u>.                                    </u>				
(21)													i		
(22)		**													
(23)									_				_		
(24)												_			
(25)					l										
1b c	Sub-total	o Part VII, Section	on A .			•			<b>&gt;</b>						
d	Total (add lines 1b and 1c)		· · · · ·			<u>.                                    </u>		<u></u>	<b>&gt;</b>	50,791		0		5,5	94
2	Total number of individuals (includ reportable compensation from the		to those list	ed abo	ve)	who	rece	eived n	nore	than \$100,000 of		0			
	· · · · · · · · · · · · · · · · · · ·													Yes	No
3	Did the organization list any forme employee on line 1a? If "Yes," con					ee, (	or hi	ghest (	com:	pensated			3		X
4	For any individual listed on line 1a. organization and related organization														
	individual		•										4		X
5	Did any person listed on line 1a re for services rendered to the organi		•		-			_	ויzat				5		Х
Secti	on B. Independent Contra										<u></u>				
1	Complete this table for your five his compensation from the organization		•												_
	year	(A)								(B)				(C)	
	Name a	and business address								Description of :	services	+	Comp	ensation	
												1			
	Tatal					1	ا ا								
2	Total number of independent contractived more than \$100,000 of co					ııste	a ab	ove) w	no						

Part '	VIII	Statement of Revenu	ie '	-					
		Check if Schedule O contain	s a response	to an	y question in this		<u> </u>		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Grifts, Grants and Other Similar Amounts	1a b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations	ons) ants, ed above d in lines 1a-		411,711 34,185 ► Business Code 624210	411,711	153,985		512, 513, or 514
gram	е	Att II							
Po	1	All other program service reven Total. Add lines 2a-2f				153,985			
	3	Investment income (including d and other similar amounts) Income from investment of tax-Royalties	vidends, inte	rest,  proce	beds . b	1,963			1,963
	b c	Gross rents	(ı) Reai		(II) Personal				
	b	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)	(i) Secunite		(II) Other	-			
Other Revenuc	b	Gross income from fundraising events (not including \$	alsing events	b					
	10a b		ng activities	a					
Other Revenuc		Miscellaneous Revenue			Business Code				
	c d	All other revenue		·					
		Total revenue See instruction				567,659	153,985		0 1,963

## 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 to any question in this Part IX (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21. Grants and other assistance to individuals in 34,275 the United States See Part IV, line 22 34,275 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 5,687 2,467 50,791 42,637 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 10,405 4,501 102,488 87,582 Other salaries and wages . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,968 1,482 642 16,092 10 Payroll taxes . . . . . . . . . Fees for services (non-employees) 11 Management . . . . . . . . 22,098 17,623 4,115 360 С Accounting . . . . d Lobbying . . . . . . . . . . Professional fundraising services See Part IV, line 17 . е f Other (If line 11g amount exceeds 10% of line 25, column 45,151 40,616 4,115 420 (A) amount, list line 11g expenses on Schedule O) 3,267 3,001 194 72 Advertising and promotion 12 2,003 125 13 Office expenses . . . . . . . . . . 14,194 12,066 356 317 31 8 14 Information technology . . 15 Royalties . . . . . 12,830 12,830 16 Occupancy 28,568 351 265 Travel 29,184 17 . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 50 6 56 19 Conferences, conventions, and meetings . . 637 236 20 Interest . . 873 21 Payments to affiliates 85,749 5,876 5,877 Depreciation, depletion, and amortization 97,502 22 976 52 6,854 23 Insurance . . . . 7,882 24 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) 21,096 3,856 24,970 18 Gifts and Awards 39 15,791 14,985 767 Fuel Hotel 31,953 30,604 1,349 С 527 15 Food & Beverage 21,144 20,602 4,623 2,952 1,671 е All other expenses Total functional expenses. Add lines 1 through 24e 477,012 41,976 16,532 25 535,520 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 > 1 if following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

Part X

### Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 303,731 1 218,953 2 2 3 Pledges and grants receivable, net . . . . . . . . . . . . 3 4 2,648 4 39,196 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 6 Loans and other receivables from other disqualified persons (as defined under section 4985(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 instructions) Complete Part II of Schedule L . . . . . . 7 7 Assets 8 9 Prepaid expenses and deferred charges . . . . . 34,949 9 23,854 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . | 10a 744,306 . 10b b Less accumulated depreciation . . . . 388,587 266,847 10c 355,719 11 Investments - publicly traded securities . . . 11 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 15 Other assets See Part IV, line 11 . . . . . . . . . . . . 15 Total assets Add lines 1 through 15 (must equal line 34) . . 16 608,175 16 637,722 17 Accounts payable and accrued expenses . . 39,232 17 6,745 18 18 10,425 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 28,421 21 21,163 22 Liabilities 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 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . . . . . 24 24 26,728 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 67,653 26 65,061 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 236,170 27 427,554 28 Temporarily restricted net assets . . 304,352 28 145,107 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 540,522 33 572,661 34 608,175 34 637,722

	1990 (2012) Texas Alliance for Minorities in Engineering Inc 51-019	2147	Р	age 12
Pa	rt XI Reconciliation of Net Assets			
_	Check if Schedule O contains a response to any question in this Part XI	<u></u> ,	·	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		567,	659
2	Total expenses (must equal Part IX, column (A), line 25)		535,	520
3	Revenue less expenses Subtract line 2 from line 1		32,	139
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		540,	522
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		572,	661
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u> .		. 🔲
			Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other." explain in			
	Schedule O		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on separate basis, consolidated basis, or both	1		
	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			
	separate basis, consolidated basis, or both			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?	20		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b		
EEA		For	m <b>990</b> (	2012)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Form 990 or 990-EZ.

EEA

## **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.

 OMB No 1545-0047

Employer identification number

2012

Open to Public Inspection

Tex	as			in Engineering I						192147		
pa				/ Status (All organiz				part.) S	See instri	uctions		
The	orga	nization is not a private	e foundation beca	iuse it is (For lines 1 thro	ugh 11, che	ck only on	e box)					
1		A church, convention	of churches, or a	association of churches d	escribed in	section 17	70(b)(1)(A)	(i).				
2		A school described in	section 170(b)(	1)(A)(ii). (Attach Schedul	eE)							
3		A hospital or a coope	rative hospital se	rvice organization describ	oed in <b>secti</b>	on 170(b)(	1)(A)(iii).					
4		A medical research of	organization opera	ated in conjunction with a	hospital de:	scribed in s	section 17	0(b)(1)(A)	(iii). Enter t	the		
		hospital's name, city,	and state									
5		An organization opera	ated for the bene	fit of a college or universit	y owned or	operated l	oy a goverr	nmental ur	nit describe	d in		
		section 170(b)(1)(A)	(ıv). (Complete F	art II )								
6		A federal, state, or lo	cal government o	r governmental unit desci	ribed in <b>sec</b>	tion 170(b	)(1)(A)(v).					
7	X			a substantial part of its s				or from th	e general p	ublic		
		described in section										
8				n 170(b)(1)(A)(vi). (Com	plete Part II	)						
9				(1) more than 33 1/3% (			tributions, a	membersh	nip fees, and	d gross		
				cempt functions - subject								
				and unrelated business								
				e 30, 1975 See <b>section</b> :								
10	П			ed exclusively to test for p				(4).				
11				ed exclusively for the ben					ry out the			
		-		orted organizations desc						ction		
				es the type of supporting								
		a Type I			III-Function			d [	٦.	Non-funtio	onally integ	rated
е		By checking this box	, I certify that the	organization is not contro	lled directly	or indirect	ly by one o	or more dis	squalified p	ersons		
		other than foundation	managers and c	ther than one or more pul	blicly suppo	rted organ	ızatıons de	scribed in	section 50	9(a)(1)		
		or section 509(a)(2)										
f		If the organization re-	ceived a written c	letermination from the IRS	S that it is a	Type I, Ty	pe II, or Ty	pe III supp	oorting			
		organization, check t										
g		Since August 17, 200	06, has the organ	zation accepted any gift of	or contributi	on from an	y of the					
-		following persons?									_	
		(ı) A person who d	lirectly or indirect	y controls, either alone or	together w	ith persons	s described	l ın (ıı) and	i		,	Yes No
		(III) below, the g	overning body of	the supported organization	on?						11g(ı)	
		(ii) A family member	er of a person des	scribed in (i) above?							11g(II)	
		(iii) A 35% controlle	ed entity of a pers	on described in (i) or (ii) a	ibove?						11g(ııı)	
h		Provide the following	information abou	it the supported organizat	ion(s)							
	(i) N	ame of supported	(II) EIN	(iii) Type of organization	(iv) is the or	_	(v) Did yo		(vi) is			of monetary
		organization		(described on lines 1-9 above or IRC section	in col (i) lis governing o		the organi		organization (i) organization		sup	oport
				(see instructions))	30.000			oort?	US			
					Yes	No	Yes	No	Yes	No _		
(A)											,	
						<u> </u>						
(3)												
							<u> </u>		ļ ———		-	
(C)												
							-					<del></del>
(D)							}					
				<u> </u>		<u> </u>	-				1	
(ᢄ)												
				<u> </u>	-	-	<u> </u>				<del> </del>	
T-1.	.1				†	-	†		f			
Tota		munule Dadication A -	t Notice and the	Instructions for		1	<u> </u>	£	.L	Schedula A	(Form 990 or	990-EZ) 2012
ror	rap	erwork Reduction Ac	it Notice, see the	ะ เกอเกินติเมิดเกรี 101						Somedule A	/· Or 11 330 Of	JJU-LL/ 2012

EEA

Schedule A (Form 990 or 990-EZ) 2012

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	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	489,623	398,974	416,795	423,976	411,711	2,141,079
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	489,623	398,974	416,795	423,976	411,711	2,141,079
5	The portion of total contributions by						
	each person (other than a		į				
	governmental unit or publicly	-	-				
	supported organization) included on						
	line 1 that exceeds 2% of the amount		•	ļ			
	shown on line 11, column (f)						64,214
6	Public support Subtract line 5 from line 4						2,076,865
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	<b>(f)</b> Total
7	Amounts from line 4	489,623	398,974	416,795	423,976	411,711	2,141,079
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69	79	75	1,401	1,963	3,587
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support Add lines 7 through 10						2,144,666
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years If the Form 990 is for the o organization, check this box and stop here				a section 501(c)(3	)	▶□
	tion C. Computation of Public St				<del></del>	<del></del>	
14	Public support percentage for 2012 (line 6, o						96.84 %
15	Public support percentage from 2011 Sched				_		%
16a	33 1/3% support test - 2012. If the organization				•		<del>হ</del> ল
	box and stop here The organization qualific						▶ 🏻
b	33 1/3% support test - 2011. If the organiza						
17-	check this box and stop here. The organiza	•		-	401		▶ ⊔
17a	10%-facts-and-circumstances test - 2012 10% or more, and if the organization meets Part IV how the organization meets the "fact	the "facts-and-circu	mstances" test, che	eck this box and <b>st</b>	op here. Explain in		
b	organization						. ▶ □
	15 is 10% or more, and if the organization mee	ts the "facts-and-cir	cumstances" test		•	/	E-
40	supported organization						▶ ∐
18	Private foundation. If the organization did runstructions			/a, or 17b, check th	nis box and see		<b>▶</b> □

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **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. ► See separate instructions

OMB No 1545-0047

2012

Open to Public

Employer identification number

	kas Alliance for Minorities in Engineering Inc	51-0192147
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
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 exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes 📙 No
₽a	Conservation Easements. Complete if the organization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
	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
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year   Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Language    Languag	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statem	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
	organization's accounting for conservation easements	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	ner 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 (ASC 958), not to report in its revenue statement and	l balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	S
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, Ime 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	• \$

51-0192147

Pa	rt 朋   Organizations Maintaining Co						ssets (continued)
3	Using the organization's acquisition, accession, and	d other records, c	heck any of t	he following tl	nat are a sigi	nificant use of its	
	collection items (check all that apply)						
а	Public exhibition	d 🗌 Loa	n or exchang	e programs			
b	Scholarly research	e 🗌 Oth	er				
С	Preservation for future generations						
4	Provide a description of the organization's collection	ns and explain ho	w they furthe	r the organiza	ition's exemp	ot purpose in Part	
	XIII						
5	During the year, did the organization solicit or recei	ve donations of a	rt, historical tr	easures, or o	ther similar		
	assets to be sold to raise funds rather than to be many	aintained as part	of the organiz	ation's collec	tion? .		. 🗌 Yes 🔲 No
Pa	rt IV Escrow and Custodial Arrange	ements. Com	plete if the	e organizat	ion answe	ered "Yes" to Fo	rm 990, Part IV,
	line 9, or reported an amount on	Form 990, Pa	art X, line 2	21			
1a	is the organization an agent, trustee, custodian or o	ther intermediary	for contributi	ons or other a	assets not		
							🛚 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the follow	ing table				
	· · · · ·	•	-		Γ	A	mount
С	Beginning balance				[	1c	28,421
d	Additions during the year				[	1d	
е	Distributions during the year					1e	7,258
f	Ending balance					1f	21,163
2a	Did the organization include an amount on Form 99				_		. 🛚 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII Check						
	rt V Endowment Funds. Complete if						
	— 1 ——————————————————————————————————	(a) Current year	(b) Pnor y		Two years back	(d) Three years bac	
1a	Beginning of year balance	(a) content year	(b) i lioi y	(0)	TWO JOURS BOOK	(d) Times years out	(c) i sai years dask
h	Contributions						
c	Net investment earnings, gains, and						<del></del>
·	losses						
d	Grants or scholarships						
e	Other expenditures for facilities and					<del></del>	<del></del>
-	programs						
f							
	·						
g	End of year balance		1	- (a)\ b ald aa			
2	Provide the estimated percentage of the current year	· ·	ne rg, columi	i (a)) neid as			
a	Board designated or quasi-endowment ►  Permanent endowment ►  %	%					
ь		07					
C	Temporarily restricted endowment ▶  The percentages in lines 2a, 2b, and 2c should equ	% ~! 100%					
20							
3a	Are there endowment funds not in the possession of	ii ine organizatioi	i that are neit	i and adminis	tered for the		V N-
	organization by						Yes No
	(i) unrelated organizations	•	•				3a(i)
h	(ii) related organizations		. ، ، ، . D2 ماييام مطما				. 3a(ii)
b 4		•		•		• •	. 3b
4	Describe in Part XIII the intended uses of the organ			V line 10		<del></del>	
Га					т_		
	Description of property	(a) Cost or oth	· · · · · · · · · · · · · · · · · · ·	(other)	basis	(c) Accumulated depreciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment			744	,306	388,587	355,719
e	<u>Other</u>						
Tota	I. Add lines 1a through 1e (Column (d) must equal F	orm 990, Part X,	column (B), l	ne 10(c))		•	355,719
FFA							hedule D (Form 990) 2012

Page 3

Texas Alliance for Minorities in Engineering Inc

Part VII	Investments - Other Securitie	es: See Form 990, Part X, line	12.	<u> </u>
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
_(B)				
(C)				
(D)			<u> </u>	
(E)				
(F)				
(G)				
(H)			t .	
(1)				
Part VIII	) must equal Form 990, Part X, col (B) line 12 )  Investments - Program Relate	ed. See Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			Sost of the of year market value	
(2)				
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX	Other Assets. See Form 990, F	Part X, line 15		
	, , , , , , , , , , , , , , , , , , ,	(a) Description	(t	b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			·	
(6)				
(7)				
(8)				
(10)	7		-	
	n (b) must equal Form 990, Part X, col (B) i	ine 15 )		_
Part X	Other Liabilities. See Form 990			
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
_(6)			1	
(7)				
(8)			_	
(9)				
(10)				
(11)				
	) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
			nancial statements that reports the organiza	tion's
lability for unc	certain tax positions under FIN 48 (ASC 740)	) Check here if the text of the footnote h	nas been provided in Part XIII	

Sched	Texas Alliance for Minorities in Engineering Inc	51-0192147	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	567,659
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
е	Add lines 2a through 2d	7 2e	
3	Subtract line 2e from line 1	3	567,659
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	567,659
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1 1	535,520
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	╡	
c	Other losses	1	
d	Other (Describe in Part XIII )	-	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	535,520
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		333,323
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	1 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	535,520
	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and		
	V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi		
	nation	uonai	
	ent not reporting amounts on 990 (Part IV, line 1b)		
nge	ince reporting amounts on 330 (rare rv, rine rb)	<del></del>	<del></del>
ייי א איי	E is the State organization and holds funds from their local chapters.		
17111	the State Organization and hords funds from their focal chapters.		
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
EEA		Cabadel-	D (Form 990) 2012
~		Schedule	⊋ (roiniə\$0) Z01Z

Schedule D (Form 990) 2012 Texas Alliance for Minorities in Engineering Inc	51-0192147	Page 5
Part XIII Supplemental Information (continued)	<u> </u>	
00 Harris Carret Habilita (Bart TV 14-20)		
02. Escrow account liability (Part IV, line 2b)		
TAME is the State organization and holds funds from their local chapters.	The local	
chapters are run by volunteers and send their funds to the State organiza	cion and pay a	
processing/handling fee.		
	_	
		<u></u>
	<del></del> -	
	<u> </u>	<del></del>
		<del> </del>

SCHEDULE I (Form 990)		Grants a Governme	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Assistance to ndividuals in	Ind Other Assistance to Organizations, nts, and Individuals in the United States ganization answered "Yes" to Form 990, Part IV, line 21 or 22.	S, les r 22.		2012
Department of the Treasury Internal Revenue Service			<b>A</b>	► Attach to Form 990.			0	Open to Public Inspection
Name of the organization							Employer identification number	umber
Texas Alliance for Minorities in Enginee	or Minorities i	n Enginee					51-0192147	
Part I General Information on Grants and Assistance	Information on C	<b>Srants and Assis</b>	stance					
1 Does the organization maintain records to substantiate the amount of the	ion maintain records to	substantiate the amou	nt of the grants or assist	ance, the grantees' el	grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and		
the selection criteria	the selection criteria used to award the grants or assistance?	nts or assistance?						🛚 Yes 🗌 No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the organization's proce	edures for monitoring t	the use of grant funds in	the United States				
Part II Grants and Other Assistance to Governments	and Other Assista	ance to Governn		ations in the Ur	ited States. Com	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,	ion answered "Ye	es" to Form 990,
Part IV, I	line 21, for any rec	ipient that receive	ed more than \$5,00	0 Part II can be	duplicated if addition	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	J.	
1 (a) Name and address of organization or novernment	ss of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)						other)		

orm 990, ose of grant **A** . . . . . . . . 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table . . For Paperwork Reduction Act Notice, see the Instructions for Form 990 EEA £ (12) (10) 3 6) (3) 4 (9) (8) (5) 3

Schedule I (Form 990) (2012)

51-0192147 Texas Alliance for Minorities in Engineering Inc

Schedule I (Form 990) (2012)

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 34,275 (c) Amount of cash grant Part III can be duplicated if additional space is needed 32 (b) Number of recipients (a) Type of grant or assistance 1 Academic scholarships Information Part IV Part III က 4 S 9 ~

# 1. Monitoring procedures (Part I, line 2)

dispursing scholarship monies through the university, TAME ensures that funds are used for their intended purpose - assist deserving The university is asked to ΒŻ The university is asked to return any unused funds to TAME. Schedule I, Part 1, Line 2: Scholarships are dispursed to the university that the student is attending. apply the funds toward tuition, books, room or board, as needed. TAME students in higher education.

# 3. Supplemental information (Part IV, additional)

Scholarship recipients are not individually listed becuase they received less than \$5000 in the prior year.

EEA

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Texas Alliance for Minorities in Engineering I

Employer identification number

Texa	as Alliance for Minorit:	ies in Eng	ineering I		51-019214	<u> </u>	
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determini ntribution ar	_
1	Art-Works of art	арріісавіс	iteriio contributed	Tomicoo, raix rain, and rg			
2	Art-Historical treasures						
3	Art-Fractional interests		-				
4	Books and publications						
5	Clothing and household						
·	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded						
10	Securities-Closely held stock						
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate-Residential						
16	Real estate-Commercial						
17	Real estate-Other						_
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						<del></del>
23	Scientific specimens		-				
24	Archeological artifacts						_
25	Other ▶(Goods, Ser)	х	5	34,185	Audit_		
26	Other ▶()			<del></del>			
27	Other ►()						
28	Other ▶()		<u> </u>	<u> </u>			-
29	Number of Forms 8283 received by			utions for			
	which the organization completed F	orm 8283, Part	IV, Donee Acknowledgement		29		T NI -
				D		Yes	No
30a	During the year, did the organization						
	it must hold for at least three years			ch is not required to be		20-	
	used for exempt purposes for the e		10d ⁷			30a	
b	If "Yes," describe the arrangement		d l salvana a afan				İ
31	Does the organization have a gift ac			non-standard		24	
	contributions?					31	+
32a	Does the organization hire or use the			ocess, or sell noncash		220	
						32a	
b	If "Yes," describe in Part II		(-) f + f f	المناعد علم من (م) مصرياهم طميطين			
33	If the organization did not report an describe in Part II	amount in colun	nn (c) for a type of property for t	wnich сошти (а) is спескей,			

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

Department of the Treasury

Internal Revenue Service

## 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.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization Texas Alliance for Minorities in Engineering Inc 51-0192147 01. Form 990 governing body review (Part VI, line 11) Each year Form 990 is e-mailed to the Finance/Resource Committee for review and sent to the Board of Directors for final approval and execution. 02. Conflict of interest policy compliance (Part VI, line 12c) A. An interested person may make a presentation at the Governing Board or Committee Meeting, but after the presentation, s/he shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. B. The Chairperson of the Governing Board or Committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. C. After exercising due diligence, the Governing Board or Committee shall determine whether the organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. D. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Governing Board or Committee shall determine by a majority vote of the disinerested directors whether the transaction or arrangement is in the organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

03. CEO, executive director, top management comp (Part VI, line 15a)

As supervisor for the Executive Director, Board Chair leads steps needed to complete ED

the Executive Committee (and/or the ED preformance and salary review subcommittee).

review evaluation. 2. Board Chair conducts performance evaluation with the assistance of

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Employer identification number Name of the organization 51-0192147 Texas Alliance for Minorities in Engineering Inc also review key job responsibilities to ensure they are still accurate. 3. ED completes self evaluation, and submits to Board Chair. Board Chair reviews with Executive Committee (and/or the ED performance and salary review subcommittee). 5. Board Chair prepares draft ED review evaluation based on Board Chair and BOD feedback. Draft ED review evaluation is reviewed by the Executive Committee (and/or the ED Performance and Salary Review Subcommittee). Review evaluation includes rating of ED key responsibilities, along with comments and examples to support each rating. 6. Results presented to full Board for approval. 7. Board Chair conducts final review evaluation discussion with ED. A copy of the final review is sent to the Assistant Dean for Student Affairs for submittal of the University Appraisal Form to the Engineering HR office. A. Board Chair provides a copy of the completed evaluation to the ED to read and review before the scheduled discussion. B. Board Chair signs the evaluation. The ED provides any final comments if desired and signs evaluation. 8. Executive Committee (and/or the ED Preformance and Salary Review Committee) recommends whether salary increase is appropriate, along with recommended salary increase amount. 9. Full Board approves/disapproves salary recommendation. 04. Governing documents, etc, available to public (Part VI, line 19) The organization posts all relevant documents on its website and also on Guidestar. Interested parties may contact the office by mail for a printed copy of these documents. 05. General explanation attachment Full Mission Statement: Enabling Texas students to pursue careers in Science, Technology, Engineering and Math (STEM) by: 1. Creating partnerships among educators, industry, government, and families to inform, educate and motivate students. 2. Implementing classroom and extra-curricular programs and activities. 3. Focusing on populations that remain underrepresented in

fields of STEM. 4. Promoting diversity in STEM careers.

Form 4562

## **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172 2012

Attachment Department of the Treasury Sequence No 179 ▶ Attach to your tax return. ▶ See separate instructions Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return 51-0192147 FORM 990 -Texas Alliance for Minorities in Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) . . . . . . . . . . . . . . . 1 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 6 (b) Cost (business use only) (c) Elected cost (a) Description of property Listed property Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 13 Note. Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 89,736 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions ) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2012 17 If you are electing to group any assets placed in service during the tax year into one or more general 18 Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation d) Recovery (e) Convention (business/investment use (f) Method (g) Depreciation deduction (a) Classification of property period service only-see instructions) 19a 3-year property #50 Statement 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs 25-year property ММ S/L Residential rental 27 5 yrs MM S/L 27 5 yrs property MM S/I Nonresidential real 39 yrs property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs b 12-year 40-year 40 vrs MM S/L Part IV Summary (See instructions ) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 97,502

here and on the appropriate lines of your return Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

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_		Fe	deral Supp	orting Statements	<b>2012</b> PG01
Name(s) as shown on return			·· <u> </u>		FEIN
Texas Alli	ance fo	or Min	norities i	n Engineering Inc	51-0192147
		<u>1</u>	FORM 4562	- LINE 19B	Statement #50
BASIS 1,624	<u>RP</u> 5	<u>CV</u> MQ	<u>METHOD</u> SL	<u>DEDUCTION</u> 68	
184,750	5	-MQ	SL	7,698	
TOTALS				7,766	