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990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2014 or tax year beginning , 2014, and ending A Employer identification number Name of foundation 74-2793078 ASTROS FOUNDATION B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite (713) 259-8834 501 CRAWFORD STREET City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here • • HOUSTON, TX 77002 Initial return Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here . Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Name change Address change computation H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method | X | Cash | Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here . > end of year (from Part II, col. (c), line 6,776,169 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 3,185,089 Contributions, gifts grants, etc., received (attach schedule). if the foundation is not required to attach Sch B Interest on savings and temporary cash investments. 4,781 4,781 Dividends and interest from securities . . . 5a Gross rents b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. Income modifications . Gross sales less returns and allowances . . . 10 a **b** Less Cost of goods sold . c Gross profit or (loss) (attach schedule) -402,890 -402,860 30 Other income (attach schedule) 11 -402,890 2,787,010 4,811 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc . . . Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 27 27 16a Legal fees (attach schedule) 6 6 b Accounting fees (attach schedule) 8 Administrative MUV c Other professional fees (attach schedule). . . 3S 17 18 Taxes (attach schedule) (see instructions). . . 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings and 22 Printing and publications 19,217 959 18,258 Operating 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 959 0 18,291 19,250 Add lines 13 through 23. 416,701 25 Contributions, gifts, grants paid 18,291 959 435,951 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12. 2,351,059 Excess of revenue over expenses and disbursements . . 3,852 b Net investment income (if negative, enter -0-) 0 c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions. 4E1410 1 000

Form 990-PF (2014)

Part II		Bolones Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	nd of year		
Га	ιυ	Datatice Stieets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-beari	ng	_				
			cash investments	′	1,784,669	1,784,669		
	•	Less: allowance for doub	btful accounts ▶		0			
	4	Diadage recovering	bildi accounts >					
	4	frieuges receivable P_	btful accounts ▶		0	 		
		Ecoo anomanos for dod						
i								
			officers, directors, trustees, and other					
			ach schedule) (see instructions)			 ,		
			eceivable (attach schedule) 🕨					
		Less allowance for doul	otful accounts ▶		0			
ş			e					
Assets	9	Prepaid expenses and de	eferred charges					
1 🏲	0 a	Investments - U.S. and state	e government obligations (attach schedule)					
	b	Investments - corporate	stock (attach schedule)					
-			bonds (attach schedule)					
1	1	Investments - land, buildings	S. •			,		
		and equipment basis Less accumulated deprecia	ation		0			
١.		(attach schedule)						
- 1	2	Investments - mortgage	loans		4,991,500	4,991,500		
1	ა 4	Investments - other (atta Land, buildings, and	nch schedule)			4/331/300		
'		equipment basis	tion >		0			
		(attach schedule)	tion					
1	5	Other assets (describe)	 /					
1			completed by all filers - see the					
\bot		instructions. Also, see p	age 1, item I)	4,409,122	6,776,169	6,776,169		
1	7	Accounts payable and a	ccrued expenses			,		
1	8	Grants payable						
တ္ထု 1	9	Deferred revenue						
<u>∄</u> 2	0	Loans from officers, directo	rs, trustees, and other disqualified persons			}		
Liabilities	1	Mortgages and other no	tes payable (attach schedule)					
ۋ ت			• ▶)[32,404	1		
		•				ì		
2	3	Total liabilities (add line	s 17 through 22)	0	32,404	•		
\top			ow SFAS 117, check here . ▶			*		
		and complete lines 2	24 through 26 and lines 30 and 31.					
Ses		Uncontricted						
티	4	Tampararily restricted				1		
B 2	5	remporarny restricted .		-		+		
힏²	6	Permanently restricted .						
₫		Foundations that do	not follow SFAS 117, P			}		
b	_	check here and com	piete lines 27 through 31.					
2 يو	7	Capital stock, trust princ	cipal, or current funds			1		
8 2	8	Paid-in or capital surplus, or	land, bldg, and equipment fund	4 400 100	6 742 765	1		
ĕ 2	9	Retained earnings, accumu	ilated income, endowment, or other funds	4,409,122	6,743,765			
乡 3	0	Total net assets or fund	not follow SFAS 117,	4,409,122	6,743,765	i.		
~ 3	1	Total liabilities and	net assets/fund balances (see					
		instructions)	<u> </u>	4,409,122	6,776,169			
			nges in Net Assets or Fund Balar			<u> </u>		
			alances at beginning of year - Part I			4 400 400		
			d on prior year's return)			4,409,122		
2	Ente	r amount from Part I,	line 27a		2	2,351,059		
3	Othe	er increases not includ	fed in line 2 (itemize) ▶					
4	Add	lines 1, 2, and 3	line 2 (itemize) ►ADJUSTMENT		4	6,760,181		
5	Dec	reases not included in	line 2 (itemize) ►ADJUSTMENT		5	16,416		
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	6,743,765		
						Form 990-PF (2014)		

	and Losses for Tax on Invedod describe the kind(s) of property sold (e		(b) How acquired	(c) Date	(d) Date sold
	rick warehouse, or common stock, 200 s		P - Purchase D - Donation	acquired (mo., day, yr)	(mo, day, yr.)
a			D - Doridion		
b					
C					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					0
b					0
c					
d					<u>C</u>
е			ļ		0
Complete only for assets	showing gain in column (h) and owned	d by the foundation on 12/31/69		Gains (Col. (h) g	
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col	(k), but not less t Losses (from co	
a		0			0
b		0		<u>.</u>	0
С		0			0
d		0			0
e		0			<u>C</u>
2 Capital gain net income		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		C
2 Not short term conital as	ا ا ا ا ain or (loss) as defined in sections 1	•			
	art I, line 8, column (c) (see inst				
•	art i, line o, column (c) (see inst		,		
	Jnder Section 4940(e) for Rec		ncome		
	the section 4942 tax on the distrib not qualify under section 4940(e)		ase period	d?	Yes X No
	nount in each column for each year		anv ent	ries	
(a)	(b)	(c)	lg driy crit	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2013	1,299,512	3,426,734			0.3792
2012	953,531			-	0.6997
2011	545,615				0.7549
2010	725,333				0.7426
2009	855,931				1.8975
2 Total of line 1, column (d	1)		2		4.4739
	o for the 5-year base period - divide				
•	ndation has been in existence if les		3		0.8948
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·			
4 Enter the net value of no	encharitable-use assets for 2014 fro	om Part X, line 5	4		5,349,450
					<u> </u>
5 Multiply line 4 by line 3			5		<u>4,786,688</u>
, ,					
6 Enter 1% of net investme	ent income (1% of Part I, line 27b) .		6		~ ~ ~
					39
7 Add lines 5 and 6			7		
			 		39 4,786,727
8 Enter qualifying distributi	ons from Part XII, line 4				

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here			;
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		<u> </u>	ئـ ـــــ
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>77</u>
	here and enter 1% of Part I, line 27b			i
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part i, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2	_		
3	Add lines 1 and 2			77
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			77
6	Credits/Payments			1
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,009	,		
b	Exempt foreign organizations - tax withheld at source			ı
С	Tax paid with application for extension of time to file (Form 8868)			4
d	Backup withholding erroneously withheld	-		
7	Total credits and payments. Add lines 6a through 6d		⊥,	009
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>0</u> 932
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			932_ 0
11	Enter the amount of line 10 to be Credited to 2015 estimated tax > 932 Refunded > 11			
	t VII-A Statements Regarding Activities		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	res	X
	participate or intervene in any political campaign?			,**
b		1b		х
	Instructions for the definition)?			
	published or distributed by the foundation in connection with the activities.			
_	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
u	(1) On the foundation \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
•	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_ X_
	If "Yes," attach the statement required by General Instruction T			i
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	-	-	
	conflict with the state law remain in the governing instrument?	6	<u> X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	-
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	TEXAS			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		- v-	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			x
	complete Part XIV	9		 ^- -
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		х
	names and addresses	10		Ι Δ

Pai	rt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	T		
••	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11	ļ .	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	1 1	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► HOUSTON.ASTROS.MLB.COM/HOU/FOUNDATION			
14	The books are in care of ▶ DOUGLAS SECKEL Telephone no ▶ 713-259-	-800	0	
	The books are in care of ▶ DOUGLAS SECKEL Located at ▶ 501 CRAWFORD ST., HOUSTON, TX Section 4947(a)(1) propeyempt, charitable trusts filing Form 990-PF in lieu of Form 1041 a Check here		-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	T = T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If			
	"Yes," enter the name of the foreign country >			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)	1 -	,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	1		
t	of If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		-	v
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here	Ì		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		X
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<u> </u>	\vdash	
~	operating foundation defined in section 4942(I)(3) or 4942(I)(5)).			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	1		
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years ▶			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			!
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		Х
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here]	
	>	1		1
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?]	
b	o If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			'
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014.)	3b	N	A
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		_ X

Form 9	990-PF (2014)						Page	(
Pai	rt VII-B Statements Regarding Activities	for Which Form	4720 May Be Re	quired (con	tinued)			_
5a	During the year did the foundation pay or incur any amo	ount to:						
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public ele	ection (see section	4955); or to carry o	n,				
	directly or indirectly, any voter registration drive?		•	F-1	X No	i		
	(3) Provide a grant to an individual for travel, study, or o			₩	No			
	(4) Provide a grant to an organization other than a	• •				1		
	section 4945(d)(4)(A)? (see instructions)			l I	X No			
	(5) Provide for any purpose other than religious, ch			· —	لبيسا			
	purposes, or for the prevention of cruelty to children	•	•		No	1		
b	If any answer is "Yes" to 5a(1)-(5), did any of the			• 🖵				
	Regulations section 53.4945 or in a current notice regar		•	•		5b		
		=			[_		-
	Organizations relying on a current notice regarding disas							
С	If the answer is "Yes" to question 5a(4), does the		•	r	X No			
	because it maintained expenditure responsibility for the	=		. Yes	X No			
	If "Yes," attach the statement required by Regulations se	ction 53.4945-5(d)						
6a	Did the foundation, during the year, receive any fur	•			[v]		1 1	
	on a personal benefit contract?			Yes	X No		-	
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	a personal benefit contr	act?		6b		_
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?.	. Yes	X No			_
	If "Yes," did the foundation receive any proceeds or have					7b_	N A	_
Par	Information About Officers, Directors	rs, Trustees, Fol	indation Manager	s, Highly P	aid Emp	loyees,		
1	List all officers, directors, trustees, foundation n		r compensation (see	instructions	s).			-
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributemployee ben		(e) Expens	e account,	_
_	· · · · · · · · · · · · · · · · · · ·	devoted to position	enter -0-)	and deferred cor		other all	owances	_
ATT	ACHMENT 4							
								_
				1				
_								
								_
								_
								_
								_
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see	instructio	ns). If no	one, ente	
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin			ns). If no	one, ente	
	"NONE."	(b) Title, and average		(d) Contribu	tions to	(e) Expens	e account,	-
			se included on lin	(d) Contribu employee I plans and d	tions to benefit eferred	•	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu	tions to benefit eferred	(e) Expens	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee I plans and d	tions to benefit eferred	(e) Expens	e account,	- >I
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee I plans and d	tions to benefit eferred	(e) Expens	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee I plans and d	tions to benefit eferred	(e) Expens	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee I plans and d	tions to benefit eferred	(e) Expens	e account,	
	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee I plans and d	tions to benefit eferred	(e) Expens	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee I plans and d	tions to benefit eferred	(e) Expens	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee I plans and d	tions to benefit eferred	(e) Expens	e account,	

Total number of other employees paid over \$50,000.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
Total number of others receiving over \$50,000 for professional services	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 THE ASTROS FOUNDATION COMMUNITY LEADERS PROGRAM - SEE ATTACHMENT 5	<u> </u>
THE ASTROS FOUNDATION COMMONTH BEADERS FROGRAM 5 SEE ATTACHMENT 5	
	247,202
2 ASTROS URBAN YOUTH ACADEMY - SEE ATTACHMENT 5	
	308,168
3	}
A	
4	}
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	
2	
All other program-related investments See instructions	
3	
Total Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes	E. A.	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances		5,430,914
c	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	5,430,914
е			
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,430,914
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)		81,464
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,349,450
6	Minimum investment return. Enter 5% of line 5		267,473
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ▶ and do not complete this part)		· · · · · · · · · · · · · · · · · · ·
1	Minimum investment return from Part X, line 6	. 1	267,473
2a	Tax on investment income for 2014 from Part VI, line 5	7	
b			
C	Add lines 2a and 2b	2c	77
3	Distributable amount before adjustments. Subtract line 2c from line 1		267,396
4	Recoveries of amounts treated as qualifying distributions	' 	
5	Add lines 3 and 4		267,396
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII.		
	line 1		267,396
			
Pari	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	* v	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	435,951
b	Program-related investments - total from Part IX-B		0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	F. Z.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		435,951
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		,
	Enter 1% of Part I, line 27b (see instructions)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	435,951
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when		
	qualifies for the section 4940(e) reduction of tax in those years.	Januaring Wilottie	alo logilidadion

Form 990-PF (2014)

Pa	rt XIII Undistributed Income (see instru	ıctions)			
_	Distributable arrays for 2014 from Dad VI	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,				267,396
_	line 7				201,330
2	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only	·			 ,
3	Excess distributions carryover, if any, to 2014 From 2009 833, 400				
	· · · · · · · · · · · · · · · · · · ·				
0					
u	From 2012				
•	Total of lines 3a through e	4,032,965			
	Qualifying distributions for 2014 from Part XII,	1,002,000			
•	line 4: ► \$ 435, 951				
а	Applied to 2013, but not more than line 2a			·	
	Applied to undistributed income of prior years				
D	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election				· ·
	required - see instructions)				
	Applied to 2014 distributable amount	170 555			
	Remaining amount distributed out of corpus	178,555			
5	Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
•	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,211,520			!
	·				
D	Prior years' undistributed income Subtract line 4b from line 2b		ol		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		0		
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount - see instructions			0	
•	Undistributed income for 2014. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2015				<u>267,396</u>
7	Amounts treated as distributions out of corpus		 		
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	4,211,520			
10	Analysis of line 9				
	Excess from 2010 676, 505				
b	Excess from 2011 509, 484			ļ	
C	Excess from 2012 885,395				
ď	Excess from 2013 1,128,181			ļ	
е	Excess from 2014 178,555	<u> </u>			

Form 990-PF (2014)

JSA 4E1490 1 000

Pa	ri XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	
1 a		received a ruling or de g is effective for 2014, en			ating ►	
b		whether the foundation i			section 4942(j)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	return from Part X for each					0
b	year listed 85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part					_
ч	XII, line 4 for each year listed . Amounts included in line 2c not					0
	used directly for active conduct of exempt activities			· · · · · · · · · · · · · · · · · · ·		0
9	Qualifying distributions made directly for active conduct of exempt activities Subtract line	o	0	0	0	0
3	2d from line 2c Complete 3a, b, or c for the	<u> </u>				
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying under section					0
b	4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest-					0
	ment return shown in Part X, line 6 for each year listed					0
c	"Support" alternative test - enter			<u> </u>		
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on secunties	:				
	loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					0
	(j)(3)(B)(iii)					
	port from an exempt organization.					0
Pa	(4) Gross investment income. rt XV Supplement	ntary Information (C	omplete this part	only if the found	ation had \$5.000	
		e during the year - se				
1		g Foundation Managers				
а	List any managers of before the close of any	the foundation who hay tax year (but only if the	ave contributed more by have contributed m	e than 2% of the tota nore than \$5,000) (Se	al contributions receiv se section 507(d)(2))	ed by the foundation
N/2	Δ.					
b	List any managers of	the foundation who o	wn 10% or more of	the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner	rship or other entity) of	which the foundation	has a 10% or greater	ınterest.	
NT / 2						
$\frac{N/2}{2}$	A Information Regardin	g Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Č	the foundation only m		•	table organizations a	ind does not accept
	unsolicited requests for other conditions, comp	or funds If the founda plete items 2a, b, c, and	ition makes gifts, gra l d.	ints, etc (see instruct	tions) to individuals o	r organizations under
а	The name, address, a	nd telephone number o	or e-mail address of the	he person to whom ap	plications should be add	ressed
<u>N/2</u>	The form in which ann	lications should be sub	mutted and informatio	n and materials they	should include	
IJ	тне юти и мист арр	moduorio oriodid de SUD	mated and informatio	in and materials they	CHOMIC III CIUUC	
N/2	<u> </u>	ines:			····	
C	Any submission dead	ines:				
N/Z	Α	mitations on awards,				
d	Any restrictions or li factors:	mitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of ii	nstitutions, or other
N/	Δ					

Part XV Supplementary Information	(continued)			Page 11
3 Grants and Contributions Paid Dur	ing the Year or Appr		uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		
ATTACHMENT 6				
	1			
		j		
 		ļ		
	<u> </u>	 <u>.</u>	▶ 3a	416,701
b Approved for future payment				
			21	

Part XV	-A Analysis of Income-Produ	icing Activ	vities			
	s amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
_	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
-	II Selvice revenue			}		(OCC IIISII GGIGIIS.)
				f		
_						
f						
g Fees	and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	4,781	
	tal income or (loss) from real estate.					
a Deb	t-financed property			<u></u>		
	debt-financed property					
6 Net rent	al income or (loss) from personal property					<u> </u>
7 Other in	nvestment income				30	
8 Gain or	(loss) from sales of assets other than inventory					
9 Net inc	ome or (loss) from special events					-402,890
10 Gross	profit or (loss) from sales of inventory			ļ	,. <u></u>	
11 Other re	evenue a					
b						
						_
d				ļ		
e					4 011	400 000
	al Add columns (b), (d), and (e)		0		4,811	-402,890
	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calci			• • • • • •	¹³	-398,079
	-B Relationship of Activities		complishment of Ev	omnt Durn		
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	on's exemp	t purposes (other than t	by providing	funds for such purposes	s) (See instructions)
	ATTACHMENT 7		· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	,		
				·		
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	 	···			<u> </u>	
	 	·				
	 					
_	1					

Par	t XVII	Information R Exempt Organ		nsfers To and Transac	tions and	Relation	ships With None	charit	able	
1	ın sect		-	ngage in any of the following section 501(c)(3) organization					Yes	No
а	Transf	ers from the reportin	ig foundation to ε	noncharitable exempt orga	anızatıon of:					4
								1a(1)		X
								1a(2)		X
b		transactions							~	١
				pt organization						X
				le exempt organization						X
				ssets				1b(3)		X
	(5) Loa	ans or loan quarantee	sments							X
				or fundraising solicitations						Х
				, other assets, or paid empl						X
d	If the	answer to any of th	e above is "Yes,	complete the following:	schedule C	olumn (b) s	hould always show	the f		
				es given by the reporting f						
				ment, show in column (d)						
_(a) L	ne no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) Desc	ription of transf	ers, transactions, and shar	ing arrar	ngeme	nts
	-		<u> </u>				·			
		······································			+					
	- -	·- ·- ·- ·		· · · · · · · · · · · · · · · · · · ·						
					 					
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	-								_	
		· · · · · · · · · · · · · · · · · · · 								
					 					
	describ	ped in section 501(c)	of the Code (oth	ated with, or related to, or er than section 501(c)(3)) or		=	t organizations	Ye	s X	No
	ir res	" complete the follog (a) Name of organization		(b) Type of organization			(c) Description of relations	hip		
		(0)		(2) 1) 0 0, 0 8 2 1 1 2 1				• • •		
		0 1					· · · · · · · · · · · · · · · · · · ·			
		pendities of penury I deda a and commett Declaration of	ire that I have examined	d this return, including accompanying payer) is based on all information of which	schedules and s h preparer has an	tatements, and t y knowledge	o the best of my knowledg	e and be	elief, it	is true,
Sigr	۱ ۱				1 2 m	(.	May the IRS	discuss	this	return
Here				11-16-15		ector		eparer s	1 6	below
	Sigi	nature of officer or trustee		Date	Title		(see instruction	s)?	Yes	No
		Print/Type preparer's na		Preparer's signature		Date	Check If F	TIN		
Paid	l	, , , , , , , , , , , , , , , , , , ,					self-employed			
Prep	oarer	Firm's name		,1,	 ,	<u> </u>	Firm's EIN			
Use	Only	Firm's address								
							Phone no			
							For	m 990	-PF	(2014)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

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

Maine of the organization		Employer identification number
ASTROS FOUNDATION		74-2793078
Organization type (check or	le)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c) instructions General Rule X For an organization	covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule, or (10) organization can check boxes for both the General Rule, or filling Form 990, 990-EZ, or 990-PF that received, during the contributors.	e year, contributions totaling \$5,000
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule nd that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 99	e A (Form 990 or 990-EZ), Part II, line al contributions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or the year, total contributions of more than \$1,000 exclusively from the prevention of cruelty to children or animal purposes, or the prevention of cruelty to children or animal	or religious, charitable, scientific,
contributor, during contributions total during the year for General Rule appl	in described in section 501(c)(7), (8), or (10) filing Form 990 or the year, contributions exclusively for religious, charitable, etc. ed more than \$1,000. If this box is checked, enter here the total an exclusively religious, charitable, etc., purpose. Do not comples to this organization because it received nonexclusively religious more during the year.	c, purposes, but no such al contributions that were received plete any of the parts unless the ous, charitable, etc, contributions
Caution. An organization tha	at is not covered by the General Rule and/or the Special Rules ust answer "No" on Part IV, line 2, of its Form 990, or check the	does not file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number 74-2793078

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONOCO PHILLIPS 600 N. DAIRY ASHFORD ROAD HOUSTON, TX 77079	\$750,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHAMPION ENERGY SERVICES, LLC 1500 RANKIN ROAD - SUITE 200 HOUSTON, TX 77073	\$250,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OCCIDENTAL PETROLEUM 5 GREENWAY PLAZA HOUSTON, TX 77046	\$ 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4 SCHLUMBERGER 300 SCHLUMBERGER DR.	Total contributions	Person Payroll Noncash (Complete Part II for
No. 4	Name, address, and ZIP + 4 SCHLUMBERGER 300 SCHLUMBERGER DR. SUGAR LAND, TX 77478 (b)	\$ 250,000 (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	Name, address, and ZIP + 4 SCHLUMBERGER 300 SCHLUMBERGER DR. SUGAR LAND, TX 77478 (b) Name, address, and ZIP + 4 BLUE CROSS BLUE SHIELD OF TX 206 WEST 13TH STREET	\$250,000 (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 74-2793078

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HALLIBURTON 3000 N. SAM HOUSTON PARKWAY EAST HOUSTON, TX 77032	\$250,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE FRIEDKIN GROUP 1375 ENCLAVE PARKWAY HOUSTON, TX 77077	\$150,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MINUTE MAID/COCA-COLA 2150 TOWN SQUARE PLACE - SUITE 400 SUGAR LAND, TX 77479	\$105,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 CHOCTAW COUNTY 55 E QUINN STREET	Total contributions	Person X Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4 CHOCTAW COUNTY 55 E QUINN STREET ACKERMAN, MS 39735 (b)	\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
10	Name, address, and ZIP + 4 CHOCTAW COUNTY 55 E QUINN STREET ACKERMAN, MS 39735 (b) Name, address, and ZIP + 4 MINUTE MAID/COCA-COLA 2150 TOWN SQUARE PLACE - SUITE 400	\$100,000	Person X

Employer Identification number 74-2793078

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	MLB ADVANCED MEDIA 75 NINTH AVENUE, 5TH FLOOR NEW YORK, NY 10011	\$20,964	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.		Total contributions	Type of contribution
14	MAJOR LEAGUE BASEBALL PROPERTIES 245 PARK AVENUE NEW YORK, NY 10167	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	HOUSTON ASTROS (METHODIST FOR BADGES & BASES P.O. BOX 288 HOUSTON, TX 77002	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	MICHAEL GAMSON 8723 CRESENT GATE LANE HOSUTON, TX 77024	\$13,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	ROBERT F. HOGAN, JR. 2116 DEL MONTE HOUSTON, TX 77019	\$12,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	MLB ADVANCED MEDIA 75 NINTH AVENUE, 5TH FLOOR NEW YORK, NY 10011	\$11,607	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer Identification number 74-2793078

(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MLB ADVANCED MEDIA 75 NINTH AVENUE, 5TH FLOOR NEW YORK, NY 10011	\$10,898	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	SARA S. MORGAN 2121 KIRBY DRIVE, UNIT 99 HOUSTON, TX 77019	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	WASTE MANAGEMENT 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
Νο,	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIP + 4 GARY PETERSEN 1100 LOUISIANA, SUITE 4000 HOSUTON, TX 77002		
No,	GARY PETERSEN 1100 LOUISIANA, SUITE 4000	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 22	GARY PETERSEN 1100 LOUISIANA, SUITE 4000 HOSUTON, TX 77002 (b)	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
No. 22 (a) No.	GARY PETERSEN 1100 LOUISIANA, SUITE 4000 HOSUTON, TX 77002 (b) Name, address, and ZIP + 4 LAWRENCE YOUNG 19 SOVERIGN CIRCLE	\$10,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Employer identification number 74-2793078

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MAJOR LEAGUE BASEBALL URBAN YOUTH FOUNDATION 245 PARK AVENUE NEW YORK, NY 10167	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	RUSTY HARDIN & ASSOCIATES 1401 MCKINNEY #2550 HOUSTON, TX 77010	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	DONALD SINCLAIR 3780 ROBINHOOD HOUSTON, TX 77005	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	NEIL KELLEY 3033 W. ALABAMA STREET HOSUTON, TX 77019	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ESCALANTE GOLF INC. 2930 BLEDSOE, SUITE 124 FORT WORTH, TX 76107	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	SCI SENIOR MANAGEMENT 1929 ALLEN PARKWAY HOUSTON, TX 77019	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer Identification number 74-2793078

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	MEMORIAL HERMANN HEALTH SYSTEM 909 FROSTWOOD, SUITE 2102 HOUSTON, TX 77024	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	ANNUNZIATO FAMILY FOUNDATION 1300 POST OAK BLVD HOUSTON, TX 77056	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	NEK INVESTCO, INC. 3033 W. ALABAMA STREET HOUSTON, TX 77019	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34	HOUSTON ASTROS (BLUE CROSS FOR GOLF CLASSIC) P.O. BOX 288 HOSUTON, TX 77002	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35	MAJOR LEAGUE BASEBALL URBAN YOUTH FOUNDATION 245 PARK AVENUE NEW YORK, NY 10167	\$9,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	MLB ADVANCED MEDIA	1	Person X Payroll

Employer Identification number 74-2793078

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	CAPITAL ONE SERVICES, LLC P.O. BOX 85508 RICHMOND, VA 23285-5508	\$7,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	STEPHEN MARLAND 3747 PURDUE HOUSTON, TX 77005	\$7,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	MLB CHARITIES 245 PARK AVENUE NEW YORK, NY 10167	\$6,273	Person X Payroll Noncash (Complete Part II for noncash contributions)
		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 BRADY EXBER 2008 GLENVIEW DRIVE	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 40	Name, address, and ZIP + 4 BRADY EXBER 2008 GLENVIEW DRIVE LAS VEGAS, NV 89134 (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
No. 40	Name, address, and ZIP + 4 BRADY EXBER 2008 GLENVIEW DRIVE LAS VEGAS, NV 89134 (b) Name, address, and ZIP + 4 GARY PATTERSON 2900 ST. MICHAEL DRIVE, SUITE 500	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	JUDITH ANN JEWELS 4721 WESTHEIMER ROAD HOUSTON, TX 77027	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	AMERISOURCE P.O. BOX 4738 HOUSTON, TX 77210	\$5,000	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	DOMCO, INC. 1314 MONTROSE BLVD HOUSTON, TX 77019	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	Type of contribution
46	westside lexus/Hallie Bauer 12000 KATY FREEWAY HOUSTON, TX 77079	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
46 (a) No.	westside lexus/Hallie Bauer 12000 KATY FREEWAY		Person X Payroll Noncash (Complete Part II for
(a)	WESTSIDE LEXUS/HALLIE BAUER 12000 KATY FREEWAY HOUSTON, TX 77079 (b)	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	WESTSIDE LEXUS/HALLIE BAUER 12000 KATY FREEWAY HOUSTON, TX 77079 (b) Name, address, and ZIP + 4 MAXBOWL CENTERS 1000 LOUISIANA, SUITE 5100	\$5,000 (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>	ST. JACK III LLC 11050 CAPITAL PARK DRIVE HOUSTON, TX 77041	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	JEFF OR DIANE LESTER 8723 STABLE CREST BLVD HOUSTON, TX 77024	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	NOLAN RYAN P.O. BOX 5909 ROUND ROCK, TX 78683	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	ROGER CLEMENS FOUNDATION 8572 KATY FREEWAY, #106 HOUSTON, TX 77024	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	8572 KATY FREEWAY, #106	\$5,000 (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	8572 KATY FREEWAY, #106 HOUSTON, TX 77024 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	8572 KATY FREEWAY, #106 HOUSTON, TX 77024 (b) Name, address, and ZIP + 4 WESTERN CONTAINER CORPORATION 3801 DISTRIBUTION BLVD	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number Name of organization 74-2793078 ASTROS FOUNDATION

Part III	Exclusively religious, charitable, etc that total more than \$1,000 for the y following line entry. For organizations	year from any one	contributor. Comp	lete columns (a) through (e) and the
	contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	e year. (Enter this in	formation once. S	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
~				
		(e) Transi	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(a) Transl		
		(e) Transf		
	Transferee's name, address, a	na ZIP + 4		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee

ATTACHMENT 1

FORM 990-PF, PART I, LINE 11 - OTHER INCOME

	REVENUE	
	AND	ADJUSTED
	EXPENSE	NET
	PER BOOKS	INCOME
DESCRIPTION		
Astros Golf Tournament	(31,579)	(31,579)
Astros Owner's Game (New)	20	20
Blue Star Gala (2013 expenses for 2012 event)	(250)	(250)
Coca Cola Corner	(75,000)	(75,000)
FanFest/Garage Sale	12,721	12,721
Picnic in the Park	8,391	8,391
Raffles/Auctions (Non-event)	17,251	17,251
Urban Youth Academy	(308,168)	(308,168)
Other	(26,277 <u>)</u>	(26,277)
	(402,890)	(402,890)

ATTACHMENT 1A

FORM 990-PF, PART I, LINE 11 - OTHER INCOME

OTHER INCOME IS SHOWN AT NET AMOUNT ON THE RETURN. INCOME, NET OF CONTRIBUTION AMOUNTS, AND DIRECT EXPENSES FOR EACH LINE ITEM ARE AS FOLLOWS:

	GROSS	LESS	DIRECT	NET
	INCOME	CONTRIBUTIONS	EXPENSES	INCOME
DESCRIPTION				
Astros Golf Tournament	253,000	(192,500)	(92,079)	(31,579)
Astros Owner's Game (New)	10,020	(10,000)		20
Blue Star Gala (2013 expenses for 2012 event)			(250)	(250)
Coca Cola Corner		(75,000)		(75,000)
FanFest/Garage Sale	24,871		(12,150)	12,721
Picnic in the Park	84,156	(69,362)	(6,403)	8,391
Raffles/Auctions (Non-event)	18,763		(1,512)	17,251
Urban Youth Academy			(308,168)	(308,168)
Other	93,167	(95,273)	(24,171)	(26,277)
	483,977	(442,135)	(444,732)	(402,890)

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ATTACHMENT 2

FORM 990-PF	. PART I	. LINE 16b -	ACCOUNTING FEES
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	REVENUE			
	AND	NET	ADJUSTED	
	EXPENSE	INVESTMENT	NET	CHARITABLE
	PER BOOKS	INCOME	INCOME	PURPOSES
<u>DESCRIPTION</u>				
Miscellaneous	6_			6
	6	<u> </u>	<u> </u>	6

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ATTACHMENT 3

FORM 990-PF, PART I, LINE 23 - OTHER EXPENSES

	REVENUE			
	AND	NET	ADJUSTED	
	EXPENSE	INVESTMENT	NET	CHARITABLE
	PER BOOKS	INCOME	INCOME	PURPOSES
DESCRIPTION				
Board Research & Mtgs	707			707
Supplies	515			515
Printing and publications	8,000			8,000
Credit Card Fees/Bank Fees	9,036			9,036
Investment fees	959	959		-
	19,217	959		18,258

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ATTACHMENT 4

FORM 990-PF, PART VIII, LINE 1 - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE HOURS PER WEEK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JEREMY MONTHLY 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	PRESIDENT 1	0	0	0
JUD GRADY 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	TREASURER 1	0	0	0
MARIAN HARPER 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	SECRETARY 1	0	0	0
DOUG BAUER 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	0	0	0
FRANCI CRANE 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	0	0	0

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ATTACHMENT 4 (CONT'D)

FORM 990-PF, PART VIII, LINE 1 - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE HOURS PER WEEK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JIM CRANE 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER	0	0	0
STEVE GIBSON 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER	0	0	0
TERRI HAVENS 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER	0	0	0
BILL HERRINGTON 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	0	0	0
JOHNNY JOHNSON 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	0	0	0

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ATTACHMENT 4 (CONT'D)

FORM 990-PF, PART VIII, LINE 1 - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE HOURS PER WEEK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MIKE METZ 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	0	0	0
SARA MORGAN 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER	0	0	0
SHAWN TAYLOR 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER	0	0	0

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ATTACHMENT 5

FORM 990-PF, PART IX-A, DIRECT CHARITABLE ACTIVITIES

(1) THE ASTROS FOUNDATION COMMUNITY LEADERS PROGRAM

THE COMMUNITY LEADERS PROGRAM RENOVATES WELL-WORN PUBLIC BASEBALL FIELDS IN THE DISADVANTAGED NEIGHBORHOODS OF HOUSTON AND PROVIDES ADDITIONAL PROGRAMMING VOLUNTEER COACHES, SUPPORT FOR UNIFORMS AND EQUIPMENT, AND FREE ASTROS TICKETS TO SERVE INNER-CITY CHILDREN AND TEENS. IN ADDITION TO THE FIELD RENOVATIONS AND MAINTENANCE, THE PROGRAM INCLUDES ASTROS PLAYER VISITS, CLINICS, TRAINING FOR FOR YOUTH SERVED AT THE FIELDS.

(2) ASTROS URBAN YOUTH ACADEMY

ASSISTANCE WITH COLLEGE APPLICATIONS FOR AT-RISK HOUSTON YOUTH. THE ASTROS URBAN FUNDED AND RUN BY THE ASTROS FOUNDATION, THER ASTROS URBAN YOUTH ACADENY YOUTH ACADEMY WAS CONSTRUCTED AND THE PROGRAM LAUNCHED IN 2010. IN 2014, PROVIDES FREE BASEBALL AND SOFTBALL INSTRUCTION, LIFE-SKILLS TRAINING AND OVER 300 YOUTH WERE SERVED BY OUR YEAR-ROUND PROGRAM. ATTACHMENT 6

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FORM 990-PF, PART XV, LINE 3a - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	247,201	100,000		005'69
PURPOSE OF GRANT	THE GRANT TO THE HOUSTON PARKS BOARD FUNDED THE REFURBISHMENT OF SELECT CITY OWNED LITTLE LEAGUE BASEBALL/SOFTBALL FIELDS IN DISADVANTAGED AREAS OF HOUSTON AS PART OF THE ASTROS FOUNDATION'S COMMUNITY LEADERS PROGRAM. IN ADDITION, THE COMMUNITY LEADERS PROGRAM PROVIDES PROGRAMMING, CLINICS, EQUIPMENT, ONGOING MAINTENANCE, GAME	THE GRANT TO THE STARKVILLE ACADEMY FUNDED THE MISSION TO PROVIDE QUALITY EDUCATION IN A SAFE ENVIORNMENT TO EXCEL ACADEMICALLY, PHYSICALLY, SOCIALLY, SPIRITUALLY, AND CULTURALLY.	SCHOLARSHIPS TO VARIOUS EDUCATIONAL INSTITUTIONS: UNIVERSITY OF TEXAS RICE UNIVERSITY TEXAS STATE UNIVERSITY STEPHEN F AUSTIN UNIVERSITY STANFORD UNIVERSITY TEXAS A& M UNIVERSITY HOUSTON COMMUNITY COLLEGE BLINN COLLEGE EASTERN NAZARENE COLLEGE UNIVERSITY OF HOUSTON SAM HOUSTON STTE UNIVERSITY ABILENE CHRISTIAN UNIVERSITY	ς.
RELATIONSHIP AND STATUS)(1)(A)(IV)	(3)	SCHOLARSHIPS TO VARIOUS EDUC UNIVERSITY OF TEXAS RICE UNIVERSITY TEXAS STATE UNIVERSITY STEPHEN F AUSTIN UNIVERSITY TRINITY UNIVERSITY STANFORD UNIVERSITY TEXAS A& M UNIVERSITY HOUSTON COMMUNITY COLLEGE BLINN COLLEGE EASTERN NAZARENE COLLEGE UNIVERSITY OF HOUSTON SAM HOUSTON STE UNIVERSITY ABILENE CHRISTIAN UNIVERSITY	TOTAL
REL RECIPIENT NAME AND ADDRESS	HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024	STARKVILLE ACADEMY 505 ACADEMY SOAD STARKVILLE, MS 39759	ASTROS SCHOLARSHIPS	

\$ 416,701

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ATTACHMENT 7

FORM 990-PF, PARTXVI-B - ACOMPLISHMENT OF EXEMPT PURPOSES

COCA-COLA CORNER

THE COCA-COLA STAGE IS A SPECIAL PRIVATE SEATING AREA AT MINUTE MAID PARK. THIS AREA IS SOLD TO GROUPS ON MONDAY-THURSDAY HOME GAMES WITH THE TICKET PROCEED BENEFITING THE GENERAL FUND OF THE ASTROS FOUNDATION TO HELP SUPPORT THE FOUNDATION'S PROGRAMS.

ASTROS GOLF TOURNAMENT

THE ASTROS GOLF TOURNAMENT FEATURES ASTROS ALUMNI IN THIS FUND RAISING EVENT WITH THE PROCEEDS BENEFITING THE ASTROS FOUNDATION

ASTRO'S OWNER GAME

A BASEBALL GAME BETWEEN THE OWNERS OF THE ASTROS AND THE TEXAS RANGERS. THE PROCEEDS WAS SPLIT WITH THE RANGER'S FOUNDATION AND THE ASTROS PORTION BENEFITED THE GENERAL FUND OF THE ASTROS FOUNDATION.

BLUE STAR GALA

PROCEEDS FROM THE EVENT BENEFITED THIS ASTROS FOUNDATION. FLOW THROUGH OF EXPENSES FROM THE 2012 EVENT FROM THE USE OF THE CASH BASIS IMPACTED THE RESULTS FOR THIS ACTIVITY.

FAN FEST/GARAGE SALE

THE ASTROS FOUNDATION HELPED HOST SELECT FUNDRAISING ACTIVITIES INCLUDED PLAYER AUTOGRAPHS, SALE OF OLD PROMOTIONAL ITEMS, OLD LOGO APPAREL, MEMORABILIA SIGNED BY FORMER PLAYERS AND A SILENT AUCTION. THE BENFICIARY, AFTER EXPENSES, WAS THE ASTROS FOUNDATION.

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ATTACHMENT 7 (CONT'D)

FORM 990-PF, PARTXVI-B - ACOMPLISHMENT OF EXEMPT PURPOSES

MARKETPLACE

THE MARKETPPLACE IS AN EVENT HELD AT THE END OF THE SEASON AND INCLUDES THE SALE OF ASTROS PROMOTIONAL ITEMS AND AUTOGRAPHED MEMORABILIA. PROCEEDS ARE DESIGNATED TO HELP SUPPORT THE GENERAL FUND OF THE ASTROS FOUNDATION TO SUPPORT THE FOUNDATION'S PROGRAMS AND FINANCIAL CHARITABLE GIFTS.

PICNIC IN THE PARK

A FATHER'S DAY EVENT INCLUDED A AUTOGRAPH SESSION, COOKOUT, MUSICAL ENTERTAINMENT AND CHILDREN'S EVENTS. THE TICKET PRICES LESS EXPENSES BENEFITED THE GENERAL FUND OF THE ASTROS FOUNDATION.

PINK IN THE PARK

RESIDUAL EXPENSES FROM THE 2012 EVENT THAT WAS AN INITIATIVE TO INCREASE BREAST CANCER AWAREMNESS THROUGH FUNDRAISING, SPONSORSHIP, PROMOTIONAL GIVEAWAYS, AND DISTRIBUTION OF INFORMATION ABOUT BREAST CANCER. THE FUNDS RAISED FROM PINK IN THE PARK BENEFITED THE METHODIST HOSPITAL CANCER CENTER.

AUCTIONS

AUCTIONS OF MEMORABILIA ARE HELD THROUGHOUT THE SEASON.

THE ASTROS FOUNDATION HELPED HOST SELECT FUNDRAISING ACTIVITIES INCLUDED PLAYER AUTOGRAPHS, SALE OF OLD PROMOTIONAL ITEMS, OLD LOGO APPAREL, MEMORABILIA SIGNED BY FORMER PLAYERS AND A SILENT AUCTION. THE BENFICIARY, AFTER EXPENSES, WAS THE ASTROS FOUNDATION.

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ATTACHMENT 7 (CONT'D)

FORM 990-PF, PARTXVI-B - ACOMPLISHMENT OF EXEMPT PURPOSES

THE ASTROS FOUNDATION COMMUNITY LEADERS PROGRAM

THE COMMUNITY LEADERS PROGRAM RENOVATES WELL-WORN PUBLIC BASEBALL FIELDS IN THE DISADVANTAGED NEIGHBORHOODS OF HOUSTON AND PROVIDES ADDITIONAL PROGRAMMING TO SERVE INNER-CITY CHILDREN AND TEENS. IN ADDITION TO THE FIELD RENOVATIONS AND MAINTENANCE, THE PROGRAM INCLUDES ASTROS PLAYER VISITS, CLINICS, TRAINING FOR VOLUNTEER COACHES, SUPPORT FOR UNIFORMS AND EQUIPMENT, AND FREE ASTROS TICKETS FOR YOUTH SERVED AT THE FIELDS.

ASTROS URBAN YOUTH ACADEMY

FUNDED AND RUN BY THE ASTROS FOUNDATION, THER ASTROS URBAN YOUTH ACADENY PROVIDES FREE BASEBALL AND SOFTBALL INSTRUCTION, LIFE-SKILLS TRAINING AND ASSISTANCE WITH COLLEGE APPLICATIONS FOR AT-RISK HOUSTON YOUTH. THE ASTROS URBAN YOUTH ACADEMY WAS CONSTRUCTED AND THE PROGRAM LAUNCHED IN 2010. IN 2014, OVER 300 YOUTH WERE SERVED BY OUR YEAR-ROUND PROGRAM.