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Form **990-PF**

<u>te</u> -

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.

<u>2015</u>

_		enue Service	▶ Information about Form 990-PF and its s	eparate instructi	ons is at w	ww.irs.gov	form990pf. Ope	n to Public Inspection
			015 or tax year beginning		015, and	ending		, 20
Na	ame of fo	oundation				A Employe	er identification num	ber
		FOUNDATIO				<u> </u>	74-279307	
N	ımber ar	nd street (or P.C	box number if mail is not delivered to street address)	Ho	om/suite	B Telephor	ne number (see instru	ctions)
		WFORD STR					713-259-88	34
Ct	ty or tow	vn, state or prov	ince, country, and ZIP or foreign postal code			C If exemp	tion application is per	nding, check here ▶ 🗌
		N, TX 77002				1		
G	Checl	k all that app	·	n of a former pub	lic charity	D 1. Foreig	in organizations, chec	khere▶[
			Final return Amended			2. Foreig	n organizations meet	ing the 85% test,
	 -		Address change Name cha			check	here and attach com	putation · · ▶
H			anization: Section 501(c)(3) exempt p				foundation status was 507(b)(1)(A), check her	
닏			nonexempt charitable trust					
ı			of all assets at J Accounting method	d: 🗹 Cash 📙	Accrual		indation is in a 60-mo	
			Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), che	eck here . ▶ 🗍
		6) ▶ \$	8,132,108 (Part I, column (d) must be	e on cash basis.)		L		
نا	art I		f Revenue and Expenses (The total of plumns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Ne	t investment	(c) Adjusted net	(d) Disbursements for charitable
			in column (a) (see instructions))	expenses per books		ncome	income	purposes (cash basis only)
_	1			 			 	(cash basis only)
	2		s, gifts, grants, etc., received (attach schedule) If the foundation is not required to attach Sch. B	2,997,7	10		 	
	3		savings and temporary cash investments	 			 	1
	4		and interest from securities		-	2.4/5	 	1
	5a			3,4	20	3,465	 	73
	Ь		ncome or (loss)				 	
Ф	6a		(loss) from sale of assets not on line 10	 	+	· · · ·	** 3.7	
Revenue	b		once for all assets on line 6a		-	 		
Š	7		n net income (from Part IV, line 2)	 	- ^ ·	0		
æ	8		erm capital gain	-	- 			0
	9	Income mo			+ :			<u> </u>
	10a	-	less returns and allowances		 			
	b		of goods sold				 	į
	С		t or (loss) (attach schedule)		1			
	11	-	ne (attach schedule)	4,7	73	82,991	-78,01	8 - 1/2.
	12		lines 1 through 11	3,006,1		86,456	-78,01	
S	13		tion of officers, directors, trustees, etc.					
xpenses	14	-	oyee salaries and wages					
en	15	•	ans, employee benefits					
	16a	-	(attach schedule)		27			27
a m	b		fees (attach schedule)		0			0
₹.	С		ssional fees (attach schedule) = D					
Operating and Administrative	17	Interest .	h schedule)(See instructions)					ļ
≅	18	Taxes (attac		ļ	4			
Ē	19	Depreciation	n (attach schedule) and depletion	<u></u>			ļ	
P P	20	Occupancy		<u></u>			ļ	
ַק	21		ferences, and meetings E.N., U.T.					
ā	22		d publications		 		 	
ng	23		nses (attach schedule)	41,3	/8	24,080	ļ	17,298
ati	24	Add lines 1	rating and administrative expenses. 3 through 23		1		}	
je	O.E.		_	41,40		24,080		0 17,325
ŏ	25 26		ns, gifts, grants paid	1,567,14				1,567,140
-	26		ses and disbursements. Add lines 24 and 25	1,608,54	15	24,080		0 1,584,465
	27		e 26 from line 12:)				1
			evenue over expenses and disbursements	1,397,60)3			4
j			nent income (if negative, enter -0-) .		- 	62,376		
	<u>C</u>	Adjusted h	et income (if negative, enter -0-)				<u> </u>	000 PF

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2015)

D	art II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	<u> </u>
		Dalance Sheets	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-l	bearing ,			
	2	Savings and tempora	ary cash investments	1,784,669	3,114,049	3,114,049
	3	Accounts receivable			;	,-
	[Less: allowance for o	loubtful accounts ►		0	
	4	Pledges receivable ▶	loubtful accounts ▶			. ~.
	j	Less: allowance for o	loubtful accounts >		0	
	5	Grants receivable .				
	6		m officers, directors, trustees, and other	i		
			(attach schedule) (see instructions)		0	
	7	Other notes and loans re	eceivable (attach schedule) ▶			
		Less: allowance for dou	ubtful accounts ►		0	
Assets	8		ruse			
SS	9		d deferred charges			
⋖	10a		state government obligations (attach schedule)			
	b		rate stock (attach schedule)			
	C		ate bonds (attach schedule)			
	11	Investments—land, build	lings, and equipment: basis ▶	·		
			ciation (attach schedule) ▶		0	
	12		age loans			
	13		attach schedule)	4,991,500	5,018,059	5,018,059
	14	Land, buildings, and eq	uipment: basis ►	± - '	*	
			reciation (attach schedule) ▶		0	
	15 16	Other assets (describ				
	10	instructions Also so	be completed by all filers—see the e page 1, item l)			
	47			6,776,169	8,132,108	8,132,108
	17 18		d accrued expenses			
es	19					
Liabilities	20		ectors, trustees, and other disqualified persons			
abi	21		notes payable (attach schedule)			
Ξ.	22	Other liabilities (desc		22.404	22.002	\$
ı	23	Total liabilities (add	ribe ►) lines 17 through 22)	32,404 32,404	23,092 23,092	
	20		llow SFAS 117, check here ▶ □	32,404	23,092	· .
Balances		and complete lines	24 through 26 and lines 30 and 31.			**
2	24	Unrestricted				·
ala	25	Temporarily restricted				graff.
8	26		d			تيني والمتعملة المنطقة
pu			not follow SFAS 117, check here ▶ □			7 - F
교		and complete lines	27 through 31.	1		
ō			rincipal, or current funds	•		x 17 314 , +
ts			olus, or land, bldg., and equipment fund			Action 1
Net Assets or Fun			umulated income, endowment, or other funds	6,743,765	8,109,016	
ĕ		•	und balances (see instructions)	6,743,765	8,109,016	
ē			nd net assets/fund balances (see		<u> </u>	
~		ınstructions)	<u> </u>	6,776,169	8,132,108	-31
Pa	rt III	Analysis of Char	iges in Net Assets or Fund Balances			
1	Total	net assets or fund b	alances at beginning of year-Part II, colu	mn (a), line 30 (must	agree with	
	end-d	of-year figure reported	d on prior year's return)		1	6,743,765
2		amount from Part I, I				1,397,603
3			11 " 0" 1 \5		<u> </u>	
4					4	8,141,369
=	D		P 0.79 - 1 A N		· · · · · 	-32,353
6	Total	net assets or fund ba	line 2 (itemize) ► lances at end of year (line 4 minus line 5) —l	art II, column (b), lin	e 30 6	8,109,016
					·	Form 990-PF (2015)

Part		Losses for Tax on Investm		come	(b) How acquired	/-> ~	lete eag : "For	(d) Date sold
		e kınd(s) of property sold (e.g., real estate se, or common stock, 200 shs. MLC Co.)			P-Purchase D-Donation		late acquired o , day, yr.}	(mo., day, yr.)
1a	•							
b								
c								
<u>d</u>								
<u>e</u>								<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	·		other basis nse of sale			n or (loss) (f) minus (g)
a b								
c								
d								
е								
	Complete only for assets show	wing gain in column (h) and owned	by the fo	oundation	on 12/31/69		(I) Gains (Co	I. (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col.				t less than -0-) or from col. (h))
a								
b								
<u>c</u>								
<u>d</u>								
<u>e</u>		(If gain	also an	ter in Pa	rt I, line 7	Ь		
2	Capital gain net income or				t I, line 7	2		
3	Net short-term capital gair	n or (loss) as defined in sections	1222(5) and (6):	:			
		I, line 8, column (c) (see instruc	•		enter -0- in	3		
Part		er Section 4940(e) for Redu			et Investment		me	
(For o		vate foundations subject to the						
		·		(-,			,	
ir seci	on 4940(d)(2) applies, leave	this part blank.						
		section 4942 tax on the distribu				oase p	eriod?	🗌 Yes 🗹 No
		qualify under section 4940(e). D						
1		unt in each column for each yea	ar; see t	he instru	ctions before m	aking	any entries.	
Cale	(a) Base penod years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s N	let value of	(c) noncharitable-use a	ssets		(d) stribution ratio divided by col. (c))
	2014	43	4,992		5,34	9,450		0.0813
	2013	1,299	9,512		3,42	6,734		0.3792
	2012	95:	3,531		1,36	2,751		0.6997
	2011		5,615		72	2,748		0.7549
	2010	72!	5,333		97	6,733		0.7426
_	-					ľ		
2	Total of line 1, column (d)						2	2.6577
3		or the 5-year base period—divi						
	number of years the found	ation has been in existence if le	ss man	o years			3	0.53154
4	Enter the net value of nonc	charitable-use assets for 2015 for	rom Par	t X. line !	5		4	7,156,735
								.,,,,,,,,
5	Multiply line 4 by line 3 .						5	3,804,091
6	Enter 10/ of not investmen	tingame (10/ of Dart Libra 07h						
6	Liner 170 of net investmen	t income (1% of Part I, line 27b	,			-	6	624
7	Add lines 5 and 6						7	3,804,715
8	Enter qualifying distribution	ns from Part XII, line 4					8	1,068,958
•		ter than line 7, check the box in				that p		
	· ····································							

:

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—See I	iistru	CUO	лs)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,24 <u>8</u>	
	here ▶ ☐ and enter 1% of Part I, line 27b	, ,		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		-	
	Part I, line 12, col. (b).			ļ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			 -
3	Add lines 1 and 2		1 <u>,248</u>	 -
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		4 0 4 0	-
6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,248	
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a	_		
b	Exempt foreign organizations—tax withheld at source 6b	,		ĺ
С	Tax paid with application for extension of time to file (Form 8868) . 6c 1,500	<i>-</i>		;
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		1,500	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		252	<u> </u>
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 252 Refunded ▶ 11			<u> </u>
1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
, a	participate or intervene in any political campaign?	1a	163	140 V
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	la_		
_	Instructions for the definition)?	1b		-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	ľ	, .	
C	Did the foundation file Form 1120-POL for this year?	1c		~
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$		• • •	, , ~
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$	1.	, .	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1
	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	. ,	r	
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		-
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		V
_	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	:	(· ·	
	By language in the governing instrument, or	. ^		ſ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	. 4	-	*
	conflict with the state law remain in the governing instrument?	6	~	
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	~	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	,		
			, 1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		e	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	~	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ľ
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
40	Complete Part XIV	9_	<u> </u>	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			
	names and addresses	10	<u></u>	

Par	t VII-A Statements Regarding Activities (continued)			
	•	•	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the 'meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		~
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		~
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► HOUSTON ASTROS.MLB COM/HOU/FOUNDATION			
14	The body are at a BOUCHAC SECUEL	3-259	8000	-
	Located at > 501 CRAWFORD ST HOUSTON TX	7700		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2015, 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	1	-
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Part	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
1a	· · · · · · · · · · · · · · · · · · ·	7 7 7	[, ;
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? □ Yes ☑ No	4	-	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			,
	disqualified person?	١.		,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	,		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		1	1 :
	the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ŀ		,
	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.) Yes 🗹 No]		,
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	,		i
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		~
	Organizations relying on a current notice regarding disaster assistance check here	- 1		ż
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			نــــا
_	were not corrected before the first day of the tax year beginning in 2015?	1c		~
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		34.0°) ا
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	٠,٠٠٠	1. 5 2	[
	If "Yes," list the years ► 20 , 20 , 20 , 20	- ;	1	:
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	-	7
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	75.	* .	
	▶ 20 , 20 , 20 , 20	- •		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	(';		, ,
	at any time during the year?	[1]	٠,	-
b	If "Yes," did it have excess business holdings in 2015 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	<u> </u>		. :
	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 hypiness holdings in 2015.)	1 ::	!	
4-	foundation had excess business holdings in 2015.)	3b		
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		-
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	} '	
	per per and the second	1 40	<u></u>	<u> </u>

	00 BC (004 C)							_
	90-PF (2015) t VII-B Statements Regarding Activities	e for V	/high Form	4720	May Ro E	loguir	ad (continued)	Page
	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt t (2) Influence the outcome of any specific public directly or indirectly, any voter registration dr	any amo to influe c electi	ount to: ence legislati on (see sect	on (sec	tion 4945(e)))? .	☐ Yes ☑ No	
	(3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)	idy, or on a cha	other similar ritable, etc.,	purpos organiz	ation desc	ribed ir	☑Yes ☐ No ☐Yes ☑ No	
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to o	childrer	or animals?	٠			✓ Yes ☐ No	1 4 12
ь	If any answer is "Yes" to 5a(1)-(5), did any of the Regulations section 53.4945 or in a current notice	regardı	ng disaster a	ssistand	ce (see instr			5b
c	Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility if "Yes," attach the statement required by Regula	he four	ndation clain grant? .	exem	ption from		(
6a	Did the foundation, during the year, receive any	funds,		dırectly	, to pay pro	emiums	S □Yes ☑No	
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indire	ctly, on	a persona	l benefi		6b
b	At any time during the tax year, was the foundation of "Yes," did the foundation receive any proceeds	s or hav	ve any net in	come a	ttributable	to the t		7b
	VIII Information About Officers, Direction and Contractors		,					imployees,
	List all officers, directors, trustees, foundation (a) Name and address	(b) Title	agers and the e, and average rs per week ed to position	(c) Co	npensation mpensation not paid, iter -0-)	(d) emple	nstructions). Contributions to byee benefit plans erred compensation	(e) Expense account other allowances
ATTAC	HMENT 4							
					 			
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1-	see instruction	s). If none, ente
(a) Name and address of each employee paid more than \$50,00	10	(b) Title, and a hours per of devoted to p	veek ¯	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
NONE								
,								

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

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Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions), If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation

Tota	I number of others receiving over \$50,000 for professional services	
		<u> </u>
Pa	t IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
	ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	THE ASTROS FOUNDATION COMMUNITY LEADERS PROGRAM - SEE ATTACHMENT 5	
		884,794
2	ASTROS URBAN YOUTH ACADEMY - SEE ATTACHMENT 5	

		515,50
3		

4		

Pai	t IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
D	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	NONE	
	······································	

2		

Al	other program-related investments. See instructions.	
3	·	
_		ļ

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn four	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	!	
	`purposes:	2 2	
а	Average monthly fair market value of securities	1a	
b		1b	7,265,721
С	the state of the s	1c	
d	Total (add lines 1a, b, and c)	1d	7,265,721
е	Reduction claimed for blockage or other factors reported on lines 1a and]]	
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	7,265,721
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see]	
	instructions)	4	108,986
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,156,735
6	Minimum investment return. Enter 5% of line 5	6	357,837
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for a section 4942(j)(3) and (j)(4) a	oundati	ons
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	357,837
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b	- 1	
C	Add lines 2a and 2b	2c	1,248
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	356,589
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	356,589
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	7	356,589
Part	XII Qualifying Distributions (see instructions)		
1			
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,608,545
ь 2	Program-related investments—total from Part IX-B	1b	0
2	purposes	1 _	
3		2	
	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4 5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,608,545
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1 _ 1	
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,608,545
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	er the foundation

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
	`line 7				356,589
2	Undistributed income, if any, as of the end of 2015:			•-	
а	Enter amount for 2014 only				en alimente de
b	Total for prior years: 20 13 ,20 12 ,20 11				_ ~
3	Excess distributions carryover, if any, to 2015:	_		ı	-
a	From 2010			,	-
b	From 2011				- • • · · · · · · · · · · · · · · · · ·
C	From 2012				·
a	From 2013				•
e		22/71/1			
4	Qualifying distributions for 2015 from Part XII,	3,367,161		<u> </u>	
	line 4: ► \$1,608,545				•
а	Applied to 2014, but not more than line 2a .				·
b	Applied to undistributed income of prior years				•
	(Election required – see instructions)		0		-,-,-,-
С	Treated as distributions out of corpus (Election			-	
	required—see instructions)	0			
d	Applied to 2015 distributable amount			· · · · · · · · · · · · · · · · · · ·	356,589
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2015	1,251,956	**		
3	(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:	-			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,619,117			
b	Prior years' undistributed income. Subtract			· .	,
	line 4b from line 2b		0		<u> </u>
C	Enter the amount of prior years' undistributed			•	
	income for which a notice of deficiency has				ĵ
	been issued, or on which the section 4942(a)			, -	
	tax has been previously assessed	· ·			
ď	Subtract line 6c from line 6b. Taxable amount—see instructions		_		,
_	Undistributed income for 2014. Subtract line		0		
e	4a from line 2a. Taxable amount—see	_			
	instructions		~	0	
f	Undistributed income for 2015. Subtract lines		-	<u> </u>	<u> </u>
-	4d and 5 from line 1. This amount must be		, '\	4	
	distributed in 2016	,	šr ,~		
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 2010 not			··	
	applied on line 5 or line 7 (see instructions) .	676,505			
9	Excess distributions carryover to 2016.			, ,	D -
	Subtract lines 7 and 8 from line 6a	3,942,612			2 · ,
10	Analysis of line 9:	_			.)
a	Excess from 2011				- ,
b	Excess from 2012				-
d C					
e	Excess from 2014				
<u> </u>	1,201,930	<u> </u>		L	

Part	XIV Private Operating Founda	itions (see instru	ctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling					=
	foundation, and the ruling is effective for		•		404067	0) (40.40 (7)
2a	Check box to indicate whether the fou Enter the lesser of the adjusted net	Tax year	operating toungat	Prior 3 years	ection 4942()(3) or 4942(j)(5)
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed		(3) 23 11		(0) 20 1	
b		0	0	0	0	0
С	, , , , , , , , , , , , , , , , , , , ,					
	line 4 for each year listed					
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly	ļ				
·	for active conduct of exempt activities.				i	
	Subtract line 2d from line 2c	1 0	o	0	o	o
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying under	ļ	 -i			0
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from			:		
	an exempt organization					0
Part	(4) Gross investment income XV Supplementary Information	on (Complete th	is part only if th	ne foundation h	ad \$5,000 or me	ore in assets at
	any time during the year-		-			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000). (See s	ection 507(d)(2).)	
N/A b	List any managers of the foundation	who own 10% o	more of the stee	k of a corporation	o (or an equally la	rgo portion of the
	ownership of a partnership or other el					ige portion or the
N/A	• •	•,		3		
2	Information Regarding Contribution	n, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the t		gifts, grants, etc. ((see instructions) t	to individuals or or	ganizations under
	other conditions, complete items 2a, The name, address, and telephone nu		Idroga of the name	n to when empli	etions should be a	ddraggadi
•	The hame, address, and telephone no	imber or e-mail ac	uress of the perso	л to whom аррас	audio siludia de a	duressed.
N/A						
b	The form in which applications should	be submitted and	information and i	naterials they sho	uld include:	
				-		
N/A						
	Any submission deadlines:					
N/A d	Any restrictions or limitations on av	vards such as h	/ geographical ar	eas charitable fu	elds kinds of ine	titutions or other
	factors:	.a.do, duoii da D	, goograpiiloar ai	ous, chantable lit	Jac, Kilas of His	additions, or other
N/A						
			-			Form 990-PF (2015)

Par		inued)			
_3	Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	
	, Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	L
а	Paid during the year				
	OLIBERAT (}
ALIA	CHMENT 6		}		
				<u>}</u>	}
					}
					}
					}
					}
	Total			▶ 3a	1,010,794
b	Approved for future payment	1			
					<u> </u>
					}
					1
			:		
		1			}
		1			
					}
		1			
		}			
		l			
	Total			▶ 3b	1 (

							
_		VI-A Analysis of Income-Producing Ac	~~~~~				
Ente	er gro	oss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
			(-)	(h.)	(-)	(a)	Related or exempt
	٠		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
1	Pro	gram service revenue:	Dasiness code	Amount	Excidision code	ranoant	(See instructions.)
	а	-					
	b						
	C						<u> </u>
	d		ļ				
	_				ļ		
	e			<u> </u>			
	f		1				
	g	Fees and contracts from government agencies					
2		mbership dues and assessments		_ 			
3		rest on savings and temporary cash investments					
4		dends and interest from securities	 			0.445	
-				· · · · · · · · · · · · · · · · · · ·	14	3,465	May by S
5		rental income or (loss) from real estate:		<u> </u>	<u> </u>	1	<u> </u>
		Debt-financed property	<u></u>	L			
	b	Not debt-financed property					
6	Net	rental income or (loss) from personal property			1		
7	Oth	er investment income				82,991	
8		or (loss) from sales of assets other than inventory			 	<u> </u>	
9		income or (loss) from special events	ļ				70 010
10		ss profit or (loss) from sales of inventory	<u> </u>				-78,018
			<u> </u>			 	
11		er revenue: a	<u> </u>	<u> </u>	<u> </u>		L
	b .						
	C						
	d						
	e Ì						
12	Sub	total. Add columns (b), (d), and (e)	2. * ** 12 E.		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	86,456	-78,018
					45.0	00,430	
13	Tota						
13	Tota	al. Add line 12, columns (b), (d), and (e)				13	
13 (See	Tota work	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	 ıs.)				
13 See Pai	Tota work	al. Add line 12, columns (b), (d), and (e)	is.) Accomplishm	ent of Exemp	t Purposes	13	8,438
13 (See Par Line	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e)	is.) Accomplishm	ent of Exemp	t Purposes	13	8,438
13 (See Par Line	Tota work	al. Add line 12, columns (b), (d), and (e)	is.) Accomplishm	ent of Exemp	t Purposes	13	8,438
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13 See Par Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e)	is.) Accomplishm	ent of Exemp	t Purposes	13	8,438
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13 (See Par Line	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e)	is.) Accomplishm	ent of Exemp	t Purposes	13	8,438

Part	XVII		n Regarding Tranganizations	sfers To and Transa	ctions and I	Relationships V	Vith Noncha	ritabl		3- 1-
a	in se orga Tran: (1) C	he organization of ction 501(c) of th nizations? sfers from the rep	directly or indirectly one Code (other than	engage in any of the follosection 501(c)(3) organize a noncharitable exemp	zations) or in s	ection 527, relatir		1a(1) 1a(2)	Yes	No
c	(1) S (2) P (3) R (4) R (5) L (6) P Shan If the	urchases of asse ental of facilities, eimbursement all oans or loan gua erformance of se ng of facilities, e answer to any of the goods, o	, equipment, or othe mangements	ampt organization	ations I employees ng schedule.		d always shov received less	than '	fair m	arket
(a) Line		(b) Amount involved		naritable exempt organization		iption of transfers, trai				
				illiated with, or related ther than section 501(c)			~	Yes		No
b			following schedule	• • •						
		(a) Name of organi	ization	(b) Type of organiz	ration	(c) De	scription of relation	nship		
Sign Here	сопе		aration of preparer (other the	d this return, including accompar an taxpayer) is based on all inform ////4.//4				RS discu	ss this shown	return below
Paid Prepa		Print/Type preparer	s name	Preparer's signature		Date	Check if self-employed	TIN		
Use Only Firm's name ► Firm's EIN ► Phone no										

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Employer identification number

ASTRO	S FOUNDATION			74-2793078	
Organi	ization type (check on	ne):			
Filers	of:	Section:			
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization		
		☐ 4947(a)(1) nor	nexempt charitable trust not treated as a private for	undation	
		☐ 527 political o	organization		
Form 9	90-PF	√ 501(c)(3) exer	npt private foundation		
		☐ 4947(a)(1) nor	nexempt charitable trust treated as a private founda	ition	
		☐ 501(c)(3) taxa	ble private foundation		
	Only a section 501(c)(7) ions.		neral Rule or a Special Rule. ization can check boxes for both the General Rule a	ınd a Special Rule. See	
Ø	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules				
	regulations under sec 13, 16a, or 16b, and	ctions 509(a)(1) and that received from	n 501(c)(3) filing Form 990 or 990-EZ that met the 3 d 170(b)(1)(A)(vi), that checked Schedule A (Form 99 any one contributor, during the year, total contribu orm 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	30 or 990-EZ), Part II, line tions of the greater of (1)	
	contributor, during the	e year, total contril	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that butions of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Con	, charitable, scientific,	
	contributor, during the contributions totaled during the year for an General Rule applies	ne year, contribution more than \$1,000 nexclusively religions not this organizations	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ins exclusively for religious, charitable, etc., purpose. If this box is checked, enter here the total contributes, charitable, etc., purpose. Do not complete any on because it received nonexclusively religious, charitable.	es, but no such utions that were received of the parts unless the uritable, etc., contributions	

	(FOITH 890, \$50-EZ, OF 850-FF) (2013)		rage .
	organization FOUNDATION		Employer identification number 74-2793078
Part I	Contributors (see instructions). Use duplicate copies of	of Part Lif additional space	
(a)	· · · · · · · · · · · · · · · · · · ·	 _	(d)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1	CHAMPION ENERGY SERVICES, LLC 1500 RANKIN ROAD - SUITE 200	\$	Person 🗸 Payroll 🗆 Noncash
	HOUSTON, TX 77073		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BLUE CROSS BLUE SHIELD OF TX 206 WEST 13TH STREET	\$ 250,00	Person 🗹 Payroll 🗌 Noncash 🗍
	AUSTIN, TX 78701		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CALPINE 717 TX AVENUE HOUSTON, TX 77002	\$250,00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CONNOCO PHILLIPS 600 N. DAIRY ASHFORD ROAD HOUSTON, TX 77079	\$ 750,00	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HALLIBURTON 3000 N. SAM HOUSTON PARKWAY EAST HOUSTON, TX 77032	\$ 250,00	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	OCCIDENTAL PETROLEUM 5 GREENWAY PLAZA HOUSTON, TX 77048	\$ 250,00	Person Payroll Noncash (Complete Part II for noncash contributions.)
		I .	1

HOUSTON, TX 77002

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization **Employer Identification number ASTROS FOUNDATION** 74-2793078 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 \square Person ...7 SCHLUMBERGER Payroll Noncash 250,000 300 SCHLUMBERGER DR. (Complete Part II for noncash contributions.) SUGARLAND, TX 77478 (a) (b) (c) (d) Ño. Total contributions Type of contribution Name, address, and ZIP + 4 ...8 Person \mathbf{Z} THE FRIEDKIN GROUP Payroll Noncash 150,000 1375 ENCLAVE PARKWAY (Complete Part II for noncash contributions.) HOUSTON, TX 77077 (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person \square 9 MINUTE MAID/COCA-COLA Payroll П 100,000 Noncash 2150 TOWN SQUARE PLACE, SUITE 400 (Complete Part II for noncash contributions.) SUGARLAND, TX 77479 (a) (d) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 10 Person HOUSTON ASTROS (COKE CORNER) Payroli 48,032 Noncash P.O. BOX 288 (Complete Part II for noncash contributions.) HOUSTON, TX 77002 (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 11 HOUSTON ASTROS (METHODIST FOR BADGES & BASES) Payroll Noncash 15,000 P.O. BOX 288 (Complete Part if for noncash contributions.) HOUSTON, TX 77002 (a) (d) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** \square 12 HOUSTON ASTROS (ACADEMY FOR BADGES & BASES) Person **Payroll** Noncash P.O. BOX 288 5,000 (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

ASTROS FOUNDATION 74-2793078 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Ño. Name, address, and ZIP + 4 **Total contributions** Type of contribution **(7)** Person 13 HOUSTON ASTROS (FANFEST) Payroll Noncash P.O. BOX 288 25,397 (Complete Part II for noncash contributions.) HOUSTON, TX 77002 (d) (a) (c) Name, address, and ZIP + 4 Type of contribution Ño. **Total contributions** Person 14 HOUSTON ASTROS (Blue Cross Blue Shield Golf Classic) Payroll 10,000 Noncash P.O. BOX 288 (Complete Part II for noncash contributions.) HOUSTON, TX 77002 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person \square 15 MLB ADVANCED MEDIA Payroll 6,113 Noncash 75 NINTH AVENUE, 5TH FLOOR (Complete Part II for noncash contributions.) NEW YORK, NY 10011 (a) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person \checkmark 16 GM (Greater Houston Buick Pontiac GMC Dealers Advertising) Payroll 10,000 Noncash 1610 Century Center Parkway, Suite 104 (Complete Part II for noncash contributions.) Memphis, TN 38134 (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 17 Person Ø EXBER, BRADY **Payroll** Noncash 5,000 2008 GLENVIEW DR. (Complete Part II for noncash contributions.) LAS VEGAS, NV 89134 (b) (a) (c) (d) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 \square Person 18 SYSCO CORPORATION **Payroll** 50,000 Noncash П 8590 WEST TIDWELL RD. (Complete Part II for noncash contributions.) HOUSTON, TX 77040

Name of organization Employer identification number
ASTROS FOUNDATION 74-2793078

11011103	POUNDATION		74-2/330/8
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	P.O. BOX 85508 RICHMOND VA, 23285-5508	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MLB ADVANCED MEDIA 75 NINTH AVENUE, 5TH FLOOR NEW YORK, NY 10011	A2 214	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	ANADARKO PETROLEUM CORPORATION 1200 LAKE ROBBINS DRIVE THE WOODLANDS, TX 77380		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BATES, RANDY 2441 HIGH TIMBERS, SUITE 120 THE WOODLANDS, TX 77380	\$ 16,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	CAPITAL ONE SERVICES, LLC P.O. BOX 85508 RICHMOND, VA 23285-5508	\$\$,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	CHAMPION ENERGY 1500 RANKIN ROAD, SUITE 200 HOUSTON, TX 77073	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ASTROS FOUNDATION
T4-2793078

-to-mos	FOUNDATION		14-2/930/8
Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	IRONSTONE INTEREST LP 8723 STABLE CREST BLVD. HOUSTON, TX 77024	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	JAGUAR HOUSTON NORTH - LAND ROVER HOUSTON NORTH 18205 I-45 NORTH HOUSTON, TX 77090	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	LAND ROVER HOUSTON/JAGUAR HOUSTON 7019 OLD KATY ROAD HOUSTON, TX 77024	\$7,500	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	MSA ARCHITECTS 316 W. 4TH ST., SUITE 600 CINCINNATI, OH 45202	\$ 15,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ROUND ROCK BASEBALL CLUB, L.P. 3400 E. PALM VALLEY BLVD. ROUND ROCK, TX 78665	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	ROUND UP GOLF CHARITY 12510 CUTTEN RD. HOUSTON, TX 77086	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization **Employer identification number ASTROS FOUNDATION** 74-2793078 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (c)
Total contributions (d) (b) Name, address, and ZIP + 4 Type of contribution 31 Person RUSSELL HARDIN, JR. Payroll 10,000 Noncash 1401 MCKINNEY #2250 (Complete Part II for noncash contributions.) HOUSTON, TX 77010 (a) No. (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution $\boxed{2}$ 32 Person SANDERS, DON **Payroll** 5,000 Noncash 600 TRAVIS ST., STE. 5900 (Complete Part II for

	HOUSTON, 1X 7/1002		Honeast contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	SCHUSTER, MICHELE AND MICHELE		Person 🗹
	8925 GLEN ACRES DR.	\$ 5,000	Noncash (Complete Part I) for
	CINCINNATI, OHIO 45237		noncash contributions.)
(a) Vo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	ST. JACK III LLC		Person 🗹 Payroll 🗍
	11050 CAPITAL PARK DRIVE	\$ 10,000	Noncash
	HOUSTON, TX 77041		(Complete Part II for noncash contributions.)
a) ło.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	SUESSMAN, WILLIAM		Person 🗸 Payroli 🗀
	108 WINDCREST COURT	\$ 5,000	Noncash
	HOUSTON, TX 77064		(Complete Part II for noncash contributions.)
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	ATTERBURY, MARY P. AND ALAN L.		Person 🗹
	3960 GORDON DRIVE	\$ 5,000	Noncash
	NAPLES, FL 34102		(Complete Part II for noncash contributions.)
اب		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2015

41

(a)

No.

42

MLB CHARITIES, INC.

NEW YORK, NY 10167

8750 FAWN TRAIL, SUITE A-5

CONROE, TX 77385

(b)

Name, address, and ZIP + 4

245 PARK AVENUE

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization **ASTROS FOUNDATION** 74-2793078 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** \square 37 Person ANTON, DENE HOFHEINZ \Box **Payroll** Noncash 15,000 1901 POST OAK BLVD., #203 (Complete Part II for noncash contributions.) HOUSTON, TX 77056 (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 38 Person CITGO **Payroll** 10,000 Noncash P.O. BOX 4689 (Complete Part II for noncash contributions.) HOUSTON, TX 77210 (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person \square 39 **HOUSTON AUTOMOBILE DEALERS ASSOCIATION** Payroll Noncash 5,000 P.O. BOX 16550 (Complete Part II for noncash contributions) SUGAR LAND TX, 77496 (a) (b) (c) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 \square 40 Person LASTING EMPRESSIONS Payroll P.O. BOX 8441 25,000 Noncash (Complete Part II for noncash contributions.) THE WOODLANDS, TX 77387 (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

Person **Payroli**

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

43,778

9,079

(c)

Total contributions

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Name of organization Employer identification number ASTROS FOUNDATION 74-2793078

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_43	HAUCK CHARITABLE FOUNDATION 999 EXECUTIVE PARKWAY DR., STE. 202 ST. LOUIS, MO 63141	\$ 100,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	CRINER, SUSIE AND SANFORD 2125 TROON ROAD HOUSTON, TX 77019	\$ 20,000	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	TRENT, MELANIE 3445 LOCKE LANE HOUSTON, TX 77027	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	UNIVERSAL AMERICAN 4888 LOOP CENTRAL DRIVE, SUITE 300 HOUSTON, TX 77081	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	ZLOTNIK, MARCIE AND ROBERT 3776 FARBAR STREET HOUSTON, TX 77005	ì	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	EMERUS 8686 NEW TRAILS DRIVE, SUITE 100 THE WOODLANDS, TX 77381	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number ASTROS FOUNDATION 74-2793078

Part i	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	HAUCK CHARITABLE FOUNDATION 999 EXECUTIVE PARKWAY DR STE 202 ST. LOUIS, MO 63141	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	CRINER, SUSIE AND STANFORD 2125 TROON ROAD HOUSTON, TX 77019	\$ 20,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	TRENT, MELANIE 3445 LOCKE LANE HOUSTON, TX 77027	¢ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	UNIVERSAL AMERICAN 4888 LOOP CENTRAL DRIVE SUITE 300	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	ZLOTNIK, MARCIE AND ROBERT 3776 FARBAR STREET HOUSTON, TX 77005	\$ 10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

ASTROS FOUNDATION

Employer identification number 74-2793078

Part II Noncash Property (see Instructions). Use duplicate copies of Part II if additional space is need				
(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	
		\$		

	(Form 990, 990-EZ, or 990-PF) (2015)		Page
	rganization		Employer identification number
Part III	(10) that total more than \$1,000 for the following line entry. For organizate contributions of \$1,000 or less for the	the year from any one contributions completing Part III, enter the eyear. (Enter this information one	ns described in section 501(c)(7), (8), or ator. Complete columns (a) through (e) and a total of exclusively religious, charitable, etc., ce. See Instructions.)
(a) No.	Use duplicate copies of Part III if add		
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, ar		lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4	lationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
Γ		(e) Transfer of gift	
-	Transferee's name, address, ar	d ZIP + 4 Re	lationship 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) =	
}		(e) Transfer of gift	

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FEIN: 74-2793078

ATTACHMENT 1

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

DESCRIPTION	REVENUE AND EXPENSE PER BOOKS	ADJUSTED NET INCOME
Astros Golf Tournament Astros Owner's Game (New) Badges and Bases Coca Cola Corner James Taylor Fund Raiser Fan Fest Picnic in the Park Raffles/Auctions (Non-event) Urban Youth Academy Other Other income	18,975 (792) 5,979 (133,438) 25,661 11,806 39,823 (52,856) 6,425 400 (78,018)	18,975 (792) 5,979 (133,438) 25,661 11,806 39,823 (52,856) 6,425 400 (78,018)
Other income	82,991 4,973	82,991 4,973

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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	176,826	(126,000)	(31,851)	18,975
Astros Owner's Game (New)	7,500	(5,000)	(3,292)	(792)
Badges and Bases	39,319	(0,000)	(33,340)	5,979
Coca Cola Corner	48,032	(48,032)	(00,0.0)	3,373
James Taylor Fund Raiser	155,000	(10,032)	(288,438)	(133,438)
Fan Fest	25,661		(200, 150)	
Picnic in the Park	116,274	(97,214)	(7,254)	25,661
Raffles/Auctions (Non-event)	39,823	(37,224)	(7,234)	11,806
Urban Youth Academy	33,023	(52.056)	-	39,823
Other		(52,856)	=	(52,856)
Other	24,689_		(18,264)	6,425
	633,124	(329,103)	(382,440)	(78,418)

ASTROS FOUNDATION FORM 990-PF 12/31/2015-

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ATTACHMENT 2

FORM 990-PF, PART I, LINE 16a - LEGAL FEES

	REVENUE			
	AND EXPENSE	NET INVESTMENT	ADJUSTED NET	CHARITABLE
DESCRIPTION Massellaneau	PER BOOKS	INCOME	INCOME	PURPOSES
Miscellaneous	<u>27</u> <u>27</u>		-	<u>27</u> <u>27</u>

ASTROS FOUNDATION FORM 990-PF 12/31/2015

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ATTACHMENT 3

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

<u>DESCRIPTION</u>	REVENUE AND EXPENSE PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
Board Research & Mtgs Supplies Volunteer expense Printing and publications Credit Card Fees/Bank Fees Investment fees	245 5,266 2,890 1,411 7,486 24,080 41,378	24,080 24,080	-	245 5,266 2,890 1,411 7,486

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	o
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
JIM CRANE 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	0	0	0
STEVE GIBSON 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	0	0	0
TERRI HAVENS 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER 1	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
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 1	0	0	0
SHAWN TAYLOR 501 CRAWFORD ST - STE 500 HOUSTON, TX 77002	BOARD MEMBER	O	0	0

ASTROS FOUNDATION FORM 990-PF 12/31/2015

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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 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.

(2) 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.

FEIN: 74-2793078

ATTACHMENT 6

\$ 1,010,794

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP AND STATUS	AND		AMOUNT	
HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024				884,794	
ASTROS SCHOLARSHIPS		SCHOLARSHIPS TO VARIOUS EDUCATIONAL INSTITUTIONS UNIVERSITY OF TEXAS RICE UNIVERSITY TEXAS STATE UNIVERSITY STEPHEN F AUSTIN UNIVERSITY TRINITY UNIVERSITY STANFORD UNIVERSITY TEXAS && M UNIVERSITY HOUSTON COMMUNITY COLLEGE BLINN COLLEGE EASTERN NAZARENE COLLEGE UNIVERSITY OF HOUSTON SAM HOUSTON STTE UNIVERSITY ABILENE CHRISTIAN UNIVERSITY	s	126,000	

FEIN: 74-2793078

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.

JAMES TAYLOR FUND RAISER

PROCEEDS FROM THE EVENT BENEFITED THIS ASTROS FOUNDATION. FUNDRAISER FROM PERFORMANCE OF PROMINENT RECORDING ARTIST JAMES TAYLOR.

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.

ASTROS FOUNDATION FORM 990-PF 12/31/2015

FEIN: 74-2793078

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.

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.

ASTROS FOUNDATION FORM 990-PF 12/31/2015 FEIN: 74-2793078

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.