Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A I	For th	e 201	15 ca k	endar year, or tax year be	ginning 05-01-2015 , and ending 04-30	0-2016			
	heck ıf			C Name of organization COTTON BOWL ATHLETIC ASS	SOCIATION		D En	nployer ide	ntification number
	ddress (_		% MARTY MACINNIS			7.5	5-086384	3
	ame ch			Doing business as					
	nitial ret inal	turn	ŀ	Number and street (or P O b	pox if mail is not delivered to street address) Roc	om/suite	E Tel	lephone nun	ıber
	eturn/te	ermına	ited	One ATT Way			(8	17)892-4	1800
	mended			City or town, state or province arlington, TX 76011	ce, country, and ZIP or foreign postal code		G Gro	oss receipts	\$ 12,889,279
Al	pplication	on per	nding	F. Namanan I. Idaa	f			· ·	· · · · · · · · · · · · · · · · · · ·
				F Name and address Rick Baker	of principal officer	H	(a) Is this a gr subordinate		ı for □Yes ☑No
				One ATT Way arlington, TX 76011		н	(b) Are all sub		
				annigton, 1x 70011			included?	ach a list	(see instructions)
r T	ax-exe	empt s	tatus	▽ 501(c)(3) ┌ 501(c) () ◀ (insert no)	н	(c) Group exe		
J V	Vebsit	te: ►	www	cottonbowl com					
K Fo	rm of c	organiz	zation	Corporation Trust Ass	sociation Other 🕨	<u> </u>	Year of formation	1937 M	State of legal domicile TX
P	art I	9	Sumi	mary		•			
Governance					RIENCES FOR Univ, STUDENT ATHLE			its net as	sets
		N 1		6t	and the state of t			اء	104
Activities &					overning body (Part VI, line 1a) . . ibers of the governing body (Part VI, line			4	104
Ĕ					ed in calendar year 2015 (Part V, line 2)			5	77
ខ្ម					te if necessary)	•		6	100
	7a	Tota	al unre	elated business revenue fr	rom Part VIII, column (C), line 12 .			7a	0
	d l	Net u	ınrela	ted business taxable inco	me from Form 990-T, line 34	· ·		7b	
	8	_		untions and grants (Dart V	'III, line 1h)		Prior Yea	r 34,490	1,676,920
9	9				/III, line 2g)	: : 	· · · · · · · · · · · · · · · · · · ·	63,426	10,574,779
Revenue	10		_	•	column (A), lines 3, 4, and 7d)	_		25,478	0
ά	11	0	ther	evenue (Part VIII, colum	ın (A), lınes 5, 6d, 8c, 9c, 10c, and 11e)		5	80,772	637,580
	12		otal ro 2)	evenue—add lines 8 throu	gh 11 (must equal Part VIII, column (A), line	12,0	04,166	12,889,279
	13	G	rants	and sımılar amounts paıd	(Part IX, column (A), lines 1-3)		1,4	36,208	2,247,513
	14	В	enefit	s paıd to or for members ((Part IX, column (A), line 4)	[0	0
82	15		alarıe	s, other compensation, en	mployee benefits (Part IX, column (A), li	nes	2,6	64,054	3,350,236
Expenses	16a		•	sional fundraising fees (Pa	art IX, column (A), line 11e)	[0	0
Ã.	ь	To	otal fur	draising expenses (Part IX, colu	ımn (D), line 25) ► 0				
	17	0	there	expenses (Part IX, columr	n (A), lines 11a-11d, 11f-24e)	[4,7	72,145	5,432,931
	18				7 (must equal Part IX, column (A), line 2	· -		72,407	11,030,680
ድ જ	19	R	evenu	ie less expenses Subtrac	t line 18 from line 12		3,1 eginning of Curre	31,759	1,858,599 End of Year
99.00 100.00 100.00		_				B			
38	20 21			ssets (Part X, line 16) . abilities (Part X, line 26)		• -		93,009	23,071,493
~ TO	21				btract line 21 from line 20	`. ` 	-	48,063	21,124,225
Fend	22	N					/-	,	
Pa	rt II		Signa	ature Block					
Pa Und my I prep	er per knowle parer h	naltie edge	s of p and b ny kn	ature Block erjury, I declare that I havelief, it is true, correct, an owledge	ve examined this return, including accor nd complete Declaration of preparer (oth			l on all info	
Pa Und my I prep	er per knowle parer h	naltie edge	s of p and b ny kn ***** Signat RICK Type	eture Block erjury, I declare that I have elief, it is true, correct, an owledge * ture of officer BAKER PRESIDENT/CEO or print name and title	ve examined this return, including accor nd complete Declaration of preparer (oth	ner than o	officer) is based 2016-09-	l on all info	
Und my I prep Sig Hei	er per knowle parer h	naltie edge	s of p and b ny kn ***** Signat RICK Type	eture Block ergury, I declare that I have elief, it is true, correct, an owledge * ture of officer BAKER PRESIDENT/CEO	ve examined this return, including accor		officer) is based 2016-09-	12 PTIN	ormation of which
Und my I prep Sig Hei	er per knowle parer h	naltie edge has a	s of p and b ny kn ***** Signal RICK Type	erjury, I declare that I have elief, it is true, correct, an owledge * Eure of officer BAKER PRESIDENT/CEO or print name and title BUCE E BERNSTIEN	ve examined this return, including accor nd complete Declaration of preparer (oth	ner than o	2016-09- Date	12 12 If PTIN P0142	ormation of which

DALLAS, TX 75231

May the IRS discuss this return with the preparer shown above? (see instructions)

Par		ent of Program Service	Accomplishments se or note to any line in this Part II	T	
1		the organization's mission	se of flote to any fine in this Part II	1	
			ATIVE OF ALL COLLEGE FOOTB		
	ATING PREMIER (MUNITY	COLLEGE SPORTS EXPERIE	NCES FOR UNIVERSITIES, STUD	DENT ATHLETES, SPONSORS	5 AND THE
2		cion undertake any significant 90 or 990-EZ?	program services during the year v	which were not listed on	「Yes ▼No
		e these new services on Sche			
3	services?			ducts, any program · · · · · · · · ·	「Yes 下No
4	·	e these changes on Schedule . ,			
4	expenses Section		ccomplishments for each of its thre rganizations are required to report to th program service reported		
 4a	(Code) (Expenses \$	10,183,200 including grants of \$	2,247,513) (Revenue \$	11,098,977)
	North Texas to do It Crimson Tide who co has given more that clinic at AT&T Stadii converge on North million in direct eco players, media and time extravaganza garners the attentic Founded in 1936, legendary quarterbit tradition. The idea and covered expen apparent, Sanfords greats who have at Doug Flutie, Earl Co Dan Marino, Dicky Layne, John Kimbre "Bear" Bryant, Darr Gene Stallings, Ben and Les Miles. A ne Fiesta Bowls. These of the six New Yearights were bundled generated by the Commercial Converses of the six New Yearights were bundled generated by the Converses.	battle for the right to play in the Naticontinued on to become the 2016 Nan \$200 million to higher education um, childrens hospital visits, band control the properties of the region of the color of the nation and keeps the rich is the first Cotton Bowl Classic was play ack Sammy Baugh, defeated the Gofor a post-season football classic be used with \$6,000 out of his own pook dream of a Texas sports spectacle operated in the Cotton Bowl through ampbell, Bart Starr, Joe Theismann, Maegle, Sammy Baugh, Bryon "White ough, Tommy Nobis, Duke Carlisle, rell Royal, General Bob Neyland, Both Schwartzwalder, John Robinson, John era began this year, as the Cotton Both and John Schwartzwalder, John Robinson, John era began this year, as the Cotton era Six Bowls, including the Cotton Both and John With a National Champia cotton Bowl TV and sponsor rights, a cotton Bowl TV and sponsor rights, a	pall at its finest. Two of the nations top four conal Championship game in Phoenix, Arizz ational Championship game in Phoenix, Arizz ational Champion. The Cotton Bowl Classic The Cotton Bowl also produces many even oncerts and Hall of Fame ceremonies. Whe re-game activities, and the generous Texas civic and volunteer committees work year of ten (10) million more fans watched game hours. And no matter the outcome of the tradition of post-season college football in fixed January 1, 1937, between Texas Chriscolden Avalanche that day 16-6 before 17,00 longed to the late J. Curtis Sanford, a Dallatet. With an economic depression still gripp was deemed unrealistic by many observers the years include such standouts as. Bo Ja Joe Montana, Eric Dickerson, Roger Staubszer". White, James Street, Jim Swink, Lander Dodd, Frank Leahy, Jess Neely, Jess Neely, Frank Leahy, Jess Neely, Jess Neely, Jess Neely, Jess Neely, Je	ona Over 82,000 people witness a d is more than a game, however. Over the surrounding the game, including an in the game week gets here, huge crosstyle hospitality. These enthusiastic round to provide the best in hospital activities on ESPN that included a pigame, no matter the year, it is a specific that included a pigame, no matter the year, it is a specific to specific the soil man, who promoted that first ging the country, and tremors of globics. Time has vindicated Sanfords vision ckson, Russell Maryland, Troy Alkman, Doak Walker, Jim Brown, Kenny and The list of coaches is equally imported the list of coaches is equally imported that first given the list of coaches is equally imported that first groups of the soil sand the Rose, Siguous bowls in the post-season. As proschip rights to the CFP (the Rose hards \$470 million a year. The portion of the Cotton Bowl to the two (2) particulated the season of \$470 million a year.	ominating performance by ter eight decades, the Classic in annual free youth football forwards of college football fair visitors generated over \$30 ality and entertainment for the regame spectacular, a half-ecial and unique event that and future generations sity. The Frogs, behind it was the beginning of a great was the beginning of a great ame as a private enterprise all unrest becoming more in The honor role of gridiron an, Tim Brown, Chris Spielmay, Stabler, John Cappelletti, Norm Van Brocklin, Bobby ressive legends such as Patan, Vince Dooley, Joe Patern an, Bob Stoops, Bill Snyder sugar, Orange, Peach and art of this partnership, five (is a separate contract). Thes of the \$470 million that is sticipating teams as grants, as
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(0000	, (Expenses ¢	molading grants of \$	γ (Nevellae φ	,
	-				
	-				
4d	Other program s	services (Describe in Schedu	le O)		
	(Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4e	Total program s	ervice expenses 🕨 1	0,183,200		

Part IV	Checklist of	f Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 72			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	92		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
8	Form 1098-C?	7h		
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club aculities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	12-		
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

	Check it Schedule O contains a response or note to any line in this Part VI	• •			•	• •
36	ection A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	104		Tes	110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	103			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management cor	d by c		3		No
4	Did the organization make any significant changes to its governing documents since filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following		ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not i			even	ue Cod	e.)
			•		Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	ivitie	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	ivitie: on's e	s of such chapters, xempt purposes?	10b	Yes	
b L1a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its	ivitie: on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b		
b L1a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	civities on's e s gov • • form 9	s of such chapters, xempt purposes? erning body before filing 	10b		
b L1a b L2a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members.	on's ess gov form 9	s of such chapters, xempt purposes? erning body before filing 190 crests that could give	10b	Yes	
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	ivities on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes	
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	ivities on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	ivities on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy?	civities on's e s gov form 9 ly inte the p le lew an	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revi	civities con's e cs gov . form 9 . ly inte . the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 111a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisited persons, comparability data, and contemporaneous substantiation of the	civities con's e cs gov . form 9 . ly inte . the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 111a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisible persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	civities con's e cs gov . form 9 . ly inte . the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisite persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization.	civities on's e s gov form 9 ly inte the p lew an e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisite persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization in the organization in the organization invest in, contribute assets to interpret the organization in the organizat	civities con's e cs gov form 9 ly inte the p lew an e deli cr sim	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b l1a b l2a c l3 l4 l5 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take	civities con's e cs gov form 9 ly inte the p lew an e deli cr sim	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	civities con's e cs gov form 9 ly inte the p lew an e deli cr sim	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

(3)s only) available for public inspection Indicate how you made these available Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►MARTY MACINNIS ONE ATT WAY Arlington, TX 76011 (817) 892-4800

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)			Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations		
See Additional Data Table										
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title						heck unless officer stee)		Repor comper from organiza	table sation the tion (W-	(F) Estimated amount of other compensation from the	
		organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
See	Additional Data Table											
1b c d	Sub-Total	ts to Part VII, S	ection A				* * *		2,734	1,216	0	459,883
2	Total number of individuals (ir \$100,000 of reportable comp	ncluding but not	limited	to the	se	liste	d abov	e) w	ho receive	d more th	nan	
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> s					key •	emplo	yee,	, or highest	compen	sated employee	Yes No
4	For any individual listed on lin organization and related organ individual										uch	4 Yes
5	Did any person listed on line 1 services rendered to the orga									anızatıon • • •	or individual for	5 No
Se	ection B. Independent Co											
1	Complete this table for your fi compensation from the organi											
		(A) Name and business	-					-			(B) scription of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Form **990** (2015)

Part V	Ш	Statement of						_
		Check if Schedu	le O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
						revenue		512-514
u S	1a	Federated camp	oaigns 1a					
Grants mounts	b	Membership due	es 1b					
9 6	С	Fundraising eve	nts 1c					
Giffs, iilar A	d	Related organiza	ations 1d					
i5 [a	e	Government grants						
ons, Giffs, Grants Similar Amounts	_	_		1.676.020				
tributio Other	T	similar amounts not	ns, gifts, grants, and 1f t included above	1,676,920				
멸형	g	Noncash contributio 1a-1f \$	ns included in lines	15,000				
Contributions, and Other Sin	h	Total. Add lines	1a-1f		1,676,920			
				Business Code				
an l	2a	GAME RELATED INC	COME	900099	10,574,779	10,574,779		
ex.	ь				25,5,			
ě.	С							
¥ 4	d							
ૐ =	e							
Program Service Revenue	f	All other progra	m service revenue					
کِ	g	Total Add lines	2a-2f	<u> </u>	10,574,779			
	3		ome (including dividen					
		and other simila	ramounts)		0			
	4		ment of tax-exempt bond		0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	113,382	(II) Personal				
	b	Less rental expenses						
	С	Rental income or (loss)	113,382	0				
	d	Net rental incon	ne or (loss)		113,382			113,382
		.	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
	d		s)		0			
Other Revenue	8a	Gross income frevents (not incl \$ of contributions						
<u>د</u> ا		See Part IV, line	e 18					
ţ.	ь	Lace direct our	oenses b					
9	С	·	loss) from fundraising	events 🛌	0			
	9a		om gaming activities	r				
	ь	Less direct evr	penses b					
		-	loss) from gaming acti	vities	0			
	10a	Gross sales of i		·				·
		returns and allo	wances . a					
	ь	Less cost of go						
			loss) from sales of inve	entory 🛌	0			
		Miscellaneous		Business Code				
	11a	SEMI-FINAL IN	ICOME	900099	247,440	247,440		
	b	POSTAGE		900099	66,586	66,586		
	С	MISC OTHER		900099	210,172	210,172		
	d	All other revenu	ie					
	е	Total. Add lines	11a-11d	▶ [524,198			
	12	Total revenue.	See Instructions .	· · · · •	12,889,279	11,098,977		113,382

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns	All ather areas		nlata asluman (A.)	
secui					
_	Check if Schedule O contains a response or note to any line in the		 (B)	(C)	l (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,247,513	2,247,513		
2	Grants and other assistance to domestic individuals See Part IV, line 22		, ,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,076,224	1,502,413	573,811	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	-,,	,	
7	Other salaries and wages	671,215	532,654	138,561	0
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	152,269	144,656	7,613	0
9	Other employee benefits	342,058	324,955	17,103	0
10	Payroll taxes	108,470	102,886	5,584	0
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	6,355	6,037	318	0
c	Accounting	59,679	2,984	56,695	0
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	100,859	95,414	5,445	0
13	Office expenses	116,501	110,676	5,825	0
14	Information technology	37,469	34,957	2,512	0
15	Royalties	0			
16	Occupancy	0			
17	Travel	55,193	52,433	2,760	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	45,126	45,126	0	0
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	282,914	268,768	14,146	0
23	Insurance	82,639	78,507	4,132	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	GAME RELATED OPERATIONS	3,289,245	3,289,245	0	0
b	GAME RELATED ENTERTAINMENT	1,097,466	1,097,466	0	0
c	PRINTING & PUBLICATIONS	95,352	90,584	4,768	0
d	VIDEO SERVICES/DESIGN/PHOTOS	48,935	46,488	2,447	0
e	All other expenses	115,198	109,438	5,760	
25	Total functional expenses. Add lines 1 through 24e	11,030,680	10,183,200	847,480	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X Balance Sheet

	-	Check if Schedule O contains a response or note to any I	ne in this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			8,402,825	1	10,384,156
	2	Savings and temporary cash investments			2,130,421	2	2,140,231
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			519,902	4	164,876
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	omplete f	Part II of			
Assets	6	Loans and other receivables from other disqualified pers section 4958 (f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see institutions).	(c)(3)(B), section 5	and 01(c)(9)	0	5	0
Š	l _				0	6	0
⋖	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges	: : :		157,074	9	166,157
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,908,801			
	Ь	Less accumulated depreciation	10b	1,143,127	633,250	10 c	765,674
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11 .			0	12	0
	13	Investments—program-related See Part IV, line 11 .			0	13	0
	14	Intangible assets			240,000	14	509,109
	15	Other assets See Part IV, line 11			9,109,537	15	8,941,290
	16	Total assets. Add lines 1 through 15 (must equal line 34)		21,193,009	16	23,071,493
	17	Accounts payable and accrued expenses			374,678	17	516,110
	18	Grants payable			0	18	0
	19	Deferred revenue			1,470,268	19	1,431,158
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV			0	21	0
"iabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d	, directors	, trustees,		21	
寰		persons Complete Part II of Schedule L	•		0	22	0
<u>, </u>	23	Secured mortgages and notes payable to unrelated third			0	23	0
	24	Unsecured notes and loans payable to unrelated third pa			0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
		· · · · · · · · · · · · · · · · · · · ·			0	25	0
	26	Total liabilities.Add lines 17 through 25			1,844,946	26	1,947,268
· S		Organizations that follow SFAS 117 (ASC 958), check he	ere ► 🔽	and complete			
θ		lines 27 through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			18,907,263	27	20,759,425
8	28	Temporarily restricted net assets			440,800	28	364,800
돧	29	Permanently restricted net assets			0	29	0
or Fund		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	check here	e►			
	30	Capital stock or trust principal, or current funds				30	
φ	31	Paid-in or capital surplus, or land, building or equipment				31	
Assets	32	Retained earnings, endowment, accumulated income, or				32	
Net 1	33	Total net assets or fund balances			19,348,063	33	21,124,225
Ż	34	Total liabilities and net assets/fund balances			21,193,009	34	23,071,493

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,8	889,279
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,(030,680
3	Revenue less expenses Subtract line 2 from line 1	3			 358,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			348,063
5	Net unrealized gains (losses) on investments	5		<u> </u>	-82,437
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		21,:	124,225
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:**

EIN: 75-0863843

Name: COTTON BOWL ATHLETIC ASSOCIATION

Form 990, Part VII - Compensation Compensated Employees, and Inde	(ey	Employees, High	nest							
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (i nan o n is b	ne booth a	ox, u an of trust	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		,	related organizations
Carl Baggett Director	1 0	x						0	0	0
Thomas Bain Director	1 0	х						0	0	0
Craig Baker Director	1 0	х						0	0	0
Read Ballew Director	1 0	х						0	0	0
Andrew Barker	1 0	х						0	0	0
Kevin Bartholomew	1 0	Х						0	0	0
Jamie Barton	1 0	х						0	0	0
Director Mike Berry	1 0	x						0	0	0
William A Blase Jr Director	1 0	х						0	0	0
Nick Briner Director	1 0	х						0	0	0
Derrick Boyd Director	0 0	х						0	0	0
Roland Burns Director	1 0	Х						0	0	0
Charles A Burton Director	1 0	х						0	0	0
Lance R Byrd Director	1 0	х						0	0	0
J Larry Cantrell Director	1 0	х						0	0	0
David Cole Director	1 0	х						0	0	0
Betty Crawford Director	1 0	х						0	0	0
John F Crawford Director	1 0	х						0	0	0
AR Buddy Dike Director	1 0	х						0	0	0
Bill Duvall Director	1 0	х						0	0	0
Mike Dwyer Director	1 0	х						0	0	0
Gayle M Earls Director	1 0	Х						0	0	0
Fred Euler Director	1 0	Х						0	0	0
Jeffrey D Fehlis Director	1 0	Х						0	0	0
Michael Flynn Director	10	х						0	0	0

Compensated Employees, and Inde		ntracto						I	1	1 1
(A) Name and Tıtle	(B) Average hours per week (list any hours	Posit more t perso and a	tion (d han o n is b	ne b oth	ox,ι an o	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional				Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
		ä:	Trustee			nsate				
R Bruce Gadd	1 0					🛣				
Director	0 0	x						0	0	О
John Gavin	1 0									
Director	0 0	X						0	0	0
Andy Geisse	1 0	х						0	0	0
Director	0.0									
JJ Gomez	1 0	x						0	0	0
Director Jose Gutierrez	0 0									
Director		x						0	0	0
Bruce Hardy	1 0									
Director	0 0	X						0	0	0
Steve Head	1 0	×						0	0	0
Director	0 0							Ü	0	
Jon W Heidtke	1 0	×						0	0	0
Director	0 0						_			
Mike Henderson Director		x						0	0	0
Terrance Henderson	0 0									
Director	0 0	×						0	0	0
Cindy Hourigan	10									
Director	0 0	Х						0	0	0
Kristi Sherrill Hoyl	1 0	x						0	0	0
Director	2 0									
William D Jackman	1 0	×						0	0	0
J Stephen Jones	0 0									
Director	0 0	×						0	0	o
Mark Keiffer	1 0									
Director	2 0	×						0	0	0
Bob Kembel	1 0	х						0	0	0
Director	0 0							0		
Ron Kırk	1 0	x						0	0	0
Director Soth Klushorz	0 0									
Seth Klugherz Director		x						0	0	0
Lon Lee	1 0									
Director	0 0	×						0	0	0
Greg Leftwich	1 0	×						0	0	0
Director	0 0							Ů,	0	0
Melissa Macatee	1 0	x						0	0	0
Director	1 0						_			
Ross Martin Director		×						0	0	0
Director Charles Matthews	0 0									
Director	0 0	×						0	0	0
Russell Maryland	1 0									_
Director	0 0	Х						0	0	0
Fred McClure	1 0	х						0	0	0
Director	0 0									

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Nick Merrick Director	0 0	х						0	0	0
Michael Miles Director	0 0	×						0	0	0
Bill Montgomery	1 0	×						0	0	0
Director	0 0							, and the second		
Craig Moore Director	0 0	х						0	0	0
John David Moritz	1 0	×						0	0	0
Director Mark Nickells	0 0									
Director	0 0	х						0	0	0
Susan Nix Director	1 0	х						0	0	0
Philip Norwood	1 0	×						0	0	0
Director	0 0	^						•		<u> </u>
Mary Martha Pickens Director	1 0	х						0	0	0
Jack B Prince Director-Ex Officio	1 0	x						0	0	0
Jesse K Pruitt	1 0	х						0	0	0
Director Harold Rapoza	0 0									
Director	0 0	X						0	0	0
Holly Reed Director	0 0	×						0	0	0
Scott Rogers Director	1 0	х						0	0	0
Christopher T Roy	1 0									
Director	0 0	Х						0	0	0
Tod A Ruble	1 0	x						0	0	0
Director Kathy Saunders	0 0									
Director	2 0	Х						0	0	0
John Field Scovell Director	0 0	х						0	0	0
King Scovell Director	1 0	х						0	0	0
Brad Sham	1 0	х						0	0	0
Courtney Slater	1 0									
Director	0 0	х						0	0	0
Kevin Smart Director	10	x						0	0	0
G Stacy Smith	1 0	х						0	0	0
Jim Ray Smith	1 0	х						0	0	0
Director Robert Smith III	0 0	.,								
Director	0 0	х						0	0	0

Compensated Employees, and Inde	pendent Cor (B)	ntracto						1	I	
(A) Name and Title	Posit more the perso	ion (d nan o n is b	ne bo	ox, ι an o	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional				Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
		E;	Trustee			insate				
PHCourse	10					<u> </u>				
Bill Spicer Director		×						0	0	0
John Stankey	10									
Director	0 0	X						0	0	0
Jeff Stroud	1 0	\ \ \								0
Director	0 0	Х						0	0	0
John T Stuart III	1 0	×						0	0	0
Director	0 0									
Mike Sweet Director		×						0	0	0
Gary Thomas	1 0									
Director	0 0	х						0	0	0
Jim Trebilcock	1 0	<u> </u>						_		
Director	0 0	Х						0	0	0
Alvın Wade	1 0	x						0	0	0
Director	10							<u> </u>		
Mike Wainwright	1 0	×						0	0	0
S Denton Walker III	0 0									
Director		x						0	0	0
Alan White	1 0									
Director	0 0	X						0	0	0
Del Williams	1 0	V						0	0	0
Director	0 0	Х						0	0	
Jeff Williams	1 0	×						0	0	0
Director	2 0									
Jim Williams Jr Director		×						0	0	0
Reed Williams	10									
Director	0 0	×						0	0	0
Derrick Wilson	10	<u> </u>								
Director	0 0	Х						0	0	0
Ramsay Woodall	1 0	×						0	0	0
Director	0 0									
John Yeaman		×						0	0	0
Director Larry D Young	0 0									
Director	0 0	×						0	0	0
John Zogg	1 0									
Director	0 0	X						0	0	0
Jay McAuley	5 0	х		х				0	0	0
Chairman	3 0			^					0	
Daniel P Novakov	2 0	x		х				0	0	0
Vice Chairman	3 0									
Thomas C Bain Jr Immediate Past Chairman	2 0	х		Х				0	0	0
Dave Brown	2 0	x		х				0	0	0
Vice Chairman	10	<u> </u>								
Bry Patton	2 0	x		х				0	0	0
Vice Chairman	0 0		<u> </u>							

Compensated Employees, and Inde	1			(C)				(D)	(E)	(E)
(A) Name and Title	(B) A verage hours per week (list any hours for related	more th	more than one box, unless person is both an officer and a director/trustee) org				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	2/1099-MI3C)	related organizations
Carl Ice	2 0			\ ,				0	0	0
Vice Chairman	0 0	Х		Х				0	0	0
W Mıke Baggett	2 0	x						0	0	0
Legal Council	2 0	^						Ů	v	
Finley Ewing III	2 0	×						0	0	0
Playoff Comm Chair	2 0	^						V	0	0
Rick Baker	40 0	×		х				1,005,819	0	194,727
President / CEO	9 0	_ ^		_^				1,003,819	0	154,727
Marty MacInnis	40 0			Х				596,505	0	74,478
C00 / CF0	7 0							330,303	· ·	74,470
Mıchael Konradı	40 0				X			366,137	0	52,619
Senior VP External Affairs	0 0							300,137		32,013
Amy Scott	40 0					x		190,809	0	23,297
VP of Ticket Sales & Services	0 0							130,003	Ů	23,237
Charlie Fiss	40 0					x		171,184	0	33,861
VP Communications	0 0							171,104	v	33,001
Kelly Hembree	40 0							140 725		47.422
VP of Creative & Guest Service	0 0					X		140,725	0	17,132
Nancy Mills	40 0					,,		120.000		20 700
VP of Executive Services	0 0					X		139,008	0	39,709
Andrew Klingsporn	40 0					V		424.020		24.000
VP Operations & Team Logistics	0 0					Х		124,029	0	24,060

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

Employer identification number Name of the organization COTTON BOWL ATHLETIC ASSOCIATION 75-0863843 Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

	rt II Support Schedule for (Complete only if you Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to c	ualify under			
S	ection A. Public Support									
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total			
	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do	(-,	(-,	(9,2323	(4,232)	(3,2323	(1), 1000			
2	not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11, column									
6	(f) Public support. Subtract line 5 from line 4									
Se	ection B. Total Support		Γ	1	T		Γ			
(or	Calendar year fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12				
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>							
	ection C. Computation of Pul			4 4 1 700						
14	Public support percentage for 201			e 11, column (f))		14				
15	Public support percentage for 201	•	*			15				
	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this									
	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
18	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.									

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
/ · · ·	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
(or r	iscal year beginning in) F Gifts, grants, contributions, and							
-	membership fees received (Do	4,612,025	4,387,400	4,105,975	1,334,490	1	,676,920	16,116,810
	not include any "unusual	4,012,023	4,367,400	4,103,373	1,554,490	1	,070,920	10,110,010
_	grants ")							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished	8,576,535	10,175,507	9,115,148	9,763,426	10	,574,779	48,205,395
	ın any actıvıty that ıs related to	8,570,555	10,173,307	9,113,140	9,703,420	10	,3/4,7/3	40,203,333
	the organization's tax-exempt							
3	purpose Gross receipts from activities							
•	that are not an unrelated trade or							0
	business under section 513							
4	Tax revenues levied for the							0
	organization's benefit and either paid to or expended on its behalf							0
5	The value of services or							
	facilities furnished by a							0
	governmental unit to the							
6	organization without charge Total. Add lines 1 through 5	13,188,560	14,562,907	13,221,123	11,097,916	12	,251,699	64,322,205
	Amounts included on lines 1, 2,	10,100,000	1.,552,557	10,221,120	11,031,7310		,201,000	0.,022,200
74	and 3 received from disqualified	4,963,050	4,588,050	4,478,050	200,000		239,500	14,468,650
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							0
	the amount on line 13 for the							
	year	4.062.050	4 500 050	4 470 050	200,000		330 500	14 460 650
	Add lines 7a and 7b Public support. (Subtract line 7c	4,963,050	4,588,050	4,478,050	200,000		239,500	14,468,650
8	from line 6)							49,853,555
Se	ction B. Total Support							
	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	1.5	(f) Total
•	iscal year beginning in) 🟲 📗 📗							
9	Amounts from line 6	13,188,560	14,562,907	13,221,123	11,097,916	12	,251,699	64,322,205
10a	Gross income from interest, dividends, payments received							
	on securities loans, rents,	337,138	159,046	167,279	407,374		113,382	1,184,219
	royalties and income from							
	sımılar sources						\longrightarrow	
b	Unrelated business taxable income (less section 511							
	taxes) from businesses							0
	acquired after June 30, 1975							
C	Add lines 10a and 10b	337,138	159,046	167,279	407,374		113,382	1,184,219
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the	0	0	0	100,000		0	100,000
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of	53,130	51,274	50,533	248,876		524,198	928,011
	capital assets (Explain in Part VI)							
13	Total support. (Add lines 9,	13,578,828	14,773,227	13,438,935	11,854,166	12	,889,279	66,534,435
	10c, 11, and 12)							
14	First five years. If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	section 5	501(c)(3	· · · - · ·
Sa	check this box and stop here ction C. Computation of Pul	hlic Support B	ercentage					<u>► </u>
15	Public support percentage for 201			13 column (f))		15		74.020.0/-
	Public support percentage from 20	-		(1)		15		74 929 %
16			•			16	<u> </u>	69 018 %
	ction D. Computation of Inv			-	(6))	ı		
17	Investment income percentage for				ın (†))	17	<u> </u>	1 780 %
18	Investment income percentage fro					18		1 756 %
19a	33 1/3% support tests—2015.If th							line 17 is not
	more than 33 1/3%, check this box	k and stop nere. I	ne organization q	uannes as a publi	cry supported or	ganızatıor	1	▶ ▼

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
JC'	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

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

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c							
Section D - Distributions			Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes								
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in							
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons							
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval re	quired)								
6 Other distributions (describe in Part VI) See instru	6 Other distributions (describe in Part VI) See instructions								
7 Total annual distributions. Add lines 1 through 6									
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide							
9 Distributable amount for 2015 from Section C, line	6								
10 Line 8 amount divided by Line 9 amount									
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
1 Distributable amount for 2015 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
d From 2013									
e From 2014									
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2015 distributable amount									
 Carryover from 2010 not applied (see instructions) 									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2015 from Section D, line 7									
\$									
a Applied to underdistributions of prior years									
b Applied to 2015 distributable amount									
c Remainder Subtract lines 4a and 4b from 4									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2016. Add lines 31 and 4c									
8 Breakdown of line 7									
c Excess from 2013									
d From 2014									
e From 2015									

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493256008926

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury

COTTON BOWL ATHLETIC ASSOCIATION

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection **Employer identification number**

	nor Advised Funds or Other Sinvered "Yes" on Form 990, Part IV, I	nilar Funds o	r Accounts.
Complete if the organization that	(a) Donor advised funds		
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during yea	r)		
Aggregate value at end of year			
Did the organization inform all donors and dor funds are the organization's property, subject			ed Yes No
Did the organization inform all grantees, dono used only for charitable purposes and not for conferring impermissible private benefit?			purpose Yes No
rt III Conservation Easements. Con	nplete if the organization answered	"Yes" on Form	n 990, Part IV, line 7.
Purpose(s) of conservation easements held b Preservation of land for public use (e.g., re Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizat	ecreation or education) Preservat	tion of an historic	historic structure
easement on the last day of the tax year	on held a qualified conservation contrib		
Total number of conservation easements		2a	Held at the End of the Year
Total acreage restricted by conservation easi	ements	2b	
Number of conservation easements on a certi		2c	
Number of conservation easements included historic structure listed in the National Regis	in (c) acquired after 8/17/06, and not or		
Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or t	erminated by the	e organization during the
Number of states where property subject to c	onservation easement is located 🕨		
Does the organization have a written policy reviolations, and enforcement of the conservati	garding the periodic monitoring, inspect	tion, handling of	┌ Yes
Staff and volunteer hours devoted to monitori year	ng, inspecting, handling of violations, an	id enforcing cons	ervation easements during the
A mount of expenses incurred in monitoring, if	nspecting, handling of violations, and en	forcing conserva	tion easements during the year
Does each conservation easement reported of $(B)(I)$ and section $170(h)(4)(B)(II)$?	n line 2(d) above satisfy the requiremen	nts of section 17	^{0 (h)(4)}
In Part XIII, describe how the organization re balance sheet, and include, if applicable, the t the organization's accounting for conservation	text of the footnote to the organization's		
	lections of Art, Historical Treas vered "Yes" on Form 990, Part IV, I		er Similar Assets.
If the organization elected, as permitted unde works of art, historical treasures, or other sim service, provide, in Part XIII, the text of the f	nilar assets held for public exhibition, ed	ucation, or resea	rch in furtherance of public
If the organization elected, as permitted unde works of art, historical treasures, or other sim service, provide the following amounts relatin	nilar assets held for public exhibition, ed		
i) Revenue included on Form 990, Part VIII, li	ne 1	► \$_	
i) Assets included in Form 990, Part X		► \$_	
If the organization received or held works of a following amounts required to be reported und			ial gain, provide the
Revenue included on Form 990, Part VIII, lin	e 1		► \$
Assets included in Form 990, Part X			▶ \$

Part	1111	Organizations Maintaining (continued)	Collections of Ar	t, Hi	stori	cal '	Trea	sures,	or O	ther s	Similar A	ssets	5	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	rds, c	heck :						gnıfıcant us	e of its	5	
а	ГР	ublic exhibition		d	ı	Loa	nore	xchange	progr	ams				
b	┌ s	cholarly research		е	Γ	Oth	ner							
c	┌ P	reservation for future generations												
4	Provi Part >	de a description of the organization's KIII	s collections and expl	aın ho	w the	y furt	her th	ne organız	zatıon	's exem	npt purpose	ın		
5		g the year, did the organization solic s to be sold to raise funds rather tha									r Ves	Г	No	
Part	: IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV,	lıne 9, o	r rep	orted	an amour	nt on I	Form	990,
		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary	y for c	ontrı	butior	ns or othe	erass	ets not	┌ Yes	Γ	No	
ь	If"	Yes," explain the arrangement in Pa	rt XIII and complete	the fo	llowin	g tab	ole				Am	ount		
c		ginning balance	·			-			1c					
d		ditions during the year							1d					
e		tributions during the year							1e					
f	End	ding balance							1f					
2a		ne organization include an amount or	n Form 990, Part X, Iır	ne 21,	, for es	scrov	vorcı	ustodial a	ccour	nt liabil	ıty? ┌ Yes	Г	No	
L														_
		es," explain the arrangement in Part											•	<u>'</u>
Par	t V	Endowment Funds. Complet												
1-	Pogur	nning of year balance	(a)Current year	(D)P	nor yea	ar	D (C)	Two years	раск	(a) i nree	e years back	(e)F0	ur yea	rs back
1a b	_	ributions												
c	Net i losse	nvestment earnings, gains, and												
d	Gran	ts or scholarships												
e		r expenditures for facilities programs												
f	• Δ dmi	nistrative expenses												
g		of year balance												
2		de the estimated percentage of the o	urrent vear end halar	nce (lu	ne 1 a	colu	ımn (s)) held as	L					
		• -	urrent year end barar	100 (111	ne ry,	, coru	111111 (c	i)) lielu as	5					
_		I designated or quasi-endowment												
b		anent endowment 🕨												
		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c s	should equal 100%											
3a	organ	nere endowment funds not in the pos ization by	_		that a	are he	eld an	d adminis	sterec	l for the		-	res	No
		related organizations				•		•				(i) (ii)	-+	
	If"Y∈	s" on 3a(II), are the related organiza	ations listed as requir	ed on	Sched	dule F					<u> </u>	Bb		
4 Pari		ribe in Part XIII the intended uses o Land, Buildings, and Equip i		iuowii	iielit it	anu5								
r di		Complete if the organization a Description of property				(a)		ne 11a.9 (b)		90, Part X Accumulated	((value
						stmen		(oth		,,,	, дасртеска поп			
1a L	.and			·										
b E	Buildin	gs		· _						\bot				
		nold improvements						1	,000,0	_	608,6	_		391,339
		nent		<u> </u>					908,8	01	534,4	66		374,335
e () ther			- 1				l		- 1				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

765,674

Part VII	Investments—Other Securities. (See Form 990, Part X, line 12.	Complete if the or	ganızatıon answer	ed 'Yes' on Fo	rm 990, Part IV, line 11b.
	(a) Description of security or catego	pry	(b)Book valu		(c)Method of valuation
(1)Financia	(including name of security) al derivatives			Cos	t or end-of-year market value
	-held equity interests				
(3) O ther					
			+		
			1		
	mn (b) must equal Form 990, Part X, col (B) line 12		•		
Part VIII	Investments—Program Related. Complete if the organization answei	ed 'Yes' on Form '	990 Part IV line	110 0 5	000 Part V Iva 12
	(a) Description of investment		(b) Book valu		(c) Method of valuation
	(4, 2 3331, 5131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3131, 3		(2) Book van		or end-of-year market value
Total. (Colum	mn (b) must equal Form 990, Part X, col (B) line 13)		•		
Part IX	Other Assets. Complete if the organiza		on Form 990, Part I	V, line 11d See	
(1) FUNDS		scription			(b) Book value
	HELD IN TRUST BY OTHERS RIBUTED RENT RECEIVABLE				5,576,490 364,800
	VABLE FROM AFFILIATE				3,000,000
Total (Colu	ımn (b) must equal Form 990, Part X, col.(B) lıı	20.15			8,941,290
Part X					
	See Form 990, Part X, line 25.				
1.	(a) Description of liability	(b) Book va	lue		
Federal inc	ome tayes		0		
r ederal lilic	one taxes				
_					
_					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	F	0		
	for uncertain tax positions In Part XIII, pro			ızatıon's financı	al statements that reports the

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per F	eturn
1		r support per audited financial statements			1	12,806,842
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a	-82,437		
b	Donated services and use of fa	cilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d		•		2e	-82,437
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	12,889,279
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b		•		4c	
5		4c. (This must equal Form 990, Part I, line	-		5	12,889,279
Part		openses per Audited Financial St eerischer zusation answered 'Yes' on Form 990,			es per	Return.
1	Total expenses and losses per	audited financial statements			1	11,030,680
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a			
b	Prior year adjustments		2b			
C	Other losses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		•		3	11,030,680
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b		•		4c	
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, li	ne 18)	5	11,030,680
Prov		Part II, lines 3, 5, and 9, Part III, lines 1a				
	V, line 4, Part X, line 2, Part XI, mation	lines 2d and 4b, and Part XII, lines 2d and	14b A	Also complete this part	o provi	de any additional
	Return Reference	Explanation				

Return Reference	Explanation
48 (ASC 740)	Schedule D, Part X, line 2 THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ASSOCIATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511 THE ASSOCIATION DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED APRIL 30, 2016 AND 2015 THE ASSOCIATION'S TAX POSITIONS ARE HIGHLY LIKELY TO BE SUSTAINED IF EXAMINED BY THE TAXING AUTHORITY FOR THE YEAR ENDED APRIL 30, 2016

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule I | Compared to the compared

(Form 990)

Department of the

Treasury

DLN: 93493256008926OMB No 1545-0047

2015

Open to Public

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

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

Attach to Form 990.

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

Inspection

Name of the organization						Employe	er identification number
COTTON BOWL ATHLETIC ASS	OCIATION					75-086	53843
Part I General Informa	ation on Grants	and Assistance				,	
 Does the organization main the selection criteria used t Describe in Part IV the organization Part II Grants and Other As 	to award the grants anızatıon's procedu	or assistance? res for monitoring the i		United States			rt IV , line 21 , for any recipient
			dditional space is neede		Tacion answered 1 es		Terv, interest any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descript non-cash ass	
(1) COLLEGE FOOTBALL PLAYOFF ADMINISTRATION LLC 545 E John Carpenter FWY Irving,TX 75062	35-2475702		2,247,513				COLLEGE FOOTBALL
				+		-	
2 Enter total number of section		_					
3 Enter total number of other			· · · · · · ·	Cat No 50055P		· · · · ·	
For Paperwork Reduction Act Notice	z, see ine instruction	5 IUT FUTM 990.		Cat NO 50055P	•		Schedule I (Form 990) 2015

(a)Type of grant or assistance

(f)Description of non-cash assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	2
Part III can be duplicated if additional space is needed	

(c)A mount of

cash grant

(b)Number of

recipients

Part IV Supplemental 1	Informati	ion. Provide the infoi	rmation required in Pa	art I, lıne 2, Part III, (column (b), and any other	additional information.					
Return Reference	Explanation	on									
	EXPECTAT	SHCEUDLE I, PART I, LINE 2 THE GRANT OR DISTRIBUTION TO THE COLLEGE FOOTBALL PLAYOFF ADMINISTRATION AND THE EXPECTATION SHALL BE THAT THE GRANT OR DISTRIBUTION MEETS, AT A MINIMUM, THE PARTICIPATING TEAMS' REASONABLE CONTRACTUAL TRAVEL OBLIGATIONS AND PARTICIPATION EXPENSES									

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

Schedule I (Form 990) 2015

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DLN: 93493256008926

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service	
Name of the organiz	zation
COTTON BOWL ATHLETIC	C ASSOCIATION

Employer identification number

75-0863843 Part I **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Rick BakerPresident / CEO	(i)	445,819 	560,000	0	83,333	111,394	1,200,546	0
	(ii)	0	0	0	0	0	0	0
2 Marty MacInnisCOO / CFO	(i)	246,505	350,000	0	15,000	59,478	670,983	0
	(ii)	0	0	0	0	0	0	0
3 Michael Konradi Senior VP External Affairs	(i)	156,137	210,000	0	15,000	37,619	418,756	0
(ii)		0	0	0	0	0	0	0
4 Amy Scott VP of Ticket Sales & Services	(i)	90,809	100,000	0	0	23,297	214,106	0
	(ii)	0	0	0	0	0	0	0
5 Charlie Fiss VP Communications	(i)	116,184	55,000	0	0	33,861	205,045	0
	(ii)	0	0	0	0	0	0	0
6 Kelly Hembree VP of Creative & Guest	(i)	85,725	55,000	0	0	17,132	157,857	0
Service		0	0	0	0	0	0	0
7 Nancy Mills VP of Executive Services	(i)	84,008	55,000	0	0	39,709	178,717	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

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2015

Open to Public

Inspection

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

Employer identification number Name of the organization COTTON BOWL ATHLETIC ASSOCIATION 75-0863843 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (i)Written (a) Name of (c) (d) Loan to (e)Original (f)Balance (g) In (h) Purpose of interested with or from the principal due default? Approved agreement? organization loan organization? amount by board or person committee? From Yes Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between (a) Name of interested (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	
(1) Mike Wainwright	BOARD MEMBER	358,378	hotel		Νo	
(2) Harold Rapoza	BOARD MEMBER	297,420	hotel		Νo	
(3) J Stephen Jones Jeff Stroud	BOARD MEMBER	292,250	catering and merchandising		No	

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
BUSINESS TRANSACTIONS	SOME BOARD MEMBERS OF THE ORGANIZATION ARE ALSO EMPLOYEES OF ORGANIZATIONS
INVOLVING INTERESTED	THAT QUALIFY TO RECEIVE GRANTS THE ORGANIZATION HAS STRICT POLICIES
PERSONS	REGARDING THE REVIEW AND GRANT AWARD APPROVAL PROCESS A VOLUNTEER REVIEW
	PANEL IS FORMED FOR THE PURPOSE OF EVALUATING AND RECOMMENDING WHICH
	ORGANIZATIONS SHOULD RECEIVE GRANT FUNDS THE MEMBERS OF THIS PANEL MUST
	CONFIRM THAT THEY HAVE NO CONFLICT OF INTEREST IN THESE DECISIONS THEIR
	RECOMMENDATIONS ARE SENT TO THE INDIVIDUAL BOARD FOR APPROVAL ANY BOARD
	MEMBER WHO IS ALSO A MEMBER OF THE ORGANIZATIONS BEING RECOMMENDED TO
	RECEIVE GRANT FUNDS ABSTAINS FROM ANY DISCUSSION, OR VOTING ON THE APPROVAL
	OF GRANT AWARDS

Schedule L (Form 990 or 990-EZ) 2015

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2015

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is

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

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

990 Schedule O, Supplemental Information

Return Reference	Explanation
FAMILY RELATIONSHIP AND BUSINESS RELATIONSHIP	FORM 990, PART VI, LINE 2 W Mike Baggett - Related to Carl Baggett (Father) and Ramsey Woodall (Father in Law) William A Blase, Jr - Works at AT&T with Holly Reed, Andy Geisse, Jos Gutirrez, Chris Roy, Jamie Barton, John Stankey and Lori Lee Jos Gutirrez - Works at AT&T with Holly Reed, Andy Geisse, Bill Blase, Chris Roy, Jamie Barton, Lori Lee and John Stankey J Stephen Jones - Works with Bruce Hardy and Jeff Stroud Holly Reed - Works at AT&T with Bill Blaise, Andy Geisse, Jos Gutirrez, Lori Lee, Chris Roy, Jamie Barton and John Stankey John Field Scovell - Related to King Scovell (Father) Courtney Slater - Related to John Crawford (Daughter) & Betty Crawford (Daughter) - Works with Jeff Montgomery & Ryan Hefton John T Stuart III - Related to Melissa Macatee (Father) Mike Sweet - Business Relationship with AT&T Stadium through Ben E. Keith Del Williams - Works with Mike Berry at Hillwood Ramsay Woodall - Related to Mike Baggett (Son-in-law) Chris Roy - Works at AT&T with Holly Reed, Andy Geisse, Jos Gutirrez, Lori Lee, Bill Blase, Jamie Barton and John Stankey J J. Gomez - employee of PlainsCapital Bank Jeff Williams provides engineering services for Bob Kembil and John David Moritz Jamie Barton - Works at AT&T with Holly Reed, Andy Geisse, Jos Gutirrez, Bill Blase, Chris Roy and John Stankey Alan White - Chairman PlainsCapital Bank Lori Lee - Works at AT&T with Holly Reed, Jamie Barton, Andy Geisse, Jos Gutirrez, Bill Blase, Chris Roy and John Stankey Tommy Bain & Thomas Bain -Father and Son Seth Klugherz - Employee of Goodyear - the Game Title Sposnor
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B The tax return is provided to the audit committee for review it is then forwarded to the executive committee for review and approval. The organization provides a copy of this form 990 to all board members before filing the form
MONITORING AND ENFORCEMENT COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12c The Organization produces a bi-annual survey requiring all em ployees, board members, committee members and key volunteers to inform on conflicts. Any reported conflicts are reported to the board of directors for review and action, where appropriate in addition, those same people have the obligation to update the conflict of interest statements during the year
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15 COMPENSATION IS ANALYZED YEARLY THE ASSOCIATION ENGAGED ERNST & YOUNG TO CONDUCT A TOTAL COMPENSATION ANALYSIS IN NOVEMBER 2015 THE EXECUTIVE COMMITTE E USED THE TOTAL COMPENSATION ANALYSIS AND THE FOOTBALL BOWL ASSOCIATION ANNUAL SALARY SUR VEY THE EXECUTIVE COMMITTEE RECOMMENDS SALARIES AND ANY INCREASE/BONUS TO THE BOARD OF DIRECTORS ALL COMPENSATION RECOMMENDATIONS ARE APPROVED/DISAPPROVED BY THE BOARD OF DIRECTORS AT THE COTTON BOWL ATHLETIC ASSOCIATIONS APRIL BOARD MEETING
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19 The organization's financial statements, the Form 990, the art icles of incorporation and other governing documents are made available to the public upon request

DLN: 93493256008926

OMB No 1545-0047

2015

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

ON BOWL ATHLETIC ASSOCIATION				75-0863	843			
art I Identification of Disregarded Entities Con								
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
					-			
					-			
					-			
art II Identification of Related Tax-Exempt Org	anizations Complete if	the organization an	swered "Yes" o	on Form 990. P	art IV,	line 34 because it	had on	e
or more related tax-exempt organizations duri	ng the tax year.		_			_		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion (e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	Section (13) co	
.)CB EVENTS	charitable	TX	501(c)(3)	7			Yes	No No
ne ATT Way Ington, TX 76011 1-0604075						N/A		
COTTON BOWL FOUNDATION ne ATT Way	FUND RAISING	ТХ	501(C)(3)	11 type I		СВАА	Yes	
RLINGTON, TX 76011 5-1433388								
s)Stadium Events Organizing Committee ne ATT Way	charitable	ТХ	501(c)(6)			N/A		No
RLINGTON, TX 76011 7-1662252								<u> </u>

lle R (Form 990) 2015													Page :	
III Identification of Related (because it had one or more i						ation answ	ered "Ye	s" on	Form	990, Part I	V, lır	ıe 34	;	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		n) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		ı ownership	
					514)			Yes	No		Yes	No		
IV Identification of Related (34 because it had one or mo							ation ansv	wered	"Yes'	" on Form 9	€90, I	Part	IV, line	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entit (C corp, S corp, or trust)		total Share e of	(g) of end- year ssets		(h) ercentage ownership	Section (b) cont	(i) on 512 (13) trolled tity?		
											Yes		No	

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end- of-year assets	Percentage ownership	Section 512 (b)(13) controlled entity?		
				Yes		Yes	No	_		
									+	
										1
	·			•			Schedu	le R (Form 9	90) 20	<u> </u>

Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
${f f}$ Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	ivolved	
L)Stadium Events Organizing Committee	1D	3,000,000	COST			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											l	1	I
												\vdash	
												<u> </u>	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015