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Total unrelated business revenue from Part VIII, column (C), line 12

Grants and similar amounts paid (Part IX, column (A), lines 1-3).

Benefits paid to or for members (Part IX, column (A), line 4) .

Net assets or fund balances Subtract line 21 from line 20

DLN: 93493131048617

7a

80,129,812

89,731,493

6,673,731

293,575,803

0

84,247

82,078,920

76,147,022

4,228,770

279,650,920

0

OMB No 1545-0047

201

Open to Public

Department of the Internal Revenue Service 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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at www.IRS.gov/foim990 Inspection For the 2015 calendar year, or tax year beginning 07-01-2015 and ending 06-30-2016 C Name of organization D Employer identification number B Check if applicable TEXAS A M UNIVERSITY 12TH MAN FOUNDATION Address change 74-1185725 Name change Doing business as Initial return -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated PO BOX 2800 (979) 846-8892 Amended return City or town, state or province, country, and ZIP or foreign postal code COLLEGE STATION, TX 778412800 Application pending G Gross receipts \$ 182,463,293 Name and address of principal officer **H(a)** Is this a group return for RANDEL HOWARD subordinates? PO BOX 2800 Νo COLLEGE STATION, TX 778412800 H(b) Are all subordinates Tax-exempt status included? **√** 501(c)(3) 501(c) () **◀** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW 12THMANFOUNDATION COM Group exemption number 🕨 L Year of formation 1950 M State of legal domicile TX ✓ Corporation Trust Association **K** Form of organization Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE SCHOLARSHIPS TO STUDENTS AND ADDITIONAL SUPPORT TO TEXAS A&M UNIVERSITY Activities & Governance 2 Check this box ▶ ┌─ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 292 Total number of volunteers (estimate if necessary) . . . 6 Ω

b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	4,295
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)	78,741,6	681	81,165,264
9	Program service revenue (Part VIII, line 2g)		0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,526,	546	821,369
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,138,	415	92,287
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	80 120 9	212	82 078 920

Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 3,847,921 4,516,803 5 - 10)Professional fundraising fees (Part IX, column (A), line 11e) . 16a Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 6,215,090 b 17 34,613,535 15,339,978 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 128,192,949 96,003,803

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -13,924,883 19 Revenue less expenses Subtract line 18 from line 12 -48,063,137 Assets or **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . 300,249,534 283,879,690

Signature Block

Total liabilities (Part X, line 26) .

Ravenua

Expenses

13

14

18

21

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	**	* * * *			2017-05-11		
Sign	Sig	gnature of officer			Date		
Here	R/	ANDEL HOWARD SR VICE-PRESIDENT	F OF FINANCE				
	Ту	pe or print name and title					
Paid		Print/Type preparer's name James D Ingram IV	Preparer's signature James D Ingram IV	Date	Check If self-employed	PTIN P00163298	
Preparer		Firm's name 🕨 Ingram Wallis & C	Company PC		Firm's EIN ► 7	1-2073801	
Use Only		Fırm's address ► 2100 East Villa Ma	rıa Rd Ste 100		Phone no (979	776-2600	
USE Offing	,	Bryan TX 77802					

Form 990 (2015)

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥦	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 9}$	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 $98-197$ 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 2	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			
	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	Yes	
С	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	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	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	IV Checklist of Required Schedules (contil	nued,
21	Did the organization report more than \$5,000 of grants of	roth

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt 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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

member of any of these persons? If "Yes," complete Schedule L, Part III

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28h

28c

29

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32

33

34

35a

35b

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Yes

Form 990 (2015)

Yes

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Nο

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P	a	g	e

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		eneak in seneaule o contains a response of note to any line in this	· ui c	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	60			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did th	L ne organization comply with backup withholding rules for reportable payments to	vend	fors and reportable			
٠		ig (gambling) winnings to prize winners?	•	· · · · · ·	1 c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	292			
L	,	s return			2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	year [?]	3a	Yes	
ь	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		
		int)?			-Ta		No
Ь		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	rinanciai Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
					שכ		
C	11 16	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		Νo
L	_	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
U		not tax deductible?		· · · ·	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contributions of the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	rovide	ed?	7b		
c		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty for	which it was required to	7 c		No
d		s," Indicate the number of Forms 8282 filed during the year	7d		70		110
	Did th	ے ne organization receive any funds, directly or indirectly, to pay premiums on a p	Arcon	al henefit contract?			
Č	Dia tii	ie organization receive any lands, directly of maneetly, to pay premiums on a p	CISON	ar benefit contract.	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the or	rganız	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	· ·	the organization file a	79		
		1098-C?	•		7 h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus q the year?	siness	s holdings at any time	8		
Q2	_	, ne sponsoring organization make any taxable distributions under section 49667)		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter	P	· ·			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı						
		on 501(c)(12) organizations. Enter	امد				
		income from members or shareholders	11a				
D		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N o	ote. S	See the instructions for			
_		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
14a	Did th	ے ne organization receive any payments for indoor tanning services during the tax	year	?	14a		No
ь	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

Form 990 (2015) Part VI Governance, Management, and Disclosure 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. Section 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	15			
	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	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness • •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	organız	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 pow more members of the governing body?	wer to	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	, ,	members, stockholders,	7 b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ions ur	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			evenu	ie Cod	e.)
			•		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organizati		•	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of r	ts gov	erning body before filing	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this l	Form 9	90			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	lly inte	rests that could give	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	n the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
3	Did the organization have a written whistleblower policy?			13		No
4	Did the organization have a written document retention and destruction policy? .			14		No
5	Did the process for determining compensation of the following persons include a rev					
а	independent persons, comparability data, and contemporaneous substantiation of th					
b	The organization's CEO, Executive Director, or top management official			15a	Yes	
				15a 15b	Yes Yes	
	The organization's CEO, Executive Director, or top management official					
6a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	or sım				No
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	or sım	llar arrangement with a	15b		No
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	or sım	llar arrangement with a	15b 16a		No
b	The organization's CEO, Executive Director, or top management official	or sım	llar arrangement with a	15b 16a		No

Own website Another's website Upon request Other (explain in Schedule O) 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 ▶RANDEL HOWARD THE ZONE AT KYLE FIELD SUITE 12 COLLEGE STATION, TX 77843 (979) 846-8892

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

CHAR-ELECT (3) ALAN ROBERTS (3) ALAN ROBERTS (4) MIKE BAGGETT (4) MIKE BAGGETT (5) MONTY DAVIS (5) MONTY DAVIS (6) ROBERT DENNIS (6) ROBERT DENNIS (7) DAVID D DUMLAP (7) DAVID D DUMLAP (8) MARK ELLIS (8) MARK ELLIS (9) DARRYL HEATH (10) DARRYL HEATH (11) HENRY B PAUP (12) JOHN D SCHILLER JR (13) MIKE SHAW (14) CINDY TAYLOR (14) CINDY TAYLOR (14) CINDY TAYLOR (14) CINDY TAYLOR (15) O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Check this box if neither the organization no		ganıza T	tion			sated	lany			
Color Colo		A verage hours per week (list any hours for related	unle	ore t ss pe offi	(do han erso cer tor/t	not one n is and rus	box, both a tee)	an	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
CHAIR CANADA CA		below	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	М13С)	мізс)	and related
CHAIR (2) FROSTY GILLIAM JR (2) FROSTY GILLIAM JR (2) FROSTY GILLIAM JR (3) ALAN ROBERTS (4) MIKE BAGGETT (4) MIKE BAGGETT (5) MONTY DAVIS (5) MONTY DAVIS (6) ROBERT DENNIS (7) DAVID DUMLAP (7) DAVID D DUMLAP (8) MARK ELLIS (8) MARK ELLIS (9) DARRYL HEATH (9) DARRYL HEATH (10) DARRYL HEATH (10) DARRYL HEATH (11) HENRY B PAUP (12) JOHN D SCHILLER JR (13) MIKE SHAW (14) COOL (14) CINDY TAYLOR (15) COOL (15) CINDY TAYLOR (16) COOL (17)	(1) STEVE MORRIS								0	0	
CATACONT SELECT	CHAIR		×						U	U	U
X		0 00	x						0	0	0
IMMEDIATE PAST CHAIR	(3) ALAN ROBERTS		×						0	n	0
X	IMMEDIATE PAST CHAIR										
X		0 00	x						0	0	0
X			х						0	0	0
X		0 00	x						0	0	0
TRUSTEE			х						0	0	0
TRUSTEE		0 00	х						0	0	0
TRUSTEE			х						0	0	0
TRUSTEE			х						0	0	0
X			х						0	0	0
X			x						0	0	0
X 0 0			x						0	0	0
			х						0	0	0

(A)	(B)			(C	`			(D)	(E)		/E\
Name and Title	Average			(do	not	chec		Reportable	(E) Reportable	Esti	(F) mated
	hours per week (list					box,		compensation	compensation	1	ount of
	any hours	unie		cer		both a	dII	from the organization	from related organizations	1	ther ensation
	for related	(director/trustee)				(W- 2/1099-	(W- 2/1099-	froi	m the	
	organizations below	옥플	-	₹	X.	9,5	Fc	可 MISC)	MISC)	_	nization related
	dotted line)	율풀	Sta	Officer		등등	Former				ızatıons
		individual trustee or director	Institutional		employee	Highest compensated employee	Ξ.				
		ੋਂ ≘	กอ) é						
		<u> </u>	Trus		ı.	P					
		1.	Trustee			Set					
						<u>E</u>					
(15) SCOTT WOODWARD	0 00	×						0		0	0
EX OFFICIO		^								<u> </u>	
(16) SKIP WAGNER	40 00			×				394,824		0	61,782
PRESIDENT								354,024		<u> </u>	01,702
(17) RANDEL HOWARD	40 00			×				215,401		0	20,291
SR VP - FINANCE										1	20,231
(18) TRAVIS DABNEY	40 00					l _x		228,992		0	39,956
VP - MAJOR GIFTS										1	
(19) JACOB GREEN	40 00					l _x		170,293		0	33,424
VP - MAJOR GIFTS								,		1	
(20) CAROLE DOLLINS	40 00					l x		154,376		0	33,058
SR VP - TICKETING								,			
(21) KELLY CORCORAN	40 00					×		200,530		0	40,613
SR VP - OPERATIONS								•			
(22) MARK RIORDAN	40 00					l x		125,891		0	26,024
VP - MARKETING & COMMUNICA											
										+	
				<u> </u>					<u> </u>		
1b Sub-Total											
c Total from continuation sheets to Part VII	•		•	•			- 4	20.207			255 440
d Total (add lines 1b and 1c)	<u> </u>	•	•	>			1,49	90,307	0		255,148
Total number of individuals (including but n \$100,000 of reportable compensation from				bove	e) w	ho red	eiv	ed more than			
, 2007200 00. 2pt. capie companion from	gameatto										
										Yes	No
3 Did the organization list any former officer,	director or trust	ee, ke	y em	ıploı	/ee	, or h	ghes	st compensated	employee		

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LEVY RESTAURANTS	CATERING SERVICES	682,581
756 HOUSTON STREET		
COLLEGE STATION, TX 77845		
DISNEY DESTINATIONS	BOARD MEETING	476,684
PO BOX 403411		
ATLANTA, GA 303843411		
NORTON ROSE FULBRIGHT	PROFESSIONAL FEES	420,428
PO BOX 844284		
DALLAS, TX 752844284		
NEWMAN PRINTING COMPANY	PRINTING	398,680
1300 EAST 29TH STREET		
BRYAN, TX 77802		
FLASH SEATS VERTICAL ALLIANCE	TICKETING SOFTWARE	357,200
1811 PRESTON ROAD STE 300		

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 17

Form 99		15)						Page 9
Part V	Ш	Statement o						_
		Check If Schedu	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 8	1a	Federated camp	paigns 1a					
Grants smounts	ь	Membership du	es 1b					
Gr.	с	Fundraising eve	ents 1c					
ifts. ar A	d	Related organiz	ations 1d					
nik	e	Government grants	s (contributions) 1e					
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	81,165,264				
Contributions, Giffs, Grants and Other Similar Amounts		sımılar amounts no	t included above		ļ			
iti Ot	g	Noncash contribution 1a-1f \$	ons included in lines	3,982,430				
Cor and	h	Total. Add lines	s 1a-1f		81,165,264			
Program Service Revenue	2a b			Business Code				
ıce 1	c							
Serv	d							
an	e							
ıbo.	f	All other progra	im service revenue					
<u>•</u>	g		3 2a – 2f					
	3		ome (including dividen ar amounts)		1,456,666			1,456,666
	4		tment of tax-exempt bond	F				
	5	Royalties		•				
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
		Net rental mesi	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	99,749,076	.,				
	ь	Less cost or other basis and	100,384,373					
		sales expenses						
	c d	Gain or (loss)	-635,297		-635,297	-635,297		
enne		Gross income fi	rom fundraising luding	· · · · >				
Other Revenue	_	See Part IV, lin	а					
ŏ	b c		penses b loss) from fundraising	events ►				
			rom gaming activities					
	ь	Less directex	penses b					
	с	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of i	inventory, less	•				
		returns and allo	wances .					
	ь	Less cost of go	a boods sold b					
		_	loss) from sales of inve	entory ▶				
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	OUSINCOME	900099	1,327,210			1,327,210
	b	PARKING REC	EIPTS	900099	1,174,480			1,174,480
	С	BOARD DUES		900099	249,460			249,460
	d	All other revenu			-2,658,863		84,247	-2,743,110
	e		s 11a-11d	•	92,287			
	12	Total revenue.	See Instructions .	•	82,078,920	-635,297	84,247	1,464,706

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)
--

Check if Schedule O contains a response or note to any line in this Part IX $\,$. $\,$.

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	76,147,022	76,147,022		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	340,726		170,363	170,363
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,321,013	513,717	917,189	1,890,107
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	397,080	45,805	159,690	191,585
9	Other employee benefits	221,080	28,096	69,982	123,002
10	Payroll taxes				
		236,904	39,315	64,471	133,118
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	31,421	3,328	25,106	2,987
14	Information technology				_
15	Royalties				_
16	Occupancy				
17	Travel	143,681	46,179	23,395	74,107
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	326		326	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	299,998		299,998	
23	Insurance	95,131	2,075	93,056	
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	BAD DEBT EXPENSE	6,060,860		6,060,860	
b	MISCELLANEOUS	1,724,698	130,440	434,079	1,160,179
c	CATERING	1,302,654	690,067	70,966	541,621
d	COMPLIMENTARY TICKETS	1,200,300	1,200,300		
е	All other expenses	4,480,909	1,214,603	1,338,285	1,928,021
25	Total functional expenses. Add lines 1 through 24e	96,003,803	80,060,947	9,727,766	6,215,090
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)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any l	ine in this	S Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			15,700,933	2	17,173,911
	3	Pledges and grants receivable, net			79,987,291	3	86,201,384
	4	Accounts receivable, net	98,921	4	1,398		
Assets	5	Loans and other receivables from current and former off trustees, key employees, and highest compensated em II of Schedule L		_			
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			144,150	9	239,530
	10a				144,100	9	200,000
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,534,921			
	ь	Less accumulated depreciation	10b	1,872,338	3,455,568	10c	3,662,583
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .	200,830,671	12	176,568,884		
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			32,000	15	32,000
	16	Total assets.Add lines 1 through 15 (must equal line 34			300,249,534	16	283,879,690
	17	Accounts payable and accrued expenses			4,303,535	17	1,439,685
	18	Grants payable			.,,	18	.,,
	19	Deferred revenue			2,352,108	19	2,788,133
	20	Tax-exempt bond liabilities			2,002,100	20	2,700,700
	21	Escrow or custodial account liability Complete Part IV		· · ·		21	
S		Loans and other payables to current and former officers				21	
bilities	22	key employees, highest compensated employees, and d	,	'			
		persons Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrelated third	•		18,088	23	952
	24	Unsecured notes and loans payable to unrelated third p	arties .			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D		d third parties,		25	
	26	Total liabilities. Add lines 17 through 25			6,673,731	26	4,228,770
	20				0,070,701	20	4,220,770
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere P	y and complete			
<u> </u>	27	Unrestricted net assets			58,055,095	27	64,799,986
ထိ	28	Temporarily restricted net assets			191,931,482	28	168,685,606
2	29	Permanently restricted net assets			43,589,226	29	46,165,328
ŏ		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check her	e ►			
ŝţŝ	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment	t fund .			31	
A A	32	Retained earnings, endowment, accumulated income, or	other fur	nds		32	
Net	33	Total net assets or fund balances			293,575,803	33	279,650,920
	34	Total liabilities and net assets/fund balances			300,249,534	34	283,879,690

82,078,920

96,003,803

-13,924,883

293,575,803

Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI							<u>. Г</u>

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . . Donated services and use of facilities .

Other changes in net assets or fund balances (explain in Schedule O) . Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

1

2

3

4

5

6

279,650,920 Yes No

Νo

Νo

Nο

Form 990 (2015)

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

DLN: 93493131048617

OMB No 1545-004

Inspection

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.

Open to Public

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

74-1185725

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or

990EZ)

1

2

3

Total

Name of the organization Employer identification number TEXAS A M UNIVERSITY 12TH MAN FOUNDATION

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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 II, Type III, 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 listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Cat No. 11285F

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 38,810,379 255,717,565 58,727,702 78,741,681 81,165,264 513,162,591 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 38,810,379 255,717,565 58,727,702 78,741,681 81,165,264 513,162,591 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 (f) Public support. Subtract line 5 513 162 501

_	from line 4						513,162,591
S	ection B. Total Support					•	
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4	38,810,379	255,717,565	58,727,702	78,741,681	81,165,264	513,162,591
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,250	779,202	1,253,227	1,270,196	1,456,666	4,867,541
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)	4,274,377	5,951,501	19,087,939	-3,138,415	92,287	26,267,689
11	Total support. Add lines 7 through 10						544,297,821
12	Gross receipts from related activ	ties, etc (see ins	tructions)	·		12	
13	First five years.If the Form 990 is	for the organizat	ion's first, second	, thırd, fourth, or f	fifth tax year as a	section 501(c)(3) organization,

17a 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

b 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 gualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 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

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

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

15

supported organization

instructions

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

14

15

94 280 %

92 650 %

▶▽

▶□

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)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	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 the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	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?	3 c		
4a	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")?			l
	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?	4b		
	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			
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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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 .	9 c		
0a	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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11 a		
	A family member of a person described in (a) above?	11b		
c	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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a		
	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.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	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		
i	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		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(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		
	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	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o 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			
a .			
b c			
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			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
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			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

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SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493131048617OMB No 1545-0047

2015

Open to Public Inspection

	me of the organization (AS A M UNIVERSITY 12TH MAN FOUNDATION		Empl	oyer identification number
1	AS A TOMPERSTY 1211 MART CONDATION		74-1	185725
Pa	Organizations Maintaining Donor Complete if the organization answere			or Accounts.
		(a) Donor advised funds		Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the			ed Yes No
5 Pal	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit? rt II Conservation Easements. Comple	benefit of the donor or donor advisor, or fo	r any other	☐ Yes ☐ No
	Purpose(s) of conservation easements held by th		01110111	1 330, 1 are 1 1 , mile 7 1
•	Preservation of land for public use (e.g., recreducation)	eation or	ıf an hıstorı	ically important land area
	Protection of natural habitat	Preservation o	f a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution	ın the form	
	Tatal mumban of annumbers			Held at the End of the Year
a	Total number of conservation easements Total acreage restricted by conservation easeme	onto	2a	
b c	Number of conservation easements on a certified		2b 2c	
d	Number of conservation easements included in (, ,	20	
u	historic structure listed in the National Register	acquired after 0/17/00, and not on a	2d	
3	Number of conservation easements modified, training	nsferred, released, extinguished, or termin	ated by the	e organization during the
	tax year ▶			
1	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		andling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	orcing cons	ervation easements during the
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	g conserva	tion easements during the year
3	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of s	section 17	0 (h)(4) Yes No
•	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financ	•	se statement, and
ar	t III Organizations Maintaining Collec			er Similar Assets.
	Complete if the organization answere If the organization elected, as permitted under Si			rement and halance sheet
La	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education	on, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Pai	Organizations Maintaining (continued)	Collections of	Art, Hi	storic	al Tre	asures, (or Otl	ner Similar A	ssets
3	Using the organization's acquisition, according to the organization's acquisition, according that apply)	ession, and other re	cords, c	heck an	y of the	following t	hat are	a significant us	e of its
а	Public exhibition		d		Loan oi	exchange	progra	ms	
b	Scholarly research		е	Г	Other				
c	Preservation for future generations								
4	Provide a description of the organization's	s collections and ex	xplaın ho	w they 1	further 1	the organiz	atıon's	exempt purpose	ın
5	During the year, did the organization solid assets to be sold to raise funds rather the							_	
Pa	rt IV Escrow and Custodial Arra		i as pait	or the o	ryamza	tion's cone	CLIOII	Ye	s No
	Complete if the organization a Part X, line 21.		n Form	990, P	art IV	, line 9, oi	r repo	rted an amour	nt on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other inte	ermediar	y for cor	ntributio	ons or othe	rasset	s not	s No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing	table		[Am	ount
c	Beginning balance	·		-			1c		
d	Additions during the year						1d		
е	Distributions during the year					ŀ	1e		
f	Ending balance						1 f		
2 a	Did the organization include an amount of	n Form 990, Part X,	, line 21	, for esc	row or o	ı ustodıal ac	ccount	liability?	s No
	J	,	,					, Te	5 110
b	If "Yes," explain the arrangement in Part The state of t								
Г	Endowment Funds: Comple	(a)Current year	1	nor year				Three years back	(e)Four years back
1a	Beginning of year balance	(Lycaniona your	(-)	/		, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0), can your out of
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year end ba	lance (lı	ne 1g, c	olumn ı	(a)) held as	•		
а	Board designated or quasi-endowment >								
b	Permanent endowment ►								
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%)						
3а	Are there endowment funds not in the pos	session of the orga	anızatıon	that are	e held a	nd admınıs	tered f	or the	
	organization by (i) unrelated organizations							32	Yes No
	(ii) related organizations								(ii)
b	If "Yes" on 3a(II), are the related organize		uired on	Schedu	le R?			3	Bb
4	Describe in Part XIII the intended uses of	of the organization's	endown	nent fun	ds				· · · · · · · · · · · · · · · · · · ·
Pa	rt VI Land, Buildings, and Equip		Form ()00 Da	r+ T\/	lina 11a C	'00 F0	000 Bart V	/ line 10
	Complete if the organization a Description of property	ilisweled fes to		(a) cost or oth (investr) ner basis	(b) Cost or oth	er basıs	Accumulated (c)depreciation	(d)Book value
	Land			(+630		(001)6	• /		
	Buildings					3.4	466,655	578,63	2,888,025
	Leasehold improvements		. —			1	,	1. 1,00	_,==,520
	Equipment		. 🗀						1
	Other					2,0	068,266	1,293,70	08 774,558
	al. Add lines 1a through 1e <i>(Column (d) mus</i>		art X, colu	ımn (B),	line 10				3,662,583
								Schedule	D (Form 990) 201

Part VII Investments—Other Securities. C	omplete if the org	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or categor (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			cost of cita of year market value
(2)Closely-held equity interests (3)Other			<u> </u>
(A) DEPOSITS WITH TEXAS A&M FOUNDATION		99,693,490	F
(B) GOVERNMENT BONDS		13,684	F
(C) CORPORATE BONDS		76,861,710	F
Table (Column (b) much and form 000 Bart V and (B) by 12)	•	176 569 994	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.		176,568,884	
Complete if the organization answere (a) Description of investment	ed 'Yes' on Form 9	90, Part IV, line 11c. _{See}	Form 990, Part X, line 13. (c) Method of valuation
		. ,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organizat		n Form 990, Part IV, line 1	
(a) Des	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or			
See Form 990, Part X, line 25.			artiv, interite of its.
1. (a) Description of liability	(b) Book valu	ie l	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	udo the text of the C	otnote to the sure	financial statements that
2. Liability for uncertain tax positions. In Part XIII, provorganization's liability for uncertain tax positions under			
XIII 🔼			

1	Total revenue, gains, and oth	1	82,078,920			
2	Amounts included on line 1 b		_			
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of	facılıtıes	2b			
c	Recoveries of prior year gran	ts	2 c			
d	Other (Describe in Part XIII)	. 2d			
e	Add lines 2a through 2d .				2e	0
3	Subtract line 2e from line 1 .				3	82,078,920
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b .				4c	0
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	e 12)		5	82,078,920
Part		xpenses per Audited Financial St			ses per R	leturn.
		nization answered 'Yes' on Form 990,			 	
1	·	er audited financial statements			1	96,003,803
2		ut not on Form 990, Part IX, line 25	1 _	ı		
a		facilities	2a			
Ь	, ,		2b			
c			2c	-		
d	,)	. 2d		- _	
e	Add lines 2a through 2d .				2e	0
3	Subtract line 2e from line 1 .		•		3	96,003,803
4		90, Part IX, line 25, but not on line 1:	1 .	1		
а	•	luded on Form 990, Part VIII, line 7b .	. 4a			
b	·)	4b	1	\dashv . \vdash	
_ C					4c	0
	Total expenses Add lines 3 a	and 4c. (This must equal Form 990, Part I, I	ine 18)	. 5	96,003,803
Part	XIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1, , , , , , , , , , , , , , , , , , ,				any additional
	Return Reference	Explanation				
Part X	, Line 2	On September 1, 2009, the Foundation a amended by FASB in September 2009. The provisions of ASC 450, Contingencies of ASC	he Fou ccordi l as of e amo me of e ertain cogniz nts of ganizat	indation evaluates its ingly, a loss contingenthe date of the financiount recognized is subject to make the financiount recognized is subject in the provision or for all the financial income tax expection, therefore, no provistatements.	uncertain ta icy is recog al statemen ect to estim sition The a l uncertain t lties associ pense As no vision or lial indation belia	ax positions using the nized when it is and the amount of nate and management mount that is ax provisions in the ated with uncertain oted above, the pility for federal eves that its tax

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131048617 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number TEXAS A M UNIVERSITY 12TH MAN FOUNDATION 74-1185725 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (q) Description of (h) Purpose of grant non-cash assistance organization if applicable grant cash (book, FMV, appraisal, or assistance or government assistance other) SCHOLARSHIPS & (1)74-6000531 76,147,022 CASH TEXAS A&M UNIVERSITY ATHLETIC PROGRAMS PO BOX 30017 COLLEGE STATION, TX 778423017 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule J (Form 990)

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.

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reas	rtment of the ury nal Revenue Service	► Information about Schedule J (Fo	orm 990) and its instructions is at <u>www.irs.</u>			o Put ectio	
Νa	me of the organiz	zation 12TH MAN FOUNDATION			Employer identification	on nur	nber	
IEX	AS A M UNIVERSITY	12TH MAN FOUNDATION			74-1185725			
Pa	rt I Questi	ons Regarding Compensation	1					
					ı		Yes	No
1a		ropiate box(es) if the organization pro Section A , line 1a Complete Part III						
	First-clas	s or charter travel		Housing allowance or residence fo	r personal use			
	▼ Travel for	companions		Payments for business use of pers	onal residence			
	Tax idemi	nification and gross-up payments	✓	Health or social club dues or initia	tion fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, chai	uffeur, chef)		 	
b		exes in line 1a are checked, did the ore				1b		No
2		ration require substantiation prior to recees, officers, including the CEO/Exec				2	Yes	
3	organization's	, if any, of the following the filing orgar CEO/Executive Director Check all th ed organization to establish compens	at apply	Do not check any boxes for metho	ds			
	✓ Compensa	ation committee	Г	Written employment contract				
	Independe	ent compensation consultant	✓	Compensation survey or study				
	Form 990	of other organizations	√	Approval by the board or compens	ation committee			
4	During the year or a related org	r, did any person listed on Form 990, ganization	Part VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control	paymen	t?		4a		No
b	Participate in,	or receive payment from, a supplemer	ntal none	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	ased cor	mpensation arrangement?		4c		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) organizat	ions mu	ıst complete lines 5-9.				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				5a		Νo
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				6 a		Νo
b	Any related org	ganization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d			on-fixed	7		Νo
В		ints reported on Form 990, Part VII, pinitial contract exception described in				8		No
9	If "Yes" on line	e 8, dıd the organızatıon also follow the	e rebutta	able presumption procedure describ	ed 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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(ıi) Bonus & ıncentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 SKIP WAGNERPRESIDENT	(i)	394,824	0	0	0	61,782	456,606	423,164
	(ii)	0	0	0	0	0	0	0
2 RANDEL HOWARD SR VP - FINANCE	(i)	215,401	0	0	0	20,291	235,692	225,707
	(ii)	0	0	0	0	0	0	0
3 TRAVIS DABNEY VP - MAJOR GIFTS	(i)	228,992	0	0	0	39,956	268,948	239,271
	(ii)	0	0	0	0	0	0	0
4 JACOB GREEN VP - MAJOR GIFTS	(i)	170,293	0	0	0	33,424	203,717	184,418
	(ii)	0	0	0	0	0	0	0
5 CAROLE DOLLINS SR VP - TICKETING	(i)	154,376	0	0	0	33,058	187,434	168,087
	(ii)	0	0	0	0	0	0	0
6 KELLY CORCORAN SR VP - OPERATIONS	(i)	200,530	0	0	0	40,613	241,143	194,735
	(ii)	0	0	0	0	0	0	0
7 MARK RIORDAN VP - MARKETING &	(i)	125,891	0	0	0	26,024	151,915	136,161
COMMUNICA	(ii)	0	0	0	0	0	0	0

Return Reference	Explanation				
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					
Part IIII Supplemental Inform	nation				
Schedule J (Form 990) 2015	Page 3				

Schedule J (Form 990) 2015

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

(Form 990)

Department of the

Noncash Contributions

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

► Attach to Form 990.

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

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Open to Public

	sury nal Revenue Service						Inspe	CTIO	1
Nar	ne of the organization				Employe	r identifica	tion nu	mber	
ΓEX.	S A M UNIVERSITY 12TH MAN FOUNDATION	ON							
D	art I Types of Property				74-118	5725			
	Types of Property	Ι			T				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	none	(c Method of c cash contri	determi		ıts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	64		AVGVA	ALUE ON G	IFT DA	TE	
	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
	Collectibles								
	Food inventory								
	Drugs and medical supplies .								
	Taxıdermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts								
	Other ▶ ()								
	Other ▶ ()				1				
	Other ► ()								
	Other ► () Number of Forms 8283 received for which the organization comple				29				
	,		•	-				Yes	No
30	During the year, did the organiza				•	,			
	it must hold for at least three ye			icion, and which is not requ	neu to De	: useu			ļ
	for exempt purposes for the enti If "Yes," describe the arrangem						30a		No
	Does the organization have a gif			eview of any non-standard	contribu	itions?	31		No

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

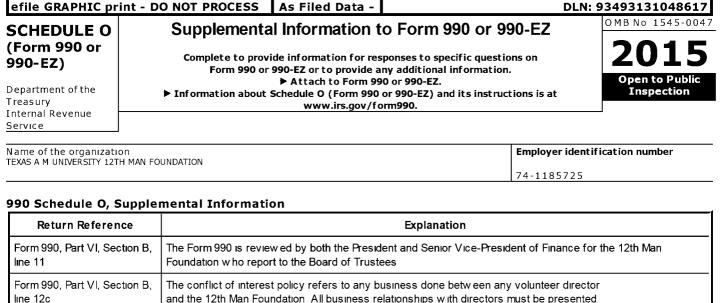
32a

Yes

Part I. Line 32b The Foundation allows donors to contribute stocks through outside brokerage agencies into a Foundation account These stocks are then sold by the brokerages and the funds transferred to

Foundation cash accounts

Schedule M (Form 990) (2015)



for approval in advance by the Board of Trustees to prevent any violation of this policy

990 Schedule O. Supplemental Information Return

Explanation

The 12th Man Foundation makes its governing documents, conflict of interest policy and financial statements available upon

VI. Section B. parameters a) industry standards for non-profit organizations and associations as represented in independent publications reviewing organizations of this industry, b) peer review of other non-profit fundraising organizations of similar structure and line 15 donation size at other universities, c) other non-profit fundraising groups at Texas A&M University and d) a compensation matrix based on performance versus established goals

request

The determination of compensation for executives and key employees is determined based on comparison with several

line 19

Reference Form 990, Part

Form 990, Part VI. Section C.