Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you are	Service Information about Fo		ACCOUNT FOR THE PARTY OF THE PA			
	e filing for an Automatic 3-Month Extension, comp					X
	e filing for an Additional (Not Automatic) 3-Month E					
Do not com	plete Part II unless you have already been granted a	an automatic	3-month extension on a previ	ously filed Form 886	58.	
Electronic f	ling (e-file). You can electronically file Form 8868 if	you need a 3	-month automatic extension of	of time to file (6 mon	ths for	
a corporation	required to file Form 990-T), or an additional (not au	tomatic) 3-m	onth extension of time. You o	an electronically file	Form	
	est an extension of time to file any of the forms listed				n	
	ansfers Associated With Certain Personal Benefit Co			The state of the s		
	For more details on the electronic filing of this form,				ofits.	
Part I	Automatic 3-Month Extension of Tim					
	required to file Form 990-T and requesting an autor	natic 6-month	extension – check this box a	ind complete		
Part I only	continue (including 1100 C Flora)				PORT CONTRACTOR CONTRA	
	porations (including 1120-C filers), partnerships, REM e tax returns.	ilos, and trus	as must use Form 7004 to re	quest an extension o	or ume	
to me income	e tax returns.			ntor filaria idantifu	ing number, see instru	ations
Type or	Name of exempt organization or other filer, see in	structions			ation number (EIN) or	CHORS
print	Traine of exempt organization of other mor, see it	on donorio.		Employer identific	audit flumber (Eliv) of	
Mar. 120	Galveston College Founda	tion		76-051226	6	
	Number, street, and room or suite no. If a P.O. bo	Social security number (SSN)				
File by the	4015 Avenue Q		man trans			
due date for	City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions.			
filing your return. See						
instructions.	Galveston T	X 7755)			
Enter the Re	turn code for the return that this application is for (file	a separate a	application for each return)			01
				. 1 . 9 . 9 . 5 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2		
Applicatio	n	Return	Application		100	turn
Is For	Form 200 F7	Code	Is For			ode
Form 990-	or Form 990-EZ	01	Form 1941 A			07
	(individual)	02	Form 1041-A	(ridual)		08
Form 990-		03	Form 4720 (other than indi	viduai)		10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
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	4015 AVE 0					
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Telephor	IE NO. F TUJ-JTT-IJUZ //					
Telephor	ne No. ► 409-944-1302				i	П
		s in the Unite	ed States, check this box	entre have a read of the control of the all	·»	
• If this is	for a Group Return, enter the organization's four digit	s in the Unite Group Exem	ed States, check this box ption Number (GEN)	. If this is		
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US EXT	Return accepted: 12/21/15	76-0512266	Galveston College Foundation	6179
Entity Return 9325	Status	TIN	Client Name	Client ID
Page 1	ELF Status Report	ᄠ	5:12 PM	12/21/2015 5:1

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 www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public

A For	the 2014 calendar year, or tax year beginning 09/01/14, and ending 08/	/31/15		
	in application.		D Employ	er identification number
Addre				
Name				
Initial	return 4015 Avenue Q	Room/suite		
	return/ City or town, state or province, country, and ZIP or foreign postal code		1	255 2002
	Galveston TX 77550		G Gross red	ceipts\$ 3,642,02
	r Name and address of principal officer:			
Applic	MOTTE ITTOOLICIT	H(a) Is this a g	roup return for s	subordinates? Yes X N
		H(b) Are all su	bordinates inc	luded? Yes N
		ff *No	," attach a list.	(see instructions)
				er 🏲
THE OWNER OF THE PARTY OF THE P		L Year of formation:	1996	M State of legal domicile: T.
	STIPPORT FOR CONSTRUTTY COLLEGE	OH ONE HANGEA		eterricanic a mass.
uce.	JOIL VAL LOW COMMITTEE CONTINUES			
E L				*****
0 2	Check this box	then DEW of its not as	(A) 00 00	, ,
0 3	Number of voting members of the governing body (Part VI. line 1a)	than 25% of its net as	sets.	22
\$ 4	Number of independent voting members of the governing body (Part VI, line 1b)	in the factor of the same	3	
5 5	Total number of individuals employed in calendar year 2014 (Part V. line 2a)	(1945) të litir vi të se	4	
6 Acti	rotal number of volunteers (estimate if necessary)		R	
7	a Total unrelated business revenue from Part VIII, column (C), line 12	(***********************	72	(
	Net unrelated business taxable income from Form 990-T, line 34		7b	
		Prior Ye	ar	Current Year
9 8	Contributions and grants (Part VIII, line 1h)	2,18	0,166	3,288,369
e e	Program service revenue (Part VIII, line 2g)	1111		C
2 10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	37		333,222
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1		20,431
12	Grants and similar amounts said (Fleet IX solution (A) lines (A) lines (A)	2,56		3,642,022
14	Renefits paid to or for members /Port IV, column (A), lines (1-3)	44.	1,928	210,637
	Salaries, other compensation, employee henefits (Part IX, column (A), lines 5, 10)	ext.		0
9 16	Professional fundraising fees (Part IX, column (A), line 11e)	0.12		0
ed b	Total fundraising expenses (Part IX, column (D), line 25)			0
面 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10	1.346	131,994
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32		342,631
1 19	Revenue less expenses. Subtract line 18 from line 12	2,24		3,299,391
000		Beginning of Cur	rent Year	End of Year
20	Total assets (Part X, line 16)	7,80	8,357	10,578,629
A 21	Total liabilities (Part X, line 26)		0	21,379
3000		7,808	3,357	10,557,250
	W/			
true cor	analties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the be	est of my kno	owledge and belief, it is
	The samples of property (other trial officer) is based on all information of which pre	parer has any knowledg	е,	
Sign	Signature of officer			-
Here			Date	1/10/16
11010	Type or print name and title	alrman		11/2
	Print/Type preparer's name Preparer's signature	Dates	/ 100	DTIN.
Paid	Authors sharps Name datapse Name and advance of the governing body (Part VI, line 1a) 1 1 1 1 1 1 1 1 1		D00750150	
Preparer	Firm's name Ham, Langston & Brezina LLP	717		
Use Only		FI	mis EIN P	0-0448495
	Firm's address 1011 Tremont St. Galveston, TX 77550	0	one co (4	09)765-9311
May the II	RS discuss this return with the preparer shown above? (see instructions)	ANIARAN SERVICE	ione no.	Yes No
For Papen	work Reduction Act Notice, see the separate Instructions.		*********	Form 990 (2014)
DAA				(2014)

	4) Galveston Col		76-0512266		Page
Part III		Service Accomplishments	outing in this Doub III		X
1 Driofly do	escribe the organization's missi	ntains a response or note to ar	ny line in this Part III		Д.
	RT FOR COMMUNITY	COLLEGE			
2 Y.T.T.Y.T		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	

* * * * * * * * * * * * * * * * * * * *					
Did the o	organization undertake any sign	ificant program services during the ye	ar which were not listed on the		
prior For	m 990 or 990-EZ?				Yes X No
If "Yes,"	describe these new services or				
Did the o	organization cease conducting,	or make significant changes in how it	conducts, any program		
services				*******	Yes X N
	describe these changes on Scl				
		rvice accomplishments for each of its			
		(4) organizations are required to report for each program service reported.	t the amount of grants and allo	ocations to others,	
the total	expenses, and revenue, it any,	for each program service reported.			
a (Code:)/Evnenses \$	253,946 including grants	of \$ 210.637) (Revenue \$	3,308,800
		O GENERATE SUPPORT) (Neverlae V	
*		TEXAS, WITH A PRIMA			
PROVII	OING UNIVERSAL A	ACCESS TO HIGHER ED	UCATION.		
FUNDIN	NG WILL ENSURE :	ACCESS TO HIGHER ED THAT EVERY HIGH SCH	OOL GRADUATE WE	I O	
IS A C	GALVESTON RESIDI	ENT WILL HAVE ACCES	S TO GALVESTON		
COLLEC	GE, REGARDLESS (OF THEIR ABILITY TO	PAY.		

				`	
b (Code:		including grants			
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			• • • • • • • • • • • • • • • • • • • •		
(Code:) (Expenses \$	including grants	of \$) (Revenue \$	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • • • •		
d Other pr	ogram services /Describe in St	shadula O)			
CExpens	ogram services (Describe in So) (Revenue \$		\
	ogram service expenses	including grants of \$ 253,946) (Nevenue \$		
	ALIGNIA OCTATION OVER 1900 S.				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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	ŀ		
	"Yes," complete Schedule D, Part I	6		X
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schodule D. Bost III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	··· -		
v	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt constiction convices 2 If "Vee " consolete Cobadule D. Fort IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	··· •		-21
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			3,5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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	11c		Х
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			Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. مما		Х
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		x
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	···		
	conjetence to an few few joint individuals 2 If "Vac " complete Cohedule F. Darte III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	··· ''		- 22
• •	Port IV ashurer (A) France Cond 44.50 ff (Van II) assumble Cabadula O. Port I (asa instructions)	17		х
18		1/-	 	
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	1	v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
••	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	ff "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		0 (2014)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
2	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		X
,	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," complete Schedule J	23		X
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
Ta	\$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	240		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	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	-	
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			37
	If "Yes," complete Schedule L, Part I	25b		Х
5	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			X
,	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	****************	X
3	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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	X
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		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
3	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		х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	or IV and Bort V line 1	34		х
5a	Did the experimental hours a controlled entity within the manning of continue E42/k/42/2	25-	-	X
Ja b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	J33a		
IJ	controlled antity within the according of action 540/b/40/0 if five a property Cabadyle D. Dart V. King D.	35b		
2		338	 	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	x
,	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	_^
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	-
_	Part VI	37	 	X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Page 5 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 0 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? X 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7<u>g</u> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders _____ Gross income from other sources (Do not net amounts due or paid to other sources b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

76-0512266 Form 990 (2014) Galveston College Foundation Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members. b stockholders, or persons other than the governing body? 7h X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Maria Tripovich

4015 AVE Q

GALVESTON 4013 AVE

409-944-1302

TX 77550

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box	k, unle	Pos check ess pe	rson	than or s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Freda Davis	0.00									
Member	0.00	x						o	0	0
(2) Karen Flowers										
Member	0.00	x						o	0	0
(3) Janet Gathright										
Member	0.00	x						o	0	0
(4)David Gomez										
Member	0.00	X						o	0	0
(5) Keith Gray										
Member	0.00	x						0	0	0
(6) Michael Hughes										
Member	0.00	x						0	0	0
(7)Jeri Kinnear										
Member	0.00	x						0	0	0
(8) Tikie Kriticos										
Member	0.00	x						0	0	0
(9) Scott Kusnerik										
Member	0.00	x						0	o	o
(10) Robert Lynch										
Member	0.00	X						0	o	o
(11) Lauren Suderman	Millo									
Member	0.00	x						0	o	o

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 271030 WIGG)	organization and related organizations
(12)Scott Mixon	0.00									
Member	0.00	x						0	0	0
(13) Victor Pierson	0.00									
Member (14) Fred Raschke	0.00	X		ļ				0	0	0
(14) FIEG RASCIIRE	0.00									
Member	0.00	X				ļ		0	0	0
(15)Beau Yarbrough	0.00									
Member	0.00	X						0	0	0
(16)Armin Cantini	0.00									
Ex-Officio	0.00	X						0	0	0
(17) Myles Shelton	0.00									
Ex-Officio	0.00	X						0	0	0
(18) Gaynelle Hayes										
Ex-Officio	0.00	х						0	0	0
(19) Joe Huff	0.00									
Ex-Officio	0.00	x						0	0	0
1b Sub-total							>			
c Total from continuation she	•									
d Total (add lines 1b and 1c) Total number of individuals (ir reportable compensation from		imite	ed to				abov	l ve) who received more than	\$100,000 of	
3 Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ated	Yes No
4 For any individual listed on lin organization and related organ	e 1a, is the sum nizations greater	of re than	eport n \$18	able 50,00	com 00?	pen: f "Ye	satio	complete Schedule J for su		4 X
5 Did any person listed on line for services rendered to the o		rue	com	pens	atio	n fror	n ar	ny unrelated organization o		5 X
Section B. Independent Contracto										
Complete this table for your fi compensation from the organ	ization. Report c	ensa omp	ated ensa	inde Ition	pend for t	tent o	cont alen	dar year ending with or with	nin the organization's tax y	ear.
Name and	(A) I business address							Descrip	(B) otion of services	(C) Compensation
2 Total number of independent received more than \$100,000	contractors (incl	udin	g but	not e org	limit ganiz	ed to	tho	ose listed above) who	0	

13) John Zendt	Part VII Section A. Off	icers, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)	
Section B. Index derind State St		Average hours per week (list any	of	x, unle ficer a	Pos check ess pe nd a d	ition more erson lirecto	is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
Chair O.00 X O O O C(13) JOhn Zendt O.00 Vice Chair O.00 Vice Chair O.00 X O O O C(14) Garrik Addison O.00 Secr/Treasurer O.00 X O O O C(15) (16) (17) (18) (19) (19) 1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization > 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization > 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual individual 5 Did preson listed on line 1a receive or accrue compensation from any unrelated organization or individual individual 5 Did preson listed on line 1a receive or accrue compensation from any unrelated organization or individual individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual individua		organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	ormer	(W-2/1099-MISC)		and related
Chalx (13) JOhn Zendt 0.00 Vice Chair 0.00 X 0.00 Secr/Treasurer 0.00 X 0 0 0 (14) Garrik Addison 0.00 Secr/Treasurer 0.00 X 0 0 0 (15) (16) (17) (17) (17) (18) 1 Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from form the organization from the organization from the organization from the organization and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Did any person listed on line 1a calculated the organization and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accorded compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accorded compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accorded compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accorded compensation from any unrelated organization or individual 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization stay year.	(12) Jan Coggeshal										
Vice Chair	Chair	.			x				0	0	C
(14) Garrik Addison 0.00 Secr/Treasurer 0.00 X 0 0 (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (17) (17) (17) (17) (17) (17) (17) (17) (17) (17) (17) (17) (17) (18) (18) (19) (19) (10) (x				0	0	C
Sect/Treasurer 0,00 X 0 0 0 0 0 0 0 0		n									
(16) (17) (18) (19) 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee 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 individual for services rendered to the organization? If "Yes," complete Schedule J for such organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization for the calendar year ending with or within the organization's tax year.	Secr/Treasurer	, , , , , , <mark>, , , , , , , , , , , , , </mark>	1		x				0	0	
(19) 1b Sub-total	(15)	0.00				 		ļ			
(19) 1b Sub-total											
(18) 1b Sub-total	(16)						\vdash				
(18) 1b Sub-total											
(18) 1b Sub-total	(17)										
to Total from continuation sheets to Part VII, Section A											
1b Sub-total	(18)										
1b Sub-total	(40)		-	ļ	ļ	<u> </u>					
Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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.											
Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Temporary 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 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.								>			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 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.		-						>			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	2 Total number of individual	als (including but not	limite					abov	ve) who received more than	\$100,000 of	Yes No
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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 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.	3 Did the organization list a	any former officer, di	recto	r, or	trus	tee,	key e	emp	loyee, or highest compensa	ated	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 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.	4 For any individual listed organization and related	on line 1a, is the sum organizations greate	of re	eport n \$1	able 50,00	con	npen: If "Ye	satio es," (on and other compensation complete Schedule J for su	from the	
1 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.	5 Did any person listed on for services rendered to t	line 1a receive or act the organization? If "	crue	com	pens	atio	n froi	m ar	ny unrelated organization o		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.			ens	ated	inde	nen	dent	conf	tractors that received more	than \$100,000 of	
Name and business address Description of services Compensation	compensation from the o	rganization. Report of	comp	ensa	ation	for	he c	alen	idar year ending with or with	nin the organization's tax y	
	Na	me and business address						<u> </u>	Descri	otion of services	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 ▶									ose listed above) who		

Pa	rt V	III Staten Check	nent of Reve if Schedule 0		itains a	response	or note	to any line	in this Part VIII		
						Р		(A) al revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
s s	1 a	Federated can	anaiane	1a					revenue		512-514
E a		Membership d		1b			1				
و ق				1c							
iffs		Fundraising ev Related organ		1d							
ပ္မခြု		-		1e							
Contributions, Gifts, Grants and Other Similar Amounts		Government grants		1e							
iğ je	,	All other contribution and similar amounts		4.5	,	200 260					
윤황			l	1f		288,369					
P P	_		ns included in lines 1a-		\$	37,863		200 200			
O E	<u>n</u>	I otal. Add line	es 1a–1f	<i></i>			3	,288,369			
Program Service Revenue	_					Busn. Code					
eve	2a										
9	b			<i>.</i>							
اچَ	C										
နှ	d			<i></i> .							
ᆲ	е										
5		. •	am service reve								
_			es 2a-2f							Г	
	3		come (including o	divider	nds, intere	est,					
		and other simi	lar amounts)					329,130			329,130
	4	Income from it	nvestment of tax	-exem	pt bond p	roceeds 🕨					
	5	Royalties				<u></u>					
			(i) Real		(ii) I	Personal					
	6a	Gross rents									
	b	Less: rental exps.									
	С	Rental inc. or (loss)									
	_d		me or (loss)								
	7a	Gross amount from sales of assets	(i) Securities		(ii) Other					
		other than inventory	4,	092							
	b	Less: cost or other									
		basis & sales exps.									
	С	Gain or (loss)	4,	092							
	d	Net gain or (lo	ss)					4,092	4,092		
			om fundraising eve								
ž		(not including \$									
Š			reported on line 1c)								
ě			18								
Other Revenue	b		penses				1				
ō			(loss) from fund		events	•					
			om gaming activitie								
		See Part IV, line									
	h		penses				1				
			(loss) from gam		tivities		1	*******************************			
			f inventory, less	g u.	Tavia oo						
		returns and all		а							
	h	Less: cost of		u b			1				
			(loss) from sale		ventory						
			cellaneous Revenue	3 01 111	ventory	Busn. Code					
	110	Special E		•			 	20,431	20,431		
	_						1	20,431	20,431		
	b						1				
							 				
			nue					20 421			
		Total. Add line	,,,,				-	20,431			200 100
	12	lotal revenue	e. See instruction	ns		<u>,,,,,,,,</u>	1 3	,642,022	24,523	0	329,130

	Otatoment of Fanotional Ex	perioco			
Secti	on 501(c)(3) and 501(c)(4) organizations must c			mplete column (A).	
	Check if Schedule O contains a resp	onse or note to any line in	this Part IX	<u></u>	
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	210,637	210,637		
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	Renefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4059(a)(3)(P)				
7	Other colories and wases				
	Pension plan accruals and contributions (include				
8					
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
р	Legal	12 000		10 000	
С	Accounting	13,000		13,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	56,636		56,636	
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	40,648	31,509	9,139	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	Other program expenses	11,800	11,800		
b	Software and Maintenance	6,510		6,510	
C	Foundation Expenses	2,700		2,700	
d	Pass thru expenses	700		700	
-	· · · · · · · · · · · · · · · · · · ·	700		,00	
e 25	All other expenses	342,631	253,946	88,685	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	342,031	233,340	00,000	<u> </u>
20	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)	1	I	i	i

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest bearing 8,538 9,120 1 Savings and temporary cash investments 1,483,283 849,928 2 Pledges and grants receivable, net 1,582,981 3 3 959,363 7,402 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net ______ 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _________10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 4,726,153 8,760,218 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Other assets. See Part IV, line 11 15 15 7,808,357 10,578,629 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 21,379 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 414,621 Unrestricted net assets 813,228 27 3,195,129 28 Temporarily restricted net assets 28 3,342,629 Permanently restricted net assets 3,800,000 6,800,000 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 7,808,357 10,557,250 Total net assets or fund balances 33 33 7,808,357 10,578,629 Total liabilities and net assets/fund balances

Form **990** (2014)

Schedule O.

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

the Single Audit Act and OMB Circular A-133?

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

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.

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Galveston College Foundation 76-0512266 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). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{x} 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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. See section 509(a)(2). (Complete Part III.) 10 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.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		(SSS MSC 2000 NS)	Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	197,869	142,131	282,758	2,180,166	3,288,3	69	6,091,293
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	197,869	142,131	282,758	2,180,166	3,288,3	69	6,091,293
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 (f)							
6	Public support. Subtract line 5 from line 4.							6,091,293
_	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 201 1	(c) 2012	(d) 2013	(e) 2014		(f) Total
7	Amounts from line 4	197,869	142,131	282,758	2,180,166	3,288,3	69	6,091,293
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	165,871	173,176	159,592	148,620	329,1	.30	976,389
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					<u> </u>		7,067,682
12	Gross receipts from related activities, etc.	,					2	20,431
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)		
	organization, check this box and stop her							
Sec	tion C. Computation of Public Se							
14	Public support percentage for 2014 (line 6	i, column (f) divide	d by line 11, colum	nn (f))			14	86.19%
15	Public support percentage from 2013 Sch						15	79.26%
16a	33 1/3% support test—2014. If the organ				33 1/3% or more, o	check this		
	box and stop here. The organization qual							▶ 🛚
b	33 1/3% support test—2013. If the organ							
	check this box and stop here . The organi							▶ ∟
17a	10%-facts-and-circumstances test—20	-						
	10% or more, and if the organization mee							
	Part VI how the organization meets the "fa	acts-and-circumsta	inces" test. The or	ganization qualities	s as a publicly sup	ported		
	organization							🟲 🗀
b	10%-facts-and-circumstances test—20	-						
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me			_		•		
40								▶ ∟
18	Private foundation. If the organization di							. □
	instructions							▶ ∟

Page 3

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.

<u></u>	if the organization falls to	quality under tr	ie tests listed t	below, please o	complete Part I	1.)	
	tion A. Public Support	(-) 0040	(h) 0044	(-) 0040	(4) 2042	(-) 0044	/A T-1-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	***************************************	y				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated 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, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization's firs)1(c)(3)	▶ [
Sec	ction C. Computation of Public Si						F L
15	Public support percentage for 2014 (line 8			nn (f))		15	%
16	Public support percentage from 2013 Sch						%
	ction D. Computation of Investme						
17	Investment income percentage for 2014 (3, column (f))		17	%
18	Investment income percentage from 2013	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2014. If the orga	anization did not ch	neck the box on lin	e 14, and line 15 i	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this b	oox and stop here .	The organization	qualifies as a pub	licly supported org	anization	
b	33 1/3% support tests—2013. If the orga						poten
	line 18 is not more than 33 1/3%, check the						.
20	Drivete foundation If the executaction di	d not about a boy	on line 14 10e e	e 10h - ahaale thia h	av and againstair	tions	

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.)

Section A. All Supporting Organizations

- 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.
- 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 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? 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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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 I of Schedule L (Form 990).
- 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**.
- 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**.
- 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**.
- 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.
 - **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.)

	Yes	No
1		
	************	***************************************
3		
···•	909000000000000000000000000000000000000	000000000000000000000000000000000000000
3a		
3b		
3с		
9200000000000		000000000000000000000000000000000000000
4a		
00000000000000000000000000000000000000	p. 000000000000000000000000000000000000	200000000000000000000000000000000000000
4b		
4c		ŀ
5a		
5D 50		
5c	*************	***************************************
	000000000000000000000000000000000000000	
6		
6		
6		
6		
6		
6 7		
8		
8		
8		
8		
8 9a		
8 9a		
8 9a		
9a 9b		
9a 9b 9c		

Par	t IV Supporting Organizations (continued)			r age o
· · · · · ·	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
'' a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	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		
	ion B. Type I Supporting Organizations	1110		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	I	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		163	140
	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	100000000000000000000000000000000000000	
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	200000000000000000000000000000000000000	
Secti	ion 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	***********	************
Secti	ion 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		1
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
•	Astronomy Track Assessment (a) and (b) bullets			Γ.,
	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	2-		
h	that these activities constituted substantially all of its activities.	2a		
b	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.	2h		*
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in Part VI .	3a		************
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, Va		
-	bit the displantation of the War I describe in Park VI the value beyond by the executation in this record	3L	* ***********************************	

Daa	. ~

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (70-0312.	200 Page 6
Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
other Type III non-functionally integrated supporting organizations must complete Se			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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		
7 Other expenses (see instructions)	7		
8 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			· · · · · · · · · · · · · · · · · · ·
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c 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		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 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		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integra		supporting organization (s	ee

Schedule A (Form 990 or 990-EZ) 2014

instructions).

10007777700000000	ule A (Form 990 or 990-EZ) 2014 Galveston College		76-0512	266 Page 7
Part	Type III Non-Functionally Integrated 509(a)(3) S on D - Distributions	upporting Organiza	uons (conunuea)	Current Year
<u> </u>	Amounts paid to supported organizations to accomplish exempt purpos	98		Current rear
	Amounts paid to supported organizations to decomposit exempt purposes Amounts paid to perform activity that directly furthers exempt purposes			
-	organizations, in excess of income from activity	от опрроттой		
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
<u> </u>				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
<u>c</u>	Fueres from 2042			
	Excess from 2013			
e	Excess from 2014		1	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Fo	orm 990 or 990-EZ) 20°	14 Galveston	College	Foundation	76-0512266	Page 8
Part VI	Supplemental In	iformation. Provide	the explanat	ions required by Part ditional information. (S	II, line 10; Part II, line 17a or 17b; ar	nd
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2014

OMB No. 1545-0047

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

Name of the organization

Employer identification number

Galveston Co	ollege Foundation	76-0512266
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See
General Rule		
For an organization	on filing Form 900, 900 EZ, or 900 DE that required during the year contri	ibutions totaling \$5,000
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contri y or property) from any one contributor. Complete Parts I and II. See instru contributions.	-
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	990 or 990-EZ), Part II, line ons of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha g the year, total contributions of more than \$1,000 exclusively for religious, tional purposes, or for the prevention of cruelty to children or animals. Com	, charitable, scientific,
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	at received from any one
	g the year, contributions exclusively for religious, charitable, etc., purposes	
	led more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Do not complete any o	
General Rule ap	plies to this organization because it received nonexclusively religious, char	ritable, etc., contributions
	that is not covered by the General Rule and/or the Special Rules does not	
990-EZ, or 990-PF), but i	t must answer "No" on Part IV, line 2, of its Form 990; or check the box on 2, to certify that it does not meet the filing requirements of Schedule B (Fo	line H of its Form 990-EZ or on its

Name of organization
Galveston College Foundation

Employer identification number 76-0512266

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Moody Foundation 2302 Post Office St #704 Galveston TX 77550	\$ 3,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.	Name, address, and Air + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

2014 Open to Public Inspection

OMB No. 1545-0047

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

Part II Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised Funds or Accounts (b) Donor advised Funds or Accounts (b) Funds and other scoorus (c) Funds and scoo	Name	of the organization		Employer identification number
Partit Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	G	alveston College Foundation		76-0512266
2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization principle grants and donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IVI, fine 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a netting and preservation of an entitle historic structure Preservation of conservation easements and the distribution of the seasement on the last day of the tax year. a Total number of conservation easements in an extend historic structure included in (a) conservation easements included in (c) acquired after 8/17/08, and not on a historic structure lasted in the Material Rejector of a conservation easements in an extend historic structure included in (a) 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Part of states where property subject to conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No In Part XIII, describe how the organization reports con		rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or A	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donor and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal controt?			(a) Donor advised funds	(b) Funds and other accounts
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5 Dit the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Park Conservation Easements. Ves No	4			
6 Did the organization inform all grantess, denors, and donor advisors in writing that grant funds can be used only for charieble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements Part	5			
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of land for public use (e.g., recreation or education) Preservation of a historical properties of the tax year. Preservation of the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements. 2 a 5 Total areas prestricted by conservation easements. 2 a 4 Number of conservation easements included in (e) acquired after 8/1706, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ★ 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ★ 4 Number of states where property subject to conservation easement is located ★ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 A Number of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ★ 5 Organization securities for organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization include in Form 980, Part IV, line 1 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not ore		funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
Port III Conservation Easements. Complete if the Organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a not probable use (e.g., recreation or education) Preservation of a not probable use (e.g., recreation or education) Preservation of a not natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 1 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 2 Number of states where property subject to conservation easements it lods? 3 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements thing the year ▶ 1 No 1 Part XIII, describe how the organization reports conservation easements during the year ▶ 2 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used	
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2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 2		Protection of natural habitat	Preservation of a certified histor	ic structure
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a Revenue included in Form 990, Part VIII, line 1		_	= :	
b Assets included in Form 990, Part X ▶ \$	а			> \$
	b	Assets included in Form 990, Part X		> \$

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
e	Other				
	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, colu	mn (B), line 10c.)	.	-

Part VII	Investments—Other Securities.		70-0512200 Page 3
	Complete if the organization answered "Yes" to F (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial o			
	eld equity interests		
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" to I	Form 990. Part IV. li	ne 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	• • • • • • • • • • • • • • • • • • • •	, ,	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.		
	Complete if the organization answered "Yes" to I	Form 990, Part IV, I	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		•
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization	's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2014 Galveston College Foundation	a .	76-0512266	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per Retu	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements			1 3,091,523
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments		-550,499	
b		2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		<u> </u>	2e -550,499
3	Subtract line 2e from line 1			3 3,642,022
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			4c 2 C42 022
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 3,642,022
Fa	Int XII Reconciliation of Expenses per Audited Financial State			turn.
_	Complete if the organization answered "Yes" to Form 990,			4 2/2 621
1	Total expenses and losses per audited financial statements			1 342,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ءو ا		
a		2a 2b		
	Prior year adjustments Other lesses	20 2c		
c d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Other (Describe in Part XIII.) Add lines 2a through 2d	<u>L 2u </u>		2e
3	Subtract line 2e from line 1			3 342,631
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	· · · · · · · · · · · · · · · · · · ·			*********
С	Astal Parasa Assault Ala			4c
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			4c 342,631
5	Add lines 4a and 4b			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 342,631
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.	t IV, lines 1b ar	nd 2b; Part V, line 4; Par	5 342,631
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Schedule D (Fo	orm 990) 2014	Galveston College tal Information (continued)	Foundation	76-0512266	Page 5
Part XIII	Supplemen	tal Information (continued)			
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047 2014

Open to Public Inspection

ջ ⋉ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance **Employer identification number** Yes 76-0512266 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 209,937 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash arant (c) IRC section if applicable Galveston College Foundation General Information on Grants and Assistance (**p**) EIN the selection criteria used to award the grants or assistance? (1) Student Scholarships & Book Awards TX 77550 (a) Name and address of organization or government 4015 Avenue Q Name of the organization Galveston (2) Part Parti

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For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization

Employer identification number

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Art — Works of art Art — Works of art Art — Historical treasures Art — Forcinal interests Books and publications Clothing and household goods Country and household Books and publications Clothing and household goods Country and household Books and publications Clothing and household goods Country and household Country an	Pa	irt I Types of Property	4				
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Schedule M (Form	990) (2014)	Galvest	on Colleg	e Founda	ation	76-0512	266	Page 2
Part II	Supplen the organ	n ental Inform nization is rep	nation. Provide orting in Part I	the informa , column (b),	tion required b the number o	y Part I, lines 30b,	32b, and 33, and v number of items re	vhether
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization	Employer identification number
Galveston College Foundation	76-0512266
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Form 990, Part III, Line 4d - All Other Accompl	Isimenc
To generate support for Galveston College.	
Form 990, Part VI, Line 11b - Organization's Pr	ocess to Review Form 990
Review of Form 990 upon signing of return.	
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Form 990, Part VI, Line 19 - Governing Document	s Disclosure Explanation
Documents are available on the website.	
DOCUMENTS are available on the website.	
Form 990, Part XI, Line 9 - Other Changes in Ne	t Assets Explanation
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