FEDERAL RETURN





March 8, 2019

Galveston College Foundation 4015 Avenue Q Galveston, TX 77550

Enclosed is the organization's 2017 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2019.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Kristen Simpson

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service	For calendar year 2017, or fiscal year beginning SEP 1 2017, and ender Do not send to the IRS. Keep for your r Go to www.irs.gov/Form8879EO for the lates	ecords.	2017
Name of exempt organization			ntification number
GALVESTON COL	LEGE FOUNDATION	76-051	2266
Name and title of officer GARRIK ADDISO CHAIRMAN			
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	irn for which you are using this Form 8879-EO and enter the applicab 5a, below, and the amount on that line for the return being filed with t lank (do not enter -0-). But, if you entered -0- on the return, then enter X b Total revenue, if any (Form 990, Part VIII, column (his form was blank, then leave line -0- on the applicable line below. [A), line 12) 1b	1b, 2b, 3b, 4b, or 5b, 0o not complete more 4,021,972.
2a Form 990-EZ check he	ere b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check			
4a Form 990-PF check he		PF, Part VI, line 5) 4b	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
Part II Declara	tion and Signature Authorization of Officer		
1-888-353-4537 no later the processing of the electron payment. I have selected	istitution to debit the entry to this account. To revoke a payment. I minan 2 business days prior to the payment (settlement) date. I also autilize payment of taxes to receive confidential information necessary to a personal identification number (PIN) as my signature for the organize electronic funds withdrawal. box only	horize the financial institutions invo answer inquiries and resolve issues	lived in the related to the
X I authorize CA	RR, RIGGS & INGRAM, LLC	to enter my P	IN 77056
	ERO firm name		Enter five numbers, b
is being filed wi enter my PIN or As an officer of indicated within	to on the organization's tax year 2017 electronically filed return. If I have the a state agency(ies) regulating charities as part of the IRS Fed/State in the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organizate of this return that a copy of the return is being filed with a state agency enter my PIN on the return's disclosure consent screen.	program, I also authorize the afor- ion's tax year 2017 electronically fi	ementioned ERO to led return. If I have the IRS Fed/State
Dort III Cortifica			
	ation and Authentication		
	The state of the s	79518776113 Do not enter all zeros	
	meric entry is my PIN, which is my signature on the 2017 electronical ng this return in accordance with the requirements of Pub, 4163, Moss Returns.		
ERO's signature ► CARR	RIGGS & INGRAM, LLC	Date ▶ 03/08/19	
	ERO Must Retain This Form - See Ins Do Not Submit This Form to the IRS Unless Re		
LUA For Danapuset Da	duction Act Notice see instructions		arm 8879-FO (2017

OMB No. 1545-1878

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2018

Prepared For:	
	Galveston College Foundation
	4015 Avenue Q
	Galveston, TX 77550
Prepared By:	
	Carr, Riggs & Ingram, LLC
	Two Riverway, 15th Floor
	Houston, TX 77056
Amount Due	or Refund:
	Not applicable
Make Check F	ayable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable
Return Must b	e Mailed On or Before:
	Not applicable
	V-2

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2019

EXTENDED TO JULY 15, 2019

Form 990

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the 2	2017 calendar year, or tax year beginning SEP 1 , 2017 and	ending A	UG 31, 2018	
В	Check if applicable	C Name of organization		D Employer identifie	cation number
	Address	GALVESTON COLLEGE FOUNDATION			
Ē	Name change	Doing business as		76-0	512266
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	4015 AVENUE Q		409-	944-1303
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts 5	5,545,527.
	Amende return	GALVESTON, TA 7/330		H(a) Is this a group re	turn
	Applica-	F Name and address of principal officer: MARIA TRIPOVICH		for subordinates	Yes X No
_	pending	4015 AVENUE Q, GALVESTON, TX 77550		H(b) Are all subordinates in	cluded? Yes No
		npt status: X 501(c)(3) 501(c) (1◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)
		· ► WWW.GC.EDU		H(c) Group exemption	
_		rganization; X Corporation Trust Association Other ▶	L Year	of formation: 1996 N	State of legal domicile: TX
P		Summary			
	1 B	riefly describe the organization's mission or most significant activities: $EXIS'$	TS TO	SUPPORT AND	ENHANCE
Activities & Governance	<u>T</u>	HE ABILITY OF GALVESTON COLLEGE TO ACHIE			
E	2 C	heck this box if the organization discontinued its operations or dispose	sed of more	1 21	
2	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	17 17
8	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	0
9	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
2	6 T	otal number of volunteers (estimate if necessary)		6	0.
Ac	7 a 1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	B N	et unrelated business taxable income from Form 990-T. line 34			
		entributions and grants (Bart VIII lies 1b)		Prior Year 940,640.	3,226,757.
Revenue	9 P	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)	HARON.	0.	0.
	10 Ir	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)		559,039.	789,524.
Re	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	5,691.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	*****	1,499,679.	4,021,972.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		235,969.	295,424.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
v	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
950	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ьТ	otal fundraising expenses (Part IX, column (D), line 25)	0.		
ű	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		85,525.	103,748.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		321,494.	399,172.
_	19 R	evenue less expenses. Subtract line 18 from line 12		1,178,185.	3,622,800.
10	ES		Ве	ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)		13,415,616.	17,469,533.
4	21 T	otal liabilities (Part X, line 26)	2227777	43,902.	0.
Net O		et assets or fund balances. Subtract line 21 from line 20		13,371,714.	17,469,533.
	art II	Signature Block			
		ies of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	e, correct,	and complete. Delaration of propaga (offer than officer) is based on all information of wh	nich preparer	nas any knowledge.	G 19
c:		Signature of officer		Date	7-11
Sig		GARRIK ADDISON, CHAIRMAN			
rie		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		RISTEN SIMPSON KRISTEN SIMPSON	C	3/08/19 set-engley	P01268482
		Firm's name CARR, RIGGS & INGRAM, LLC		Firm's EIN ▶	72-1396621
		Firm's address TWO RIVERWAY, 15TH FLOOR			
		HOUSTON, TX 77056		Phone no.71	3-621-8090
Ma	y the IRS	S discuss this return with the preparer shown above? (see instructions)	Constitution of the Consti		X Yes No
					- 000

Form 990 (2017)

Form 990 (2017) GALVESTON CO Part IV Checklist of Required Schedules

1 Is the organization described in section 501(k)(3) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "compilete Schedule C, Part I 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," compilete Schedule C, Part II 3 X 4 Section 501(k)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," compilete Schedule C, Part II 5 Is the organization ascion 501(k)(4) 501(k)(5) or 501(k)(6) organization that receives memberathy dues, assessments, or similar amounts as defined in Revenue Procedule 8-819" if "Yes," compilete Schedule C, Part III 5 Is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," compilete Schedule D, Part II 6 Ib the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," compilete Schedule D, Part II 7 Ib the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," compilete Schedule D, Part II 8 Ib the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," compilete Schedule D, Part II 9 Ib the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt reportation services? If "Yes," compilete Schedule D, Part VI 1 If the organization report an amount for lamb related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," compilete Schedule D, Part VI 1 If the organization report an amount for interhesists. Part X, line 10? If "Yes," compilete Schedule D, Part X II 1 If X 2 If X 2 If X 3 If X 3 If X 3 If X				Yes	No
2 Is the organization required to complete Schedule 6. Schedule of Contributors? 3 Did the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If yes, "complete Schedule C. Part II and the organization assets on S01(k)(3) organizations. Did the organization assets on S01(k)(3) organizations. Did the organization assets on S01(k)(3) organizations. 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II and IV bid 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 C, Part II and IV bid 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 bid the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV bid the organization injectify or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V lift the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V lift bid the organization report an amount for orienter schedule D, Part V line 10 Lift the organization report an amount for other labilities in Part X, line 12 flat is 5% or more of its total assets	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II 4 Section 501(p(3) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? ("Yes," complete Schedule C, Part III 5 Is the organization assection 501(p(3) 501(p(6))		If "Yes," complete Schedule A	1		
Section 501(R) are particular. But the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(x/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 Is the organization assertion 501(e)(h), 501(e)(h), or 501(e)(h), or 501(e)(h), or 501(e)(h), or 501(e)(h) or 501(3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? if "Yes," complete Schedule C, Part II Is the organization a section 501 (c)(4), 501 (c)(6), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-18? if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? if "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? three, "complete Schedule D, Part X III 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 X III Did the organization report an amount for other labilities in Part		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section \$01(c)(4), \$01(c)(6) or \$	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or		during the tax year? If "Yes," complete Schedule C, Part II	4		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 "Yes," complete Schedule D, Part I Did the organization receiver 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 Schedule D, Part III II Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a ucstodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X. line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X. line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X. line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X. line 10? If "Yes," complete Schedule D, Part VI 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 VII Did the organization report an amount for other liabilities 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 X Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization shoulded in consolidated, independent audited financial statements for the tax year? If "Yes," comp	5				
provide advice on the distribution or investment of amounts in such funds or accounts? // **Yes,** complete Schedule D, Part // 1 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // **Yes,** complete Schedule D, Part // 1 9 Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? // **/ **Yes,** complete Schedule D, Part V/ 1 10 Did the organization, cliricetly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // **Yes,** complete Schedule D, Part V 1 11 If the organization's answer to any of the following questions is **Yes,** then complete Schedule D, Part S I, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X. line 10? // **Yes,** complete Schedule D, Part V 1 13 Did the organization report an amount for investments - other securities in Part X. line 10? // **Yes,** complete Schedule D, Part V 1 14 Did the organization report an amount for other assets in Part X. line 13? If **Yes,** complete Schedule D, Part V 1 15 Did the organization report an amount for other assets in Part X. line 15? If **Yes,** complete Schedule D, Part V 1 16 Did the organization separate or consolidated financial statements for the tax year include a cohonte that addresses the organization separate or consolidated financial statements for the tax year? If **Yes,** complete Schedule D, Part X 1 17 Did the organization as achool described in section 1700(I)(1)(4)(ii)? If **Yes,** complete Schedule D, Part X 1 and XII is optional 1 18 Like organization report an amount for other assets in Part X in Intel 3 tatements for the ta		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part II B. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization or amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V Stas as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Stas assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Stas assets reported in Part X, line 16? If "Yes," complete Schedu	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? #*Yes,* complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? #*Yes,* complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or quas		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, XII, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 D X 11 D X 12 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 VIII 12 D Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X 12 Did the organization maintain an office, employees, or agents outside of the United States? 13 D X 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 D D D D D D D D D D D D D D D D D D D	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c 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 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 VIII d Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization analyser of the Vita Intellegation obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts II and IV b Did the organization as separate or o		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes, 'complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (* 'Yes, 'complete Schedule D, Part V II If the organization service only of the following questions is 'Yes, 'temporarily restricted endowments, permanent endowments, or quasi-endowments? (* 'Yes, 'complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part V II 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 V II 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 X II Did the organization report an amount for other assets in Part X, line 25? If 'Yes, 'complete Schedule D, Part X II Did the organization organization and the service of the United Statements for the tax year? If 'Yes, 'complete Schedule D, Part X II Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes, 'complete Schedule D, Part X II Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes, 'complete Schedule D, Part X II Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes, 'complete Schedule F, Parts II and IV 13 Is the organization ment and office, emp	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 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 I, Parts I and III 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 25d Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key e	X	X X X X
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29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29		7.50
		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		X
contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		
If "Yes," complete Schedule N, Part I	\square	Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	\square	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
Part V, line 1	Х	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	$\overline{}$	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		-
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 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	x	1

	990 (2017) GALVESTON COLLEGE FOUNDATION 76-0512	266	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	To 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	130-77	Hero(it)	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		NEW ST	
	filed for the calendar year ending with or within the year covered by this return 2a 0		Description of	198
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	11000	4-0
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	-	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		х
2.1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c	 	Α.
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50	_	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	oa	 	- 21
D		6b		
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00	100	100
7	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		x
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
•	to file Form 8282?	7c		x
4	If "Yes," indicate the number of Forms 8282 filed during the year 7d		100	NW.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	in a	100	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1000	188
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			(0.13) (0.13)
a	Initiation fees and capital contributions included on Part VIII, line 12			105
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		TO A	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		10	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1		100
b	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			18
C	Enter the amount of reserves on hand		1,31	

Form **990** (2017)

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Part VI 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		1-11-11-11-11-11-11-11-11-11-11-11-11-1	0000000000	una Centa		X
Sec	tion A. Governing Body and Management						
			e.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17	54	No.	
	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.					5.5	
b	Enter the number of voting members included in line 1a, above, who are independent	1b		17	150		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other		8.5	11-12	
	officer, director, trustee, or key employee?				2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				S424
					3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		ıs filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				-2020
	more members of the governing body?				7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or				100000
	persons other than the governing body?				7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:				100
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the				5500000
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				-		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,	- 1			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the for	m?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						GA:A
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	*********			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	describe				9943
	in Schedule O how this was done				12c		X
13	Did the organization have a written whistleblower policy?			.,,,,,,	13		X
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	idependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						100
а	The organization's CEO, Executive Director, or top management official	entrent			15a		X
b	Other officers or key employees of the organization			101710	15b		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	nent v	vith a	- 1	M.		778
	taxable entity during the year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's			N. Sal	WES.
	exempt status with respect to such arrangements?			anni .	16b		
Sec	tion 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	(Sect	ion 501(c)(3)s	only) av	ailable)	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict c	of interest polic	y, and f	inanc	ial	
	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 boo	oks an	d records: >				
	MARIA TRIPOVICH - 409-944-1303						
	4015 AVE Q, GALVESTON, TX 77550						
732006	11-28-17				Form	990	(2017)

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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.

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck i ss per	more son	than of both or/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employite	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) VICTOR PIERSON MEMBER	1.00	х						0.	0.	0
(2) FRED RASCHKE	1.00	Α		H	\vdash	\vdash	_	0.	0.	0.
REGENT	1.00	x						0.	0.	0.
(3) FRANK BENAVIDEZ	1.00	Λ	\vdash			\vdash	_	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(4) ARMIN CANTINI	1.00					Т				
MEMBER		x						0.	0.	0.
(5) KAREN FLOWERS	1.00									
REGENT		X						0.	0.	0.
(6) PAULIE GAIDO	1.00									
MEMBER		X						0.	0.	0.
(7) DAVID GOMEZ	1.00									7.64
MEMBER		Х						0.	0.	0.
(8) PEACHES KEMPNER	1.00									
MEMBER		Х		Ш				0.	0.	0.
(9) TIKIE KRITICOS	1.00									
MEMBER	1 00	X			_	_	_	0.	0.	0.
(10) DONNA LANG	1.00	х						0.	0.	0
MEMBER (11) DAVID MARSHALL	1.00	Λ	-		-		_	0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(12) LAUREN SUDERMAN MILLO	1.00	Δ	-		_			0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(13) VICTOR SIERPINA	1.00									
MEMBER	1.00	x						0.	0.	0.
(14) GARRIK ADDISON	1.00									
CHAIR		1		х				0.	0.	0.
(15) ROBERT LYNCH	1.00									
MEMBER				Х				0.	0.	0.
(16) JERI KINNEAR	1.00									
SECRETARY/TREASURER				Х				0.	0.	0.
(17) SCOTT KUSNERIK	1.00									70.50
CO-TREASURER				Х				0.	0.	0.

732007 11-28-17

Form 990 (2017)

	Section A. Officers, Directors, Tr	(B)				C)			(D)	(E)		(F)	
	Name and title	Average			Pos	100	1		Reportable	Reportable	F		he
	realite and title	hours per		not c					compensation	compensation			
		week		cer ar					from	from related	amount of other compensation of the compensation organization organization organization of the compensation of the compensatio		
		(list any	director						the	organizations	con	Estimate amount other compensa from the organizati and relat organization organization of the organization	tion
		hours for	or dire				pag		organization	(W-2/1099-MISC)	Estimate amount of other compensation from the organization and relate organization. Yes 3 4 5	е	
		related	8	ruste			pensa		(W-2/1099-MISC)			7//	
		organizations below	at tru	onal 1		Hoye	E 03				7.7.555.15		
		line)	Individual	Institutional trustee	Officer	беу етріоуев	Highest compensated employee	Former			org	anızatı	ons
(18) JER	I KINNEAR	1.00	=	=	0	×	T 40	LE.		ļi			
VICE CHA	IR				Х				0.	0			0.
			-										
		_	-	╁			-				+-		
-			Γ										
			\vdash	\vdash							+		
			1	_									
			1										
			\vdash	\vdash			\vdash						
			1_	L									
			┨										
1b Sub-	-total							-	0.	0			0.
c Tota	I from continuation sheets to Part							•	0.	0			0.
d Tota	I (add lines 1b and 1c)							•	0.	0			0.
2 Total	I number of individuals (including bu						e) wh	o re	eceived more than \$100,	000 of reportable			_
com	pensation from the organization					_		_				Yes	No.
3 Did t	the organization list any former office	er, director, or tru	uste	e. ke	v en	olan	vee.	or h	highest compensated er	nplovee on	867	103	140
	1a? If "Yes," complete Schedule J fo										3		х
	any individual listed on line 1a, is the											SAN E	con a
	related organizations greater than \$	Section of the Company of the Agency Section (Company)							times to the second control of a proper state of the second control of the second contro		4		X
	any person listed on line 1a receive of											TY.	Y-
	ered to the organization? If "Yes." c	omplete Schedul	e J f	or su	ich i	oers	on				5		Х
	3. Independent Contractors									100 000 -1	-11 1		
	plete this table for your five highest organization. Report compensation f	renegative two parts contribute to the contribute to									ation ir	om	
	(A)							T	(B)		(C)	
	Name and busine	ss address	N	INC	3				Description of s	ervices	Compe	ensatio	n
			-					-					
2-1													
								+					
								_					
	I number of independent contractors	and the same of th	ot li	mited	d to			ted	above) who received mo	ore than		Ħij,	
\$100	0,000 of compensation from the orga	anization >				(J					990	

Form 990 (2017) GALVEST

		Check if Schedule O conta	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2 2	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
9	c	Fundraising events						R. Stanfall
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations						
S,	е	Government grants (contributi	ions) 1e					
50	f	All other contributions, gifts, gran	ts, and					
語		similar amounts not included above	ve1f	3,226,757.				
들	g	Noncash contributions included in lines	1a-1f \$					
ತಿ ಕ	h	Total. Add lines 1a-1f		, >	3,226,757.			
				Business Code				
8	2 a							
e Š	b	-						
2 3	С							
e a	d							
Program Service Revenue	е							
<u>-</u>		All other program service reve				OR PARTIES NOT THE		31.752.5545.51
-	acet and	Total. Add lines 2a-2f						
	3	Investment income (including			552,814.	552,814.		
		other similar amounts)			332,014.	332,014.		
	4	Income from investment of tax						
	5	Royalties	(i) Real	(ii) Personal				ERSTANCES.
		C		(ii) Personai				
		Gross rents						
		Less: rental expenses Rental income or (loss)		-				
		Net rental income or (loss)						SHEET WATER OF SHEET
		Gross amount from sales of	(i) Securities	(ii) Other	TO WATER OF STREET		Telling to the state of the sta	
	/ a	assets other than inventory	1,760,265.					
	h	Less: cost or other basis	-,,					
	U	and sales expenses	1 523 555.					
	c	Gain or (loss)	236,710.					
+		Net gain or (loss)			236,710.	236,710.		
		Gross income from fundraising						
venue	-	including \$	200					
Š.		contributions reported on line	State William State					
Other Re		Part IV, line 18	а					
	b	Less: direct expenses	b					
0		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac	ctivities. See					The state of
		Part IV, line 19						
		Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	D				
3	10 a	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						NV PARTIES
-	С	Net income or (loss) from sale		>				
-	239	Miscellaneous Revenu	е	Business Code		THE PARTY OF THE P		Bully 2 - September 1
2		OTHER INCOME		900099	5,691.	5,691.		-
	b							+
	c							+
	d	All other revenue	() / () () () () () () () () (E 601	WAY THE STATE OF T		
	е	Total. Add lines 11a-11d Total revenue. See instructions.			5,691. 4,021,972.	795,215.	0	She Lavie Wiles

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(A) T	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	295,424.	295,424.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors.				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	74,151.		74,151.	
g	Other. (If line 11g amount exceeds 10% of line 25,	/1/1011		, 1, 1, 1, 1, 1	
9	column (A) amount, list line 11g expenses on Sch O.)	13,200.	13,200.		
12	Advertising and promotion	15,2001	10/2001		
13	Office expenses				
14	Information technology				
15	Royalties				
16					
17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	The second secon				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
23	La Constitution Co				
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.)	15,754.	15,754.		
a	FOUNDATION EXPENSES	643.	643.		
b	EVENT EXPENSES	643.	643.		
c		-			
d	All All				
	All other expenses	200 172	225 021	74 151	^
25	Total functional expenses. Add lines 1 through 24e	399,172.	325,021.	74,151.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 38,100. 20,107. Cash - non-interest-bearing 410,241. 1,959,844. 2 Savings and temporary cash investments 2 108,020. 1,563,271. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12,859,255. 13,926,311. 12 Investments - other securities. See Part IV. line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 13,415,616. 17,469,533. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 43,902. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 43,902. 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 237,188. 226,348. Unrestricted net assets 4,994,401. 5,948,405. Temporarily restricted net assets 28 28 8,140,125. 11,294,780. 29 Permanently restricted net assets 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 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 13,371,714. 17,469,533. 33 Total net assets or fund balances 13,415,616. 17,469,533. Total liabilities and net assets/fund balances

Form 990 (2017)

Forn	n 990 (2017) GALVESTON COLLEGE FOUNDATION	76-0	512266	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,02	1 9	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39	9.1	72.
3		3	3,62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,37		
5	Net unrealized gains (losses) on investments	5			18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				33.
Pa	rt XIII Financial Statements and Reporting	101		,,,	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Have	201	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	When the control of the last of the control of the		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			No.
	separate basis, consolidated basis, or both:		127-38		
	Separate basis Consolidated basis Both consolidated and separate basis		0.57.0		450
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			18.20
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name	e of t	the organization					E		identification number
				EGE FOUNDATI				7	6-0512266
Par	Alex Front	Reason for Public					ee instructions.		
The c	rgan	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch					1)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	onjunction with a hospital	described	in section	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,
-		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owner	or operat	ed by a go	overnmental unit	t describe	ed in
	_	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A))(v).		
7	X	An organization that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	unit or from the	general	public described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)						
8	=	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	unction with a la	nd-grant	college
		or university or a non-land-o	grant college of agri	culture (see instructions).	Enter the	name, city	, and state of th	e college	or
		university:							
10		An organization that norma							
		activities related to its exer	npt functions - subje	ect to certain exceptions,	and (2) no	more than	n 33 1/3% of its	support	from gross investment
		income and unrelated busin	ness taxable income	e (less section 511 tax) fro	om busine	sses acqui	ired by the orga	nization a	ifter June 30, 1975.
	_	See section 509(a)(2). (Co	mplete Part III.)						
11	=	An organization organized							
12	_	An organization organized							
		more publicly supported or							Check the box in
	_	lines 12a through 12d that	describes the type	of supporting organization	n and com	plete lines	12e, 12f, and 1	2g.	
а		Type I. A supporting orga							
		the supported organization	on(s) the power to re	egularly appoint or elect a	majority of	of the direc	ctors or trustees	of the su	upporting
	-	organization. You must o							
b	_		7.			200	7.7	0.0	
		control or management of			ame perso	ns that co	ntrol or manage	the supp	ported
	_	organization(s). You mus				ran-e-e-i campus			NOT STRUCTURE
C	_		77					integrate	ed with,
	-	its supported organizatio		Roman and a second				mar en energia cas	CONTRACT (COMPANY)
d	_		1	Lana 178 - 178 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188					
		that is not functionally int						n attenti	veness
		requirement (see instruct		- 15 P				-	
e	_	Check this box if the orga					Type I, Type II,	Type III	
	_	functionally integrated, or		onally integrated supporti	ng organiz	ation.			
		er the number of supported of						we was we	
g		vide the following information i) Name of supported	iii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of m	onetary	(vi) Amount of other
		organization	(11) 2.114	(described on lines 1-10	in your govern	ing document?	support (see inst	and the same of the same of	support (see instructions)
		03.4.00.00.00.00		above (see instructions))	Yes	No			The state of the s
	_								
	-				-				
_	-								

Total

Schedule A (Form 990 or 990-EZ) 2017 GALVESTON COLLEGE FOUNDATION 76-0512 Part II 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.)

	ction A. Public Support		#1.0044	1 3 0045	(4) 0010	(-) 0017	/O Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	2180166.	3288369.	577 308	979,150.	3277871	10302864
	include any "unusual grants.")	2100100.	3200303.	377,300.	373,130.	3211011.	10302004.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2100166	2200260	577,308.	979,150.	2277071	10302864.
	Total. Add lines 1 through 3	2180166.	3288369.	577,306.	9/9,150.	32//0/1.	10302004.
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)						6175010.
	Public support. Subtract line 5 from line 4.						4127854.
Sec	ction B. Total Support						r
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2180166.	3288369.	577,308.	979,150.	3277871.	10302864.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	148,620.	329,130.	614,858.	559,039.	789,524.	2441171.
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					7801 107-08/01	725 725200
	assets (Explain in Part VI.)					5,691.	
11	Total support. Add lines 7 through 10						12749726.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	20
	organization, check this box and stor	here					>
~		c Support Per	centage			I was I	20.20
	ction C. Computation of Publi					1 1/1	32.38 9
14	Public support percentage for 2017 (I	ine 6, column (f) di	and the second s			14	42 72
14 15	Public support percentage for 2017 (I Public support percentage from 2016	ine 6, column (f) di Schedule A, Part	II, line 14			15	43.73 %
14 15	Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the o	ine 6, column (f) di Schedule A, Part organization did no	II, line 14 t check the box of	n line 13, and line		15	43.73 %
14 15 16a	Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the of stop here. The organization qualifies	ine 6, column (f) di Schedule A, Part organization did no as a publicly suppo	II, line 14 t check the box or orted organization	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	43.73 % ox and ►□
14 15 16a	Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the o stop here. The organization qualifies 33 1/3% support test - 2016. If the o	ine 6, column (f) di Schedule A, Part organization did no as a publicly suppo organization did no	II, line 14 t check the box of orted organization t check a box on I	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	43.73 % ox and
14 15 16a b	Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the o stop here. The organization qualifies 33 1/3% support test - 2016. If the o and stop here. The organization qual	ine 6, column (f) dis Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly s	II, line 14 t check the box of orted organization t check a box on I supported organization	n line 13, and line ine 13 or 16a, and ation	14 is 33 1/3% or m line 15 is 33 1/3%	ore, check this bo	43.73 % ox and
14 15 16a b	Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the of stop here. The organization qualifies 33 1/3% support test - 2016. If the of and stop here. The organization qual 10% -facts-and-circumstances test	ine 6, column (f) divided in a Schedule A, Part long anization did no as a publicly supporganization did no ifies as a publicly support anization did no ifies anizatio	II, line 14 It check the box or orted organization t check a box on I supported organization anization did not of	n line 13, and line ine 13 or 16a, and ation check a box on line	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a	ore, check this bo or more, check than the same state of the same	43.73 9 ox and nis box or more,
14 15 16a b	Public support percentage for 2017 (In Public support percentage from 2016 and 33 1/3% support test - 2017. If the control stop here. The organization qualifies and if the organization meets the "facts and if the organization meets and	ine 6, column (f) divided in 6, column (f) div	II, line 14 It check the box or orted organization t check a box on I supported organization anization did not o ces" test, check the	ine 13, and line ine 13 or 16a, and ation shock a box on line is box and stop h	14 is 33 1/3% or m line 15 is 33 1/3% a 13, 16a, or 16b, a nere. Explain in Pa	ore, check this bo or more, check the and line 14 is 10% rt VI how the orga	43.73 9 ox and nis box or more, inization
14 15 16a b	Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the constant stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances"	ine 6, column (f) did Schedule A, Part lorganization did no as a publicly supporganization did no iffes as a publicly s - 2017. If the org tts-and-circumstance	II, line 14 t check the box or orted organization t check a box on I supported organization did not of ces" test, check the ion qualifies as a	n line 13, and line ine 13 or 16a, and ation theck a box on line is box and stop houblicly supported	14 is 33 1/3% or m line 15 is 33 1/3% a 13, 16a, or 16b, a nere. Explain in Pa organization	ore, check this bo or more, check th and line 14 is 10% rt VI how the orga	43.73 ox and ox
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Schedule A (Form 990 or 990-EZ) 2017 GALVESTON COLLEGE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchands sold or services peranary activity that is related to the organization star-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 is 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 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons behalf of the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons behalf or the organization without charge (and the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the time received on the service of the person of the	Section A. Public Support						
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Vac No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

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3b	(20 E)	F
	46	
3c		
4a	DO FO	
4b	N/A	12.0
4c		N/E
5a		175
5b		
5c	No.	153
6	NEWS CO.	
7		102
8	SMITE	10000
9a		ACT CAL
9b		1200
9c	200	
10a		
10b	90-EZ)	

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	6120		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		150	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations		_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	The state of		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	100		E-89
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	E	V.	
	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,	A TOP OF	0.00	THE P
	supervised, or controlled the supporting organization.	2		L
Sec	tion 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	E PE	523	
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		T	
			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, (i) a written notice describing the type and amount of support provided during the prior tax		2	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	BEAUTO.		HE RICH
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		P01995 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	100000	BASS	1350
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Contract of
3	By reason of the relationship described in (2), did the organization's supported organizations have a	25/6/		
	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	E	100	100
	supported organizations played in this regard.	3		
- 05	tion E. Type III Functionally Integrated Supporting Organizations	24		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
a	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.	14 II		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions		N-
2	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,	NI LCC		
	how the organization was responsive to those supported organizations, and how the organization determined	2a	1000	
	that these activities constituted substantially all of its activities.	2.0	Line.	1101
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Hand.
	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	01-	2000	PSI SHIP
•	activities but for the organization's involvement.	2b	0.00	EG BH
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	2-		155,45
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	10 C	100
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1
	or the supported organizations. If I res. describe in Fait VI the role played by the organization in this regard.	30	1	

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting		William Committee Control of the	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year):			Market St. Walter St.
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		ROSSON AND DESCRIPTIONS
е	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI):	0.00000		
2	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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	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	100		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	nization (see
	instructions).	× 5		Th

Schedule A (Form 990 or 990-EZ) 2017

	Type III Non-Functionally Integrated 509	aj(s) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported 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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			by the latest and the
_	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	12 (12 12 12 12 12 12 12 12 12 12 12 12 12 1		
а				
	From 2013			
	From 2014			
	From 2015			
_	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to underdistributions of prior years Applied to 2017 distributable amount			
				CONTRACTOR OF THE PARTY OF THE
+	Carryover from 2012 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
_	line 7: \$			
	Applied to underdistributions of prior years			THE REAL PROPERTY OF
	Applied to 2017 distributable amount			
44	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			a local training #
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		(1) 医医疗病毒的医炎	
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Total Contributions	Excess Contributions
6,085,000.	5,830,005
600,000.	345,005
==-	
	6,175,010.
	6,085,000.

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number Name of the organization GALVESTON COLLEGE FOUNDATION 76-0512266 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

GALVESTON COLLEGE FOUNDATION

76-0512266

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARMIN CANTINI 4625 CADUCEUS PLACE GALVESTON, TX 77551	\$90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GALVESTON COLLEGE 4015 AVENUE Q GALVESTON, TX 77550	s51,114.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE MOODY FOUNDATION 2302 POST OFFICE STREET, STE 704 GALVESTON, TX 77550	\$3,000,000.	Person X Payroll
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Name of organization

Employer identification number

GALVESTON COLLEGE FOUNDATION

76-0512266

Part II	Noncash Property (see instructions). Use duplicate copies of Pa		
(a)	***	(c)	(4)
No.	(b)	FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(See instructions.)	Date received
	DONATED RENT		
2			
			00/21/10
		\$ 51,114.	08/31/18
(a)		7-3	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(See mondoner)	
	+		
		\$	-
(a)		72.74	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(/////////////////	
-			
		\$	1 <u>1 </u>
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(See Ilisa detions.)	
		\$	-
(a)		14/30	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(occ manactions.)	
		\$:- <u></u>
(a)		1928	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(oce manaciona.)	
		4:	
		\$	90, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Employer identification number

	TON COLLEGE FOUNDATION	II.		76-0512266
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the folio	owing line entry. For organization	ons .
	Use duplicate copies of Part III if addition		less for the year. (cher this into, on	ue.)
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Des	cription of how gift is held
-		(e) Transfer of gi		
	Transferee's name, address, a			ansferor to transferee
63.No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	-	(e) Transfer of gi		
	Transferee's name, address, a			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(a) Transfer of all		
	Transferee's name, address, a	(e) Transfer of gif		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	**		Insferor to transferee
	The state of the s		nonationally of tra	incident to definition be

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

GALVESTON COLLEGE FOUNDATION

Employer identification number 76-0512266

	organization answered "Yes" on Form 990, Part IV, line 6	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		1.5
1 2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
4	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advi	ised funds
5	are the organization's property, subject to the organization's ex		
	Did the organization inform all grantees, donors, and donor adv		
6	for charitable purposes and not for the benefit of the donor or o		
Do	impermissible private benefit? rt II Conservation Easements. Complete if the organ	nization anguared "Vac" on Form 990	
-	The same of the sa		, Partiv, mie 7.
1	Purpose(s) of conservation easements held by the organization		starically important land over
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	V-27-10-10-10-10-10-10-10-10-10-10-10-10-10-		
b	•		
С			
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation easer	ment is located >	<u> </u>
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	pition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	en e	essa senare a communicación de la consequencia de sena di del professionem de la compactión de del de tentra d La compacticación de la compacticación de la compacticación de la compacticación de la compacticación de del d
	(i) Revenue included on Form 990, Part VIII, line 1		> s
	7.7.		
	If the organization received or held works of art, historical treas		
2			
2			and and because
2 a	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

0.

b Buildings

d Equipment

c Leasehold improvements

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

	OLLEGE FOUNDAT	NOI	76-	-0512266	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of		1b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) MOODY BANK INVESTMENTS	8,632,849.	COST			
(B) FROST BANK INVESTMENTS	4,284,351.	COST			
(C) FROST BANK TITLE V	1,009,111.	COST			
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,926,311.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				Be William State	
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		>		
Part X Other Liabilities.	13.7				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Forn	n 990, Part X, line 25.		
(a) Description of liability		b) Book value			More
(1) Federal income taxes		and the same of th			
(2)					
(3)					
(4)					
(5)					

Total. (Column (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 footnote 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

Schedule D (Form 990) 2017

(6) (7) (8)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2017

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Open to Public Inspection

1	3-11-1-10	COLLEGE	GALVESTON COLLEGE FOUNDATION					16-0512266
7	Conservation of grants at	and Assistance			The state of the s	Section of the sectio	COLONG BETTE CONTROL TO THE COLONG BETTE COL	
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	× × ×
8	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance / ocedures for monit	oring the use of grant	funds in the United	States.			
Part II	TII Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organia	zations and Domestic	Governments.	complete if the orga	inization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	/, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
AVES	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				A 10111
က	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table	***************************************	***************************************			A
LHA	For Paperwork Reduction Act Notice, see the Instructions f	s, see the Instruct	ons for Form 990.					Schedule I (Form 990) (2017

Schedule I (Form 990) (2017)

76-0512266

Schedule I (Form 990) (2017) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance SUPPORT FOR COMMUNITY COLLEGE (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. CASH 0 (d) Amount of non-cash assistance 295,424. (c) Amount of cash grant 100 (b) Number of recipients (a) Type of grant or assistance STUDENT SCHOLARSHIPS & BOOKS AWARD

Schedule I (Form 990) (2017)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

Name of the organization

GALVESTON COLLEGE FOUNDATION

Employer identification number 76-0512266

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEOPLE'S LIVES THROUGH LIFELONG LEARNING.
FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE AND UPON SIGNING THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE ON THE WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 1.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2017

OMB No. 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. GALVESTON COLLEGE FOUNDATION Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

Employer identification number 76-0512266

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets (e) Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

1 (13)	No			×					
(g) Section 512(b)(13) controlled entity?	Yes			^			_		-
(f) Direct controlling entity									
(e) Public charity status (if section	501(c)(3))			LINE 7					
(d) Exempt Code section									
(c) Legal domicile (state or foreign country)				TEXAS					
(b) Primary activity				HIGHER EDUCATION					
(a) Name, address, and EIN of related organization		GALVESTON COLLEGE	4015 AVENUE Q	GALVESTON, TX 77550					

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

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	(a)	(a)	(၁)	9	(e)	€	(6)	Ξ	E	3	3
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
			country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or frust during the tax year.	janizations Taxable as	s a Corpor	ration or Trust. Co	mplete if the organization	on answered "Yes	" on Form 990, Pa	rt IV, line 34	4, because it had or	ne or mo	re related

	1	Total Control	١٠	ľ		1		1		1			ı	
	Θ	512(b)(13) controlled entity?	Yes No	_					_				_	
			ş			L		L	_		_	_	L	_
	(£)	Percentage ownership												
		Share of end-of-year												
	(£)	Share of total income												
	(e)	Type of entity (C corp, S corp,	or trust)											
	(p)	Direct controlling entity												
	(0)	Legal domicsle (state or	(Adunoo											
ing the tax year.	(q)	Primary activity												
organizations treated as a corporation of treat during the tax year.	(a)	Name, address, and EIN of related organization												

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

×× × × × × × 윋 × × × × × Yes ᄪ 4 9 유 19 13 1a 10 10 7 ¥ 19 ŧ ¥ ÷ (d) Method of determining amount involved 16 F = If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 295, 424. CASH PAID During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 51,114. FMV (c) Amount involved (b) Transaction type (a-s) C Z Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) GALVESTON COLLEGE (2) GALVESTON COLLEGE 8 4 3

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

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

that was not a related organization, see instructions regarding exclusion for certain investment partnerships.	structions regarding exclus	ion for certain inve	stment partnersnips.	1000					1	
(a)	(a)		© .	Are all		(6)	Ξ	€ ;	S	₹.
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, excluded from tax under	3 partners sec. 501(c)(3) ler orgs.?	Share of total income	Share of end-of-year assets	Dispropor- tionate altocations?	Uspropor Code V-UBI General or Percentage tentage amount in box 20 managing ownership of Schedule K-1 pertner?	General o managing partner?	Percentage
			Sections 312-314)	Yes No			Yes No	(coor mon)	Yes No	
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Part VII Supplemental Information.		
Supplemental information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
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