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# /2014 5 39 PM

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2012

Open to Public Inspection

A	For the 2012 o	alendar year, or tax year beginning $09/01/12$ , and ending $08/31/12$	13		·
В	Check if applicable	C Name of organization		D Emplo	yer identification number
<u></u>	Address change	Galveston College Foundation			0.51.00.66
	Name change	Doing Business As	Room/suite		- 0512266
	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	,	
<u> </u>	Terminated	4015 Avenue Q  City, town or post office, state, and ZIP code		403	9-944-1302
<u></u>		Galveston TX 77550		• 0	eipts \$ 460,421
	Amended return	F Name and address of principal officer	T	<b>G</b> Gross rec	
L ·	Application pending	Maria Tripovich	H(a) Is this a g	roup return for	affiliates? Yes X No
		4015 Avenue Q	H(b) Are all at	filiates include	ed? Yes No
		Galveston TX 77550	If "No	o," attach a list	t (see instructions)
ī	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527			
J	Website 🕨 🔻	ww.gc.edu	H(c) Group ex		per <b>&gt;</b>
	Form of organization		Year of formation 1	996	M State of legal domicile TX
<u>* P</u>	art I 🤨 Sı	ımmary			
	I	escribe the organization's mission or most significant activities:			
8	SUPE	ORT FOR COMMUNITY COLLEGE			
an					
Activities & Governance	}	<u>н</u>			
Ó		is box  if the organization discontinued its operations or disposed of more than 2	5% of its net as:	1 1	20
ශ්		of voting members of the governing body (Part Without 13) VED		3	22
ties	1	of independent voting members of the governing body (Part-VI, line 11)		4	0
ţį		nber of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
¥		mber of volunteers (estimate if necessary) MAR 0 6 2014		6	0
		related business revenue from Part VIII, column (C), line 12		7a 7b	
	b Net unre	lated business taxable income from Form 990-Tipe 31EN, UT	Prior Ye		Current Year
	8 Contribu	tions and grants (Part VIII, line 1h)		2,131	282,758
Ē		service revenue (Part VIII, line 2g)			0
Revenue	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)	22	2,727	177,589
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		917	74
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36	5,775	460,421
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	25	8,892	293,917
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)			<u> </u>
benses	16a Profession	onal fundraising fees (Part IX, column (A), line 11e)			0
	<b>b</b> Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0	;		<del>V                                    </del>
ũ	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,601	108,155
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,493	402,072
	19 Revenue	less expenses. Subtract line 18 from line 12	Beginning of Cu	9,718	58,349 End of Year
Assets or designation	20 Total acc	sets (Part X, line 16)		6,927	5,297,009
Asse Balz	20 Total liab	olities (Part X, line 16)		7,952	0
Net /	22 Net asse	ts or fund balances Subtract line 21 from line 20		8,975	5,297,009
7777	ATTION 11111111	gnature Block	-,		,
		perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my kn	lowledge and belief, it is
		omplete Declaration of preparer (other than officer) is based on all information of which preparer			
∰Sig	ın 🖊 🤅	Signature of officer	1 M	Date	. / / ,
~He		Maria / ! Kepovech Wee Die Do!	all totel		127 /2014
ക		ype or print name and title			
		e preparer's name Preparer's signature	Date	Check	If PTIN
<b></b> Paid		Masel, CPA	OPA 02/24	/14 self-em	ployed P00758150
≅Pre	· Filling the		1	Firm's EIN	76-0229852
<u>CU</u> se	Only	1011 Tremont			400 505 5555
2	Firm's ac		<u> </u>	Phone no	409-765-9311
		ss this return with the preparer shown above? (see instructions)			Yes No
CDAA		uction Act Notice, see the separate instructions.			Form <b>990</b> (2012)
(P)					ľ

	Galveston Colleg		0512266	Page 2
	Statement of Program Services if Schedule O contain	vice Accomplishments s a response to any question in this Pa	art III	$\overline{\mathbf{x}}$
1 Briefly desc	ribe the organization's mission:  FOR COMMUNITY CO			<u> </u>
·	anızatıon undertake any sıgnifican 1990 or 990-EZ?	t program services during the year which were	not listed on the	Yes X No
•	scribe these new services on Scho	edule O.		
services?	anization cease conducting, or ma	ke significant changes in how it conducts, any	orogram	Yes X No
	=	accomplishments for each of its three largest pr	ogram services, as measured by	
	Section 501(c)(3) and 501(c)(4) or penses, and revenue, if any, for ea	ganizations are required to report the amount oach program service reported.	f grants and allocations to others,	
COLLEGE PROVIDI FUNDING IS A GA	ATION FORMED TO ( , GALVESTON, TEX. NG UNIVERSAL ACC) WILL ENSURE THA' LVESTON RESIDENT	93,917 including grants of \$ GENERATE SUPPORT FOR GA AS, WITH A PRIMARY EMPH ESS TO HIGHER EDUCATION F EVERY HIGH SCHOOL GRA WILL HAVE ACCESS TO GA THEIR ABILITY TO PAY.	ASIS ON DUATE WHO	18,071)
<b>4b</b> (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other progra (Expenses	am services (Describe in Schedu	luding grants of \$	(Revenue \$	
	am service expenses ▶	293,917		000
DAA				Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	.	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	Ť		
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		***************************************	
• •	VII, VIII, IX, or X as applicable.		٠,٧	
а	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	' '	* * *	
а	complete Schedule D, Part VI	11a		X
b		110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		X_
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		110		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a	х	
<b>.</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
14a	The state of the s	1-0		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		-25
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
	· · · · · · · · · · · · · · · · · · ·	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-''		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	''		
. 3	If "Yes," complete Schedule G, Part III	19		x
20~	and the second s	20a		X
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	ii 165 to line 200, die trie organization attaon a copy of its addited infancial statements to trie feturit.			

	The state of the s	- 1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		103	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	ĺ		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>_x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	I		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ŧ		<i>,</i>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	3.5	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
20	Part I	31	<del></del>	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		X
33	complete Schedule N, Part II	32		<u> </u>
J	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	<del>-  </del>	
<b>.</b> .	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del></del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		<u></u>
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		- 1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	[	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,		ł	
	Part VI	37	İ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
-	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	
				(2012)

Form 990 (2012), Galveston College Foundation 76-0512266 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b b 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 4a account)? If "Yes," enter the name of the foreign country b See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? | 7d | If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9b ь 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

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

Enter the amount of reserves on hand С Did the organization receive any payments for indoor tanning services during the tax year?

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

X

13a

14a 14b

13b 13c

********	SSU(2012), Gally Colored Colored Ford Disclosure Front West Colored Co	£ 11		age o
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	2 IIISU	uction	15.   <b>X</b>
<del></del>	Check if Schedule O contains a response to any question in this Part VI			
Sec	tion A. Governing Body and Management		V	N -
4.	Enter the number of voting members of the governing body at the end of the tax year   1a   22		Yes	No
1a	,	-		,
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent  1b 22	1		
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
_	any other 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 direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _	i	v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		v
_	stockholders, or persons other than the governing body?	7b	:	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			· /
a	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 reached at	_		3,5
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae.)		
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
11a		11a	m-	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 1		
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			••
	describe in Schedule O how this was done	12c		<u> </u>
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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	• · · · · · · · · · · · · · · · · · · ·			
	with a taxable entity during the year?	16a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	i	
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 (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► Maria Tripovich 4015 AVE Q			
G۷	ALVESTON TX 77550 409	-94	4 – 1	302

om 990 (2012) Galveston College Founda	orm !	990 (2012). <b>Ga</b> ]	veston	College	Foundation
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76-0512266

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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 to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x, unle	Pos check ess pe nd a d	rson i irecto	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(2	organization and related organizations
(1) See Attached Li	1.00									
Various	0.00			X				0	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
DAA				<u> </u>	<u> </u>			<u> </u>		Form <b>990</b> (2012)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	l Employees (continued)				
	' (A) Name and title	(B) Average hours per week (list any	bo	x, unic	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ļ	(F) Estima: amoun othe ompens from the	t of r ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1035-MIGC)		organiza and rela organiza	ition ited	
(12)														
(13)														
(14)														
(15)														
(16)	<u> </u>			<u> </u>	-							<u> </u>		
(17)							-							
(18)														
(19)														
1b c	Sub-total Total from continuation she	ets to Part VII, S	Sect	ion A	4. 4	<u> </u>	I	<b>&gt;</b>						
2	Total (add lines 1b and 1c) Total number of individuals (in				thos	se lis	ted a	bov		\$100,000 in			<del></del>	
	reportable compensation from	the organization	<u>1</u> ▶	0									Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ated		3		х
4	For any individual listed on lin- organization and related organization	e 1a, is the sum	of re	port	able	com	pens	satio				4	,	х
5	Did any person listed on line 1	la receive or acc	rue	com	pens	atio	n fror	n ar	ny unrelated organization or	r ındıvıdual	Ī	,	,,,,,,,,,,	
Sect	for services rendered to the original forms. Independent Contractor		es,	com	piet	e Sc	neau	ile J	for such person			5		Х
1	Complete this table for your fire	ve highest comp	ensa	ated	inde	pend	dent o	cont	tractors that received more	than \$100,000 of	ear			
		(A) business address	omp	CHSC	ILIOIT	101 (	iie ce			(B) otion of services	Sai.	Co	(C) mpensat	tion
													•	
		d.,		·										
	Total number of independent	contractors (incli	uding	g but	not	lımıt	ed to	tho	ose listed above) who			<del>,,,,,,,,,,,,</del>		
	received more than \$100,000									0				

Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII. (C) Unrelated (D) Revenue Total revenue exempt business excluded from tax function 122 under sections 512, 513, or 514 revenue Grants mounts 1a 11,875 1a Federated campaigns **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d Contributions, and Other Sim 1e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 270,883 43,724 g Noncash contributions included in lines 1a-1f 282,758 h Total. Add lines 1a-1f Program Service Revenue **Busn Code** 2a b ٠с All other program service revenue g Total. Add lines 2a-2f  $\triangleright$ Investment income (including dividends, interest, 159,592 159,592 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets 17,997 other than inventory **b** Less cost or other basis & sales exps 17,997 c Gain or (loss) ▶ 17,997 17,997 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a 74 74 Class Action Settlements b C All other revenue 74 Total. Add lines 11a-11d 460,421 18,071 159,592 Total revenue. See instructions

*****	990 (2012) Galveston Colleg		76-05:	12200	Page 10
	on 501(c)(3) and 501(c)(4) organizations must co		ner organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	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 governments and organizations in the U.S. See Part IV, line 21	293,917	293,917	2	71.
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			, , ,	, , ,
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				~
4	Benefits paid to or for members				1 111
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)	_,_			1.51.15
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
	Investment management fees	37,544	<del></del>	37,544	
f	Other (If line 11g amount exceeds 10% of line 25, column	37,311	··	37,311	
g	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	43,724	•	43,724	
14	Information technology	-			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column  (A) amount, list line 24e expenses on Schedule O)	Į			
_	Foundation Expenses	14,056		14,056	
a b	Community Functions	10,897		10,897	
C	College Events	1,792		1,792	
d	Foreign Taxes	131		131	
-	All other expenses	11		11	
25	· ·	402,072	293,917	108,155	
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				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 3,747 Cash-non-interest bearing 613,335 636,333 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 4,683,549 4,656,929 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 5,296,927 5,297,009 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 37,952 17 Accounts payable and accrued expenses 17 18 18 Grants payable 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, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 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 37,952 0 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Fund Balances complete lines 27 through 29, and lines 33 and 34. 854,773 771,217 27 Unrestricted net assets 992,890 1,069,480 28 28 Temporarily restricted net assets 3,456,312 3,411,312 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ō complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 5,297,009 5,258,975 33

Form 990 (2012)

5,297,009

5,296,927

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

#### SCHEDULE A (Form 990 or 990-EZ)

**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. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Galveston College Foundation

Employer identification number 76-0512266

P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ructior	าร.			
The	orga	nization is not	a private foundation becaus	e it is. (For lines 1 through 11, o	check only	one box	)							
1		A church, coi	nvention of churches, or ass	ociation of churches described i	ın <b>sectio</b> ı	170(b)(1	)(A)(i).							
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(	iii).							
4		A medical res	search organization operated	d in conjunction with a hospital o	described	in sectio	n 170(b	)(1)(A)(i	ii). Ente	er the ho	ospital's	s name	) <b>,</b>	
	_	city, and state	e.											
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in				
		section 170(	b)(1)(A)(iv). (Complete Part	II)	-									
6				overnmental unit described in s	ection 17	'0(b)(1)(A	)(v).							
7	X			substantial part of its support fro				rom the	genera	olduq lı	;			
	ш	_	section 170(b)(1)(A)(vi). (Co		•				•	•				
8				70(b)(1)(A)(vi). (Complete Part	: II.)									
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its													
		•		nd unrelated business taxable in	-	-	•							
			~	0, 1975. See <b>section 509(a)(2)</b> .	•									
10		-	=	exclusively to test for public safe										
11	Ħ	An organizati	on organized and operated of	exclusively for the benefit of, to	perform t	he functio	ns of, or	to carry	out the	Э				
	_	purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	) See	section	)			
		509(a)(3). Ch	eck the box that describes the	he type of supporting organizati	on and co	mplete lii	nes 11e	through	11h					
		a Type	b Type II	c Type III-Functions	ally integr	ated	d	Тур	e III–No	n-funct	ionally	ıntegra	ted	
е		By checking	this box, I certify that the org	anization is not controlled direct	tly or indii	ectly by c	ne or m	 ore disq	ualified	person	ıs			
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
			check this box											
g		Since Augus	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ie							_
_		following per	rsons?											
		(i) A persor	n who directly or indirectly co	entrols, either alone or together	with perso	ons descr	ibed in (	ii) and					Yes	No
		(iiı) belov	w, the governing body of the	supported organization?								11g(i)		
		(ii) A family	member of a person describ	ped in (i) above?								11g(ii)		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?								11g(iii)		
h		Provide the	following information about t	he supported organization(s).					,					
		e of supported	(ii) EiN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii)	Amount o		ary
	or	ganization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nzation in of your	organızat (i) organı	zed in the		supp	ort	
				(see instructions))	governing	-	sup	oort?	Ü	S ?				
					Yes	No	Yes	No	Yes	No				
(A)														
					ļ									
(B)														
					<u> </u>									
(C)														
(D)														
					<del> </del> -	<del>                                     </del>			-					
(E)														
					<del> </del>	<del> </del>			ļ					
<b>.</b>	_1		,											
Tot	aı		t :	l .	t	t	r i	r	t :	t I	I			

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

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received (Do not 124,089 297,527 197,869 include any "unusual grants") 142,131 282,758 1,044,374 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 36,253 36,253 72,506 Total. Add lines 1 through 3 160,342 333,780 197,869 142,131 282,758 1,116,880 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,116,880 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 160,342 333,780 197,869 142,131 282,758 1,116,880 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 113,002 173,765 165,871 173,176 785,406 159,592 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 1,902,286 12 Gross receipts from related activities, etc. (see instructions) 12 74 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 58.71% 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 60.09% 33 1/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,

10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

Schedule A (Form 990 or 990-EZ) 2012

organization

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					,	
8	Public support (Subtract line 7c from line 6.)	,					]
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	<u> </u>	11			.4
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	` '		1			,,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	*	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	1(c)(3)	<b>.</b>
Sec	tion C. Computation of Public Su		tage				<u> </u>
15	Public support percentage for 2012 (line 8			nn (f))		15	%
16	Public support percentage from 2011 Scho		•			16	%
Sec	tion D. Computation of Investme					-	
17	Investment income percentage for 2012 (li			3, column (f))		17	%
18	Investment income percentage from 2011					18_	%
19a	33 1/3% support tests—2012. If the orga						
L	17 is not more than 33 1/3%, check this be						▶ _
b	33 1/3% support tests—2011. If the orga line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did						

Page 4

Schedule A (Form 990 or 990-EZ) 2012 Galveston College Foundation 76-0512266

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No 1545-0047 **2012** 

Open to Public

Employer identification number Name of the organization 76-0512266 Galveston College Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements b 2c C Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(7) (8) (9) (10)(11)

DAA

Total.	(Column (b) must equal Form 990, Part X, col	(B) line 25	)	_					
2. FIN	48 (ASC 740) Footnote In Part XIII, provide th	e text of the	e footnote to	the org	janization's fina	ancial s	tatements t	hat reports t	the organization's
liability	for uncertain tax positions under FIN 48 (ASC	740) Chec	k here if the	text of	the footnote ha	s been	provided in	Part XIII	

Part XIII

Sche	dule D (Form 990) 2012 Galveston College Foundation	76-051226		Page 4
Pa	rt'XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	440,106
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a -20,315	•	
b	Donated services and use of facilities	2b		
C	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIII )	2d		
0	Add lines 2a through 2d		2e	-20,315
3	Subtract line 2e from line 1		3	460,421
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	,	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	460,421
Pa	rt XII' Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per f	<u> ₹etu</u>	
1	Total expenses and losses per audited financial statements		1	402,072
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		,	
а	Donated services and use of facilities	2a	I	
b	Pnor year adjustments	2b	Į,	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	402,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ļ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	402.072

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

**Supplemental Information** 

76-0512266

Page 5

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Galveston College Foundation

General Information on Grants and Assistance

Part

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

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

Open to Public OMB No 1545-0047 Inspection 2012

**Employer identification number** 76-0512266 ŝ

×

Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Dart IV line 21 for any excipient that received more than \$5,000 Bart II can be duplicated if additional enemy is needed. Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	received more	than \$5,0(	00. Part II can be	duplicated if additi	onal space is n	eeded.	
1 (a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) Student Scholarships							
4015 Avenue Q							
Galveston TX 77550			239,300				
(2) Student Book Awards							
4015 Avenue Q							
Galveston TX 77550			9,943				
(3) Pass Through Donations							
4015 Avenue Q							
Galveston TX 77550			44,674				
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
		].					

Enter total number of other organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2012)

Schedule I (Fo	Schedule   (Form 990) (2012) Galveston College Foundation	llege Foundati		76-0512266		Page 2
Part III	Grants and Other Assistance to Individuals in the U	Individuals in the U	nited States. Comp	olete if the organization	nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	nal space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1						
2						
3						
4						
2						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	plete this part to provi	ide the information I	required in Part I, line	2, Part III, column (b), and	l any other additional

6179 02/24/2014 5 39 PM

SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Galveston College Foundation

Employer identification number 76-0512266

P	irt I Types of Property			· •		,	
		(a)	(b)	(c) Noncash contribution	(d)		
		Check if	Number of contributions or	amounts reported on	Method of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amoun	ts	
1	Art—Works of art				<u>.</u>		
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles				<del></del>		
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded				*****		
10	Securities—Closely held stock						
11	Securities—Partnership, LLC,						
	or trust interests		<del>-</del>				
12	Securities—Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
	structures						
14	Qualified conservation						
4-	contribution—Other	<u> </u>					
15	Real estate—Residential						
16 47	Real estate—Commercial						
17 10	Real estate—Other Collectibles		<u> </u>				
18 19	Food inventory		<u>                                     </u>				
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts				··· <del>-</del> .		
25	Other > (Office Space	) X	1	43,724			
26	Other ▶(	<u> </u>					
27	Other ▶(	í – – –					
28	Other ▶(	) — —					
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for			
	which the organization completed F	Form 8283,	Part IV, Donee Acknowle	edgement	29		
					_	Yes	No
30a	During the year, did the organization	n receive b	y contribution any propei	ty reported in Part I, lines 1	I–28 that		
	it must hold for at least three years	from the da	ate of the initial contributi	on, and which is not require	ed to be	-	
	used for exempt purposes for the e	ntire holdın	g period?			30a	x_
b	If "Yes," describe the arrangement	ın Part II					
31	Does the organization have a gift a	cceptance (	policy that requires the re	eview of any non-standard		1	
	contributions?					31	X
32a	Does the organization hire or use the	nird parties	or related organizations	to solicit, process, or sell ne	oncash		
	contributions?					32a	X
b	If "Yes," describe in Part II						
33	If the organization did not report an	amount in	column (c) for a type of p	property for which column (	a) is checked,	I	
	describe in Part II					L	<u></u>

Schedule M (Form 990) (2012)

Page 2

Part II

Galveston College Foundation 76-0512266
Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Galveston College Foundation

Employer identification number 76-0512266

Form 990, Part III, Line 4d - All Other Accomplishment To generate support for Galveston College.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Review of Form 990 upon signing of return.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available on the website.



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**GC Alumni** 

**GC Foundation** 

**GC Made Accessible** 

Universal Access

Guldelines

**Board of Directors** 

Universal Access

Scholarships

Contact Us

Home > Development and Foundation > GC Foundation > Board of Directors

#### GALVESTON COLLEGE FOUNDATION BOARD OF **DIRECTORS**

Mr. Roland Bassett, Chairman Rabbi Jimmy Kessler, Vice Chairman Mrs. Sherri Black, Secretary Mr. Eddie Johnson, Treasurer

Mr. Garrik Addison

Rabbi Jimmy Kessler

Mr. Roland Bassett

Mr. Rusty Legg

Ms. Janet Bertolino

Mr. Robert Lynch

Mrs. Sherry Black

Mr. Scott Mixon

Mr. Mark Capel

Mr. Nell Nathan, CLU

Mrs. Jan Coggeshall

Mr. Theron "Bujo" Waddell

Mr. Sid Farmer

Mr. Beau Yarbrough

Mrs. Karen Flowers

Mr. John Zendt

Mr. David Gomez

Dr. Myles Shelton, Ex-Officio

Mr. Keith Gray

Joe Huff, Ex-Officio

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Mr. George Black, Ex-Officio

Mr. Michael Hughes, J.D.

Mr. Armin Cantini, Ex-Officio

Mr. Eddie Johnson

Dr. Gaynelle Hayes, Ex-Officio

#### **FOUNDATION BOARD OF DIRECTORS** 1996-Current

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\*Robert Lynch Allan Matthews

\*Roland Bassett \*Janet Bertolino

Kathryn Mixon

Fred Black

\*Scott Mixon

\*Sherry Black Susan Broll

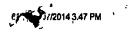
Richard Moore Rosalinda Morales

Ondy Erviri-Cagle

David Murphy

\*Mark Capel

\*Neli Nathan



## Application for Extension of Time To File an Exempt Organization Return

Department of the Internel Revenue		▶ File	a separate	application for each return.				
• If you are	filing for an Au	tomatic 3-Month Extension, comple	ete only Pa	t I and check this box				<b>&gt;</b> X
		ditional (Not Automatic) 3-Month E						
Do not comp	lete Part II un	ess you have already been granted a	n automatic	3-month extension on a previ	ously filed Fo	m 88	168.	
Electronic fil	ing (e-file). Yo	u can electronically file Form 8868 if y	rou need a 3	⊢month automatic extension c	of time to file	/6 ma	nthe for	
		Form 990-T), or an additional (not au				•		
•	•	of time to file any of the forms listed	•			•		
<del>-</del>		ited With Certain Personal Benefit Co		· · · · · · · · · · · · · · · · · · ·			511	
		s on the electronic filing of this form,	-	·	•	•	rofits.	
		c 3-Month Extension of Time						
		Form 990-T and requesting an autom		•				
Part I only	•				•			▶□
*		ing 1120-C filers), partnerships, REMI				nsion	of time	<u> </u>
to file income	•	,, , , , ,	•		•			
				E	nter filer's id	entify	ing number, s	ee instructions
Туре ог	Name of exe	mpt organization or other filer, see ins	tructions.				ation number (	
print							•	
Galveston College Foundation 76-0512266								
File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
due date for 4015 Avenue Q								
ling your city, town or post office, state, and ZIP code. For a foreign address, see instructions.								
astructions. Galveston TX 77550								
E-1# B-1-								01
Enter the Retu	m code for the	return that this application is for (file a	a separate a	pplication for each return)		••••	*******	
Application			Return	Application				Return
ls For			Code	ls For				Code
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)				07
Form 990-BL 02 Form 1041-A							08	
							09	
							10	
Form 990-T	(sec. 401(a) or	408(a) trust)	05	Form 6069				11
Form 990-T	(trust other tha	n above)	06	Form 8870				12
		JOE HUFF						
		4015 AVE Q						
<ul> <li>The books a</li> </ul>	re in the care of I	► GALVESTON			· · · · · · · · · · · · · · · · · · ·		TX 77	7550
Telephone	No. ▶ 409	944-1302	FAX No	, <b>&gt;</b> ,				
•		ot have an office or place of business		d States, check this box			• • • • • • • • • • • • • • • • • • • •	▶ 📙
		m, enter the organization's four digit G			If this	is		
for the whole g			the group, o	heck this box	and attach			
		s of all members the extension is for.						
		3-month (6 months for a corporation re						
until 04	1/15/14	, to file the exempt organization return	n for the org	anization named above. The	extension is			
	ganization's re							
►⊔ •	alendar year _	or						
. =		00/01/00						
		ing $09/01/12$ , and ending $0$		·— —				
	•	i line 1 is for less than 12 months, che	eck reason:	Initial return Fin	al return			
	ange in accour							
		Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, ente	r the tentative tax, less any			_	
		See instructions.				3a	\$	
		Form 990-PF, 990-T, 4720, or 6069, e	-				_	
		made. Include any prior year overpay	<del></del>	<del></del>		3b	\$	
		line 3b from line 3a. Include your payr		s form, if required, by using				
EFTPS (I	Electronic Fede	eral Tax Payment System). See instru	ctions.			3c	\$	