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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)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	ne 2013 calen	dar year, or tax year begin	ning	, 201	3, and ending	g			•
В	Check it	f applicable	С	·				D Employ	er Ident	ification Number
	Ad	ldress change	Greater Texas Fo	undation				74-	2158	821
	∏ _{Na}	ime change	6100 Foundation	Place Drive				E Telepho		
	\vdash	tial return	Bryan, TX 77807					979	-779	-6100
	\vdash	rminated					F	213		0100
	H						1,	c		\$ 42 177 004
	\vdash	nended return	F Name and address of automate	letters Des Ber	-la-sa-sa- El Da		H(a) Is this a	G Gross r		
	∐ Ap	plication pending		onicer Dr. Au	brey W. Ro	JUCE		-		
			Same As C Above			[H(b) Are all so If 'No,' at	ubordinates Itach a list	s include (see ins	d ² Yes No
<u>L</u>	Tax-e	exempt status	X 501(c)(3) 501(c) ()◀ (insert no) 4947(a)(1) (or 527				
J	Web	osite: ► ww	<u>w.greatertexasfo</u> u	undation.org	I	!	H(c) Group ex	emption ni	umber 🏲	•
K	Form	of organization	X Corporation Trust	Association Othe	er ► L	Year of formation	on 1973	M s	State of I	egal domicile TX
Pa	rt I	Summar	γ							
	1	Briefly descri	be the organization's missi	on or most signific	cant activities (GREATER T	TEXAS F	OUNDA	TION	SUPPORTS
en.			TO ENSURE ALL TEX							
Governance			LETE POST-SECONDA							
Ē			I, SHARING KNOWLEI			_				
Š	2	Check this bo	ox F If the organization	n discontinued its	operations or dis	posed of mo	re than 25	% of its	net as	sets
			oting members of the gover						3	10
တ			dependent voting members						4	10
<u>:</u>			r of individuals employed in	•	13 (Part V, line 2	?a)			5	14
Activities &			r of volunteers (estimate if						6	1
¥			ed business revenue from f		• • •				7 a	0.
	b	Net unrelated	d business taxable income	from Form 990-1,	line 34	I R	FUE	VED	7b	
		0 1 1 1		413		8	Pri	or Year		Current Year
<u>•</u>			and grants (Part VIII, line	•		131 0	AT	<u>-1-0-0-€</u>	၂၇	
en en	1	_	vice revenue (Part VIII, line	٠,	7-15		7 . 20,	2021 , 3		3,075,376.
Revenue			ncome (Part VIII, column (A	• • • • • • • • • • • • • • • • • • • •	•		9,	119,1		16,018,851.
-	1		ie (Part VIII, column (A), lir			120G	DEM	0(4 8)70	18	10 004 007
			e – add lines 8 through 11			IIII IZZ	The Park	84074	1/8#	19,094,227.
			imilar amounts paid (Part I				1,	070; 6	85:	3,538,192.
			I to or for members (Part I)				<u> </u>			
ø			er compensation, employee			es 5·10)	1,	140,1	.93.	1,154,595.
nse	16a	Professional	fundraising fees (Part IX, o	column (A), line 11	le)					
Expenses	ь	Total fundrais	sing expenses (Part IX, col	umn (D), line 25)	>					
ũ	l		ses (Part IX, column (A), lii				2	622,7	781	2,485,321.
	l		es Add lines 13-17 (must					833,6		7,178,108.
	l	•	s expenses Subtract line 1		(. 1,), 2.0,			006,8		11,916,119.
8 8			- CAPONOCO CUDUCCE IIIC I	- A GIT III G 12			Beginning			End of Year
Assets or	20	Total assets	(Part X, line 16)					252, 7		334,502,431.
¥ a	21		es (Part X, line 26)					316, 9		99, 287, 802.
Page 1	l			01 fram line 00						
_			r fund balances Subtract li	ne 21 from line 20			207,	935,7	/4.	235,214,629.
	<u>rt II</u>	Signatur								
Unde	er penali olete De	ties of perjury, I declaration of person	artere that I have examined this retu arer (other than officer) is based on	irn, including accompany	ying schedules and sta preparer has any know	tements, and to ti	he best of my	knowledge	and bel	ief, it is true, correct, and
		1						<u> </u>	100	20111
٠.		Similar	ure of officer	> 19 m			Date	<u>U-</u>	17.	. 2019
Sig	jn		•							·
He	re	Dr.	Aubrey W. Rosser				Presi	dent		
			<u>'. </u>	Т		15				DTIN
			preparer's name	Preparer's signature	Debra C. Cook	Date		Check	_ ıf	PTIN
Pa			C. Cook		~uvie (. cook	10/9/14	<u> </u>	elf-employ	ed	P00031689
Pre	epare	Firm's name	, , , , , , , , , , , , , , , , , , , 							
Us	e On	Iy Firm's addr					F	ırm's EIN	► 13	5565207
			OKLAHOMA CI	TY, OK 73102	2		F	Phone no	405	-239-6411
May	the I	RS discuss th	nis return with the preparer	shown above? (se	ee instructions)					X Yes No
BA	A For	Paperwork F	Reduction Act Notice, see t	he separate instru	uctions.	TEE	A0113L 11/0	8/13		Form 990 (2013)

`Forn	1 990 (2013)	Greater Texas F	oundation		_	74-2	15882	21	Р	age 2
Pa		tement of Program S	•							
_		ck if Schedule O contains		ny line in this P	art III			_		Х
1	GREATER FOR, HA	ribe the organization's mis TEXAS FOUNDATIO VE ACCESS TO, PE SHIPS, SUPPORTIN	N_SUPPORTS_EFFO	OMPLETE PO	OST-SECOND	ARY EDUCATION	BY I			. <u>D</u>
2	Form 990 o	nization undertake any signi r 990-EZ? scribe these new services	, -	luring the year wh	nich were not list	ed on the prior		Yes	X	No
3	Did the org	anization cease conducting scribe these changes on S	g, or make significant cl	hanges in how i	t conducts, any	program services?		Yes	X	No
4	Describe th Section 501	e organization's program s c)(3) and 501(c)(4) organiza total expenses, and reven	service accomplishment ations and section 4947(a	is for each of its)(1) trusts are reg gram service rep	three largest p quired to report t ported	rogram services, as he amount of grants a	measur nd alloca	ed by e ations t	expen o	ses
4 8	(Code) (Expenses \$	3,604,810. inclu	uding grants of	\$ 3,538	,192.) (Revenue	\$)
	See_Sch	egnie O	-							
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41	PARTICI			ON SUPPOR' DUCATION LO OF DECEM	IS THE FINDAN PROGRA BER 31, 20	M AS A DOWNST	CATION REAM	HOLI LY	Z DER	OF
				-			. – – – . – – –			
	c (Code) (Expenses \$	ınclı	uding grants of	\$) (Revenue	·			
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		-						- 		
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4		ram services (Describe in			-					
4	(Expenses e Total progr	\$ ram service expenses ►	including grants of 4,697,010) (1	Revenue \$)	

Form 990 (2013) Greater Texas Foundation Part IV | Checklist of Required Schedules

			162	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> 'Yes,' complete Schedule C, Part II	4		Х
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		х
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	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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 IV	9		Х
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, VIII, IX , or X as applicable	ź	,	
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
c	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	11 c	Х	
c	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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 Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20 8	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) Greater Texas Foundation

Part IV | Checklist of Required Schedules (continued)

		, 		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	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		Х
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
t	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		Х
	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 so, complete Schedule L, Part II	26		X
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		х
28	instructions for applicable filing thresholds, conditions, and exceptions)	`		
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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	32		Х
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? <i>If 'Yes,' complete Schedule R, Part l</i>	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	_37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
ВАА		Form	990 (2013)

	1930 (2013) Gleater lexas Foundation	74-2158821		Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
_		_		Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	22			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportab (gambling) winnings to prize winners?	le gaming	1 c	X	
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return 2a	14			
ı	olf at least one is reported on line 2a, did the organization file all required federal employment tax re	<u> </u>	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	Х	
	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	L	3Ь	Х	
4:	a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial	rity over, a I account)?	4 a	х	
ı	olf 'Yes,' enter the name of the foreign country Cayman Is, British VI				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financia				
	${f a}$ Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction?	5 b		Х
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible as charitable contributions?	the organization	6 a		Х
ı	old 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gifts were			
7	Organizations that may receive deductible contributions under section 170(c).	-	6ь		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for				
٠	solution organization receive a payment in excess of \$75 made parity as a contribution and parity it services provided to the payor?	r goods and	7 a		X
ŧ	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	uired to file			
	Form 82827		7 c		<u>X</u>
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	_	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form & as required?	399	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	ization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have ex	anizations. Did the			
	holdings at any time during the year?	cess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
á	a Did the organization make any taxable distributions under section 4966?		9a		
ı	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12		ŀ		
ı	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		1	- 1	
	a Gross income from members or shareholders 11a			l	
ı	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
ı	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
á	Is the organization licensed to issue qualified health plans in more than one state?	Ţ-	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	Γ			
ı	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				
	Did the organization receive any payments for indoor tanning services during the tax year?	L_	14a		X
	of type I has it filed a Form 720 to report these payments? If 'No I provide an explanation in School	10 O	144	\neg	

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

Sec	tion A. Governing Body and Management					
_		1 1	ı		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1 a	10			
ь	Enter the number of voting members included in line 1a, above, who are independent	1 ь	10			
2			10			
_	officer, director, trustee or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	he direct supervision		3		х
4	Did the organization make any significant changes to its governing documents					
	since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	ition's assets?		5		X
6	Did the organization have members or stockholders?			6		Х
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	appoint one or more		7 a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?	embers,		7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following	during the year by				
	The governing body?			8 a	X	
	Each committee with authority to act on behalf of the governing body?			8 b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			9		х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not rec	quired by the Inter	nal Re	venu		
	Dellie and the last term of the last ter				Yes	No
	Did the organization have local chapters, branches, or affiliates?			10 a		<u> </u>
	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?		r	10Ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 99	⁰ See Schedul	.e 0			
	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 to conflicts?	•		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' Schedule O how this was done See Schedule O	Yes,' describe in		12 c	Х	
	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
	Did the process for determining compensation of the following persons include a review and approximately persons, comparability data, and contemporaneous substantiation of the deliberation and deliberation and deliberation are deliberation.					
	The organization's CEO, Executive Director, or top management official			15 a	X	ļ
b	Other officers of key employees of the organization See Schedule O			15 b	<u> X</u>	
	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 simila taxable entity during the year?	r arrangement with a		16a		Х
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalue participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?			16 b		
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, a inspection. Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s	only) av	aılabl	e for	public
	Own website Another's website X Upon request Oth	ner <i>(explain in Schedule</i>	e O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year See Schedule O	, ,,		ble to		
	State the name, physical address, and telephone number of the person who possesses the books a	•	nization			
BAA	Amber Bass 6100 Foundation Place Drive Bryan TX 77807 97	9-779-6100		Eorm	990 /	2013)

			Foundation				74-215		Page 7
Part VIII Com Inde	pensation of pendent Con	Office tractor	rs, Directors, 's	Trustees, k	Key Employees	s, Highest	Compensated	Employe	es, and
Check	if Schedule O c	contains	a response or no	te to any line	in this Part VII				

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

- 1 a 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

				(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less p d a d	erso recto	k more t n is bot or/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(1) Dr. J Malon Southerland	4.01									
President	1	X		X				32,000.	0.	0.
(2) Dr. Samuel Gillespie	7.5	ļ								
Vice President	1	Х		Х				28,000.	0.	0.
(3) Mrs. Judy N. Holt	3.13	v		v				40 722		^
Secretary (4) Mr. A.D. James, Jr.	5.19	X		Х			\dashv	48,732.	0.	0.
Director	13.15	х						0.	0.	0
(5) Dr. Terry Jones	2.25	_^					\dashv		0.	0.
Director	1 1	х						24,000.	0.	0.
(6) Dr. John Moss	6.92									
Director	1-1-	х						28,000.	0.1	0.
(7) Dr. Alonzo Sosa	4.7									
Director	1	X						28,000.	0.	0.
(8) Dr. Wesley K. Summers	1.64									
Director	1	Х						25,667.	0.	0.
_(9) Mr. Bill Youngkin	1.91									
Director	1	Х					\Box	24,000.	0.	0.
(10) Mr. Ralph Rushing	4.35				i				_	
Director	1	Х						28,000.	<u> </u>	0.
(11) Dr. Aubrey W. Rosser	_40_	ļ t								
Executive Dir.	1		\vdash	Х			-	255,000.	0.	34,824.
(12)	 	}								
(13)										
(14)										

Part VII Section A. Officers, Directors, Trus	— ·	∧ey □	En			es,	and	Hignest Con	ipensated Em	ployees (continued)
	(B)			((Po:	-) sition			(5)	(E)	
(A) Name and title	Average hours	box	, unte	check ess pe	more	than is bot	h an	(D) Reportable	(E) Reportable	(F) Estimated
- Same and this	per week		-			or/trus		compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other
	(list any hours for related organiza	individual trustee or director	nstitutional trustee	Officer	key employee	mpie in	1	(W-2/1099 MISC)	(W-2/1099-MISC)	organization
	related organiza	<u>දි</u>	힔	딱	풽	yee st co	욕			and related organizations
	below	trust	훋		yee	a	1			
	dotted line)	8	stee			Highest compensated employee				
(IE)		_				Ľ	_			
<u>(15)</u>		ł								
(16)							<u> </u>			-
(17)		ļ								
(18)						-				
		1								
(19)										
100)		ļ			<u> </u>		_			
(20)	- - -	ł								
(21)	 									
(22)		-								
(23)				-	-	\vdash	-			<u> </u>
<u></u>		1								
(24)										
(25)		<u> </u>		<u> </u>			<u> </u>			
(25)		ł								
1 b Sub-total		Ь.	L		I	L	>	521,399.	0	. 34,824.
c Total from continuation sheets to Part VII, Section	n A						•	0.	0	. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to	n those I	ıctod	- aha		who	*000	vod.	521,399.	0	., -,,
from the organization 1	o alose i	isteu	abu	ve)	WIIO	recei	iveu	more man \$100,00	o or reportable cor	riperisation
		•								Yes No
3 Did the organization list any former officer, directo	r, or tru	stee,	key	y en	nplo	yee,	or h	nighest compensa	ted employee	
on line 1a ⁵ If 'Yes,' complete Schedule J for such										3 X
4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater	eportab than \$1	ie co 50,0	mpe 00?	ensa If 'Y	ition Yes'	and com	otn plet	er compensation in the Schedule J for	from	
such individual										4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	isatio te So	n tr ched	om dule	any J fo	unre or suc	elate ch p	ed organization or e <i>rson</i>	individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization. Report compensation. 	atea ina ation for	epen the c	den alen	t co idar	ntra year	ctors endi	tna ing v	nt received more t with or within the oi	nan \$100,000 of ganization's tax ye	ear.
(A) Name and business addre	ss						_	(B) Description	of services	(C) Compensation
Prodigy Asset Mgmt, LLC 14100 Crawford St Bo	ys Town	n, N	E 6	801	.0-7	520		Investment Ma	nager	426,206.
2 Total number of independent contractors (including but	t not lim	ited t	o the	ose	liste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization	1								ł	

			Texas Four	ndation			74-2158821	Page 9
Pa	<u>t VI</u>	III Statement of Re						
		Check if Schedule O	contains a res	ponse or note to an	y line in this Part V	IIL		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
₹ 5	1 a	Federated campaigns	1 a					
Z S	b	Membership dues	1 b					
S, S	С	: Fundraising events	1 c	 				
들꽃	d	Related organizations	1 d	 				
S S	е	Government grants (contribute	ions) 1 e					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	f	All other contributions, gifts, similar amounts not included	grants, and above 1 f					
E S	g	Noncash contributions include	d in lines 1a-1f 💲					
<u>8 ₹</u>	h	Total. Add lines 1a-1f		, <u>•</u>				
3		a		Business Code				
Ę	∠a b	<u>Student Loans</u>		523000	3,075,376.	3,075,376.		
ä		`						
₹	ا د	í						
SS ¥	۵	`						-
₹.	f	All other program servi	ce revenue					
ğ	a	Total. Add lines 2a-2f		•	3,075,376.			
	3	Investment income (inc	:ludina dividena	ds. interest and	3,073,370.	· · · · · · · · · · · · · · · · · · ·		
		other similar amounts)	g	>	4,752,343.			4,752,343.
	4	Income from investmen	nt of tax-exemp	t bond proceeds				
	5	Royalties		-				
	_		(i) Real	(II) Personal	_			
		Gross rents			_			
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (le	(i) Securities	(II) Other				
	7 a	Gross amount from sales of assets other than inventory	ļ <u>.</u>	2. 6, 940, 653.				
	b	Less cost or other basis and sales expenses.	23082777	7.				
	c	: Gain or (loss)	4,325,855	6. 6,940,653.				
	d	Net gain or (loss)		•	11,266,508.	4,325,855.	· · · · · · · · · · · · · · · · · · ·	6,940,653.
OTHER REVENUE	8 a	Gross income from fun (not including \$	J	-				
2		See Part IV, line 18		а				
뿔	b	Less direct expenses		ь	1			
0	c	: Net income or (loss) from	om fundraising	events				1
	9 a	Gross income from gar See Part IV, line 19	ming activities	a				
		Less direct expenses		ь	1			1
	С	: Net income or (loss) fro	om gaming act	ivities >				
	10 a	Gross sales of inventor and allowances	y, less returns	a				
	b	Less cost of goods sol	d	ь	1			!
	c	: Net income or (loss) from	om sales of inv	entory				1
		Miscellaneous Reven	nue	Business Code				
	11 a	·						
	b		- 					
	c							
	d	All other revenue			}			

e Total. Add lines 11a-11d

12 Total revenue. See instructions

7,401,231

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 3,538,192 3,538,192 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 555,826. 0. 555,826 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 O 0 0. Other salaries and wages 442.184 442,184. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 41,981 41,981 Other employee benefits 70,449 70,449 10 Payroll taxes 44,155. 44,155 11 Fees for services (non-employees) a Management **b** Legal 26,000 26,000 c Accounting 103,572 103,572. d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 426,206. 426,206 g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 672,394 601,011 71,383 Advertising and promotion 13 Office expenses 104,117 104,117 14 Information technology 17,450. 17,450. 15 Royalties 16 Occupancy 66,945. 66,945. 17 Travel 141,782. 141,782. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10,095 10,095 20 Interest 535,841. 413,788 122,053. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 218,298. 25,773. 192,525. 23 37,265. 37,265. 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) 24 a Provision for loan loss 98,252 98,252 b Trustee fee <u> 20,000</u> 20,000 c Public Relations 5,299 5,299 d State Taxes 1,805 1,805 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 7,178,108 4,697,016 2,481,092 0. 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments 7,685,146 2 13,156,503. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 2,000,000. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 136,064 9 110,114. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 8,778,864 **b** Less accumulated depreciation 10b 8,279,966. 498,898 8,447,311 10 c 11 Investments - publicly traded securities 124,949,185 11 131,915,470. 12 Investments - other securities See Part IV, line 11 71,173,405 12 81,414,219. 13 Investments - program-related See Part IV, line 11 113,861,646 13 97,626,158. 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 326, 252, 758 334,502,431. 17 Accounts payable and accrued expenses 414,266 17 382,369. 18 Grants payable 18 7,335,353 7,346,710. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 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 110,567,365 23 91,558,723. 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 25 Total liabilities. Add lines 17 through 25 118,316,984 26 99,287,802. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 207.935.774 27 235, 214, 629 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32

ВАА

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

235,214,629.

33

34

207, 935, 774

326, 252, 758

_		/4-21588	21	Pa	age 12
Pai	t 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	19,0	94,2	227.
2	Total expenses (must equal Part IX, column (A), line 25)	2		78,1	
3	Revenue less expenses Subtract line 2 from line 1	3	11,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,9		
5	Net unrealized gains (losses) on investments	5	15,3		
6	Donated services and use of facilities	6			
7	Investment expenses	7		1	160.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) See 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, column (B))	10	235,2	14,6	 529.
Pa	t XII Financial Statements and Reporting				
	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		_ :		1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	iewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	Were the organization's financial statements audited by an independent accountant?		2 b	Х	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis X Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3 a	Х	
ı	olf '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		3 b	Х	
BAA	L		Form	990 ((2013)

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.

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

OMB No 1545 0047

Open to Public

Name of the organization Employer identification number Greater Texas Foundation 74-2158821 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** | Type II c | Type III - Functionally integrated **d** Type III — Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) listed i your governing document? (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) organized in the (vii) Amount of monetary support Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

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.)

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')					-		-
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10				;			
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12	
	First five years. If the Form 990 is organization, check this box and	stop here		urd, fourth, or fifth	tax year as a section	on 501(c)(3)		▶ 🗌
	tion C. Computation of Pu							
	Public support percentage for 20	• •	**	ne 11, column (f))		14	<u>%</u>
	Public support percentage from 2		,			Į	15	<u>%</u>
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a rganization	and the line 14 is 3	33-1/3% or n	nore, ch	neck this box
t	33-1/3% support test — 2012. If the and stop here. The organization	the organization of qualifies as a pu	lid not check a bo blicly supported o	ox on line 13 or 10 organization	6a, and line 15 is	33-1/3% or	more, c	heck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Éxplain i	n Part l'	V how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	r e. Explain i ed organiza	n Part I tion	V how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and s	ee insti	ructions -
RΔΔ					9.0	andula A (Ec	vm 000	or 990-E7) 2013

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

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

Sac	tion A. Public Support	- Below, pieds	be complete rait	·· <i>,</i>	 -		
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(A Tatal
	Gifts, grants, contributions	(a) 2009	(B) 2010	(6) 2011	(a) 2012	(e) 2013	(f) Total
	and membership fees received (Do not include						
_	any 'unusual grants ')						0.
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose Gross receipts from activities	9,144,013.	8, <u>441,</u> 516.	7,441,688.	6,220,268.	5,138,463.	36,385,948.
3	that are not an unrelated trade or business under section 513						0.
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						0.
6	Total. Add lines 1 through 5	9 144 013	8,441,516.	7 //1 699	6,220,268.	5,138,463.	0. 36,385,948.
	Amounts included on lines 1,	9,144,013.	0,441,510.	7,441,000.	0,220,200.	3,130,403.	30,365,946.
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that					0.	
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)						36,385,948.
	tion B. Total Support	(-) 0000	4.2010	() 0011	45.0010		
	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Gross income from interest.	9,144,013.	8,441,516.	7,441,688.	6,220,268.	5,138,463.	36,385,948.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1 800 903	2 389 546	2 751 012	2 961 142	2 226 200	16,046,811.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	4,005,505.	2,300,340.	2,731,012.	2,001,142.	3,230,200.	
С	Add lines 10a and 10b	4.809.903.	2.388.546.	2.751.012.	2,861,142.	3,236,208.	0. 16,046,811.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				2,001,112.	372337233.	0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain In V Part IV)	10,880.	57,576.	94,623.	45,683.	129,509.	338,271.
13	Total Support. (Add Ins 9,10c, 11 and 12)	13964796.	10887638.	10287323.	9,127,093.		52,771,030.
14	First five years. If the Form 990 organization, check this box and	is for the organization					
Sec	tion C. Computation of Pu		ercentage				
15				ne 13, column (f)	1	15	68.95 %
16	Public support percentage from		•			16	72.37 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e		1,	12.57
17	Investment income percentage f				ımn (f))	17	30.41 %
18	Investment income percentage f	rom 2012 Schedu	ile A, Part III, line	17		18	26.97 %
19a	33-1/3% support tests – 2013. It is not more than 33-1/3%, check	f the organization this box and sto	did not check the p here. The orgar	e box on line 14, a nization qualifies a	and line 15 is mor as a publicly supp	e than 33-1/3%, a orted organization	and line 17
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	f the organization	did not check a b	ox on line 14 or I	ine 19a, and line	16 is more than 3	3-1/3%, and

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

Schedule A	(Form 990 or 990-EZ) 2013	<u>Grea</u> ter	Texas	<u>Foundation</u>	1	74-2158821	Page 4
Part IV	Supplemental Inform or 17b; and Part III, (See instructions).	nation. Providine 12. Also	de the ex complete	planations re this part for	equired by Part I any additional i	I, line 10; Part II, line 17a nformation.	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Gre	eater Texas Foundation			74-2158821
Par		or Advised Funds or Other Simi	lar Funds or Acc	
1	Complete if the organization ans	wered 'Yes' to Form 990, Part I\	/, line 6.	
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year	(a) Delies deviced lands	(4)	unds and other decounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		-	
	,			
5	Did the organization inform all donors and do are the organization's property, subject to the	organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writing that gi t of the donor or donor advisor, or for a	rant funds can be us ny other purpose co	ed only nferring Yes No
Par	t II Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990. Part I\	V. line 7.	
1	Purpose(s) of conservation easements held b			
-	Preservation of land for public use (e.g.,			ally important land area
	Protection of natural habitat	!	rvation of a certified	• •
	Preservation of open space			,
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution i	n the form of a conser	vation easement on the
_	last day of the tax year	Tield a qualified conservation contribution in	in the form of a conser	valion casement on the
			<u> </u>	Held at the End of the Tax Year
í	Total number of conservation easements		2 a	
ı	Total acreage restricted by conservation ease	ments	2 b	
(Number of conservation easements on a certi	fied historic structure included in (a)	2 c	
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on	n a historic 2 d	
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished, or termina	ated by the organization	on during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy reand enforcement of the conservation easeme	garding the periodic monitoring, inspec	tion, handling of viol	lations,
6	Staff and volunteer hours devoted to monitoring,		sements during the ye	
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easeme	ents during the year	
	▶ \$			
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requiremen	nts of section 170(h)	^{(4)(B)(I)}
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue ar to the organization's financial statemen	nd expense statement its that describes the	, and balance sheet, and organization's accounting for
Par	111 Organizations Maintaining Colle	ctions of Art, Historical Treasu	res, or Other Sin	nilar Assets.
	Complete if the organization ans	wered 'Yes' to Form 990, Part I\	V, line 8.	
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar assets hin Part XIII, the text of the footnote to its final	eld for public exhibition, education, or rese	arch in furtherance of	nt and balance sheet works of public service, provide,
I	o If the organization elected, as permitted under historical treasures, or other similar assets held f following amounts relating to these items	r SFAS 116 (ASC 958), to report in its i or public exhibition, education, or research	revenue statement a in furtherance of pub	nd balance sheet works of art, lic service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets 116 (ASC 958) relating to these items:	for financial gain, pro	vide the following
á	Revenues included in Form 990, Part VIII, line			►\$
	Assets included in Form 990. Part X			► ¢

Schedule D (Form 990) 2013 Great Part III Organizations Mainta	ter Texas	Foundation	orical Treasures, o	74-215 r Other Similar Ass		Page 2 <i>jed</i>)
3 Using the organization's acquisition						
items (check all that apply)	, ,			.		
a Public exhibition b Scholarly research		—	or exchange programs			
c Preservation for future gener	rations	e [Other				
4 Provide a description of the organiz		ons and explain how the	y further the organization'	s exempt purpose in		
Part XIII 5 During the year, did the organization	tion collect or a	roccure denotions of a	rt biotoriaal transiiraa r	or other complex seests		
to be sold to raise funds rather t	han to be mair	tained as part of the	rt, nistorical treasures, c organization's collection	or other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	l Arrangem amount on	ents. Complete if Form 990, Part X,	the organization an Iine 21.	swered 'Yes' to Fo	rm 990, Part	ĪV,
1a Is the organization an agent, trus	stee, custodiar	, or other intermedian	y for contributions or oth	ner assets not included		
on Form 990, Part X?	D 1.VIII				Yes	No
b If 'Yes,' explain the arrangement	in Part XIII ar	nd complete the follow	ing table		A	
c Beginning balance				1 c	Amount	
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				16		_
2 a Did the organization include an a	amount on For	n 990, Part X, line 21	7		Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII C	heck here if the expla	ntion has been provided	l ın Part XIII	<u> </u>	┪
Part V. Endowment Funds. C	omplete if t	he organization ar	nswered 'Yes' to Fo	rm 990, Part IV, Iır	ne 10.	
	(a) Current y	ear (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance						
b Contributions					-	
 c Net investment earnings, gains, and losses 						
d Grants or scholarships				=		
 Other expenditures for facilities and programs 						
f Administrative expenses		· -			1	_
g End of year balance						-
2 Provide the estimated percentag	e of the currer	t year end balance (lii	ne 1g, column (a)) held	as	•	.—
a Board designated or quasi-endown	nent ▶	%				
b Permanent endowment ▶	· 					
c Temporarily restricted endowmen						
The percentages in lines 2a, 2b,	and 2c should	equal 100%				
3 a Are there endowment funds not in	the possession	of the organization that	are held and administered	d for the	r	T
organization by					Yes	No
(ii) unrelated organizations (iii) related organizations					3a(i)	-
b If 'Yes' to 3a(ii), are the related	organizations I	isted as required on S	chedule D2		3a(ii) 3b	
4 Describe in Part XIII the intended	-	<u>-</u> '			30	<u></u>
Part VI Land, Buildings, and				1= 11		
Complete if the organ			m 990, Part IV, line	11a. See Form 99	0, Part X, Iır	ne 10.
Description of property		a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land			3,441,198.		3,441	,198.
b Buildings			4,853,862.	305,226.	4,548	
c Leasehold improvements						
d Equipment			93,282.	58,127.	35	,155.
e Other			390,522.	135,545.	254	,977.
Total. Add lines 1a through 1e (Colum	nn (d) must eq	ual Form 990, Part X,	column (B), line 10(c))		8,279	
BAA			· 	Sched	lule D (Form 990) 2013

Part VII Investments — Other Securities.	N/ 11 E 000	D-40/ L 11/ O- E - O	00 D LV L 10
Complete if the organization answered		i	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives	-		
(2) Closely-held equity interests			
(3) Other Limited Liab. Alternative Inv		End of Year Market Valu	
(A) Mutual Funds: Altern Investments	528,707.	End of Year Market Valu	e
(B)			
(C)			
(D) (E)			
(E)	-		
(F)			
(G)			
(H)			
(1)	01 414 010		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related.	81,414,219.		
Complete if the organization answered	'Yes' to Form 990	. Part IV. line 11c. See Form 9	90. Part X. line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	
(1) Student Loans	96,826,483.	End of Year Market Valu	e
(2) Provision for Loan Loss		End of Year Market Valu	
(3) Interest Accrued		End of Year Market Valu	
(4) Short-Term Interest Receivable		End of Year Market Valu	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	97,626,158.		
Part IX Other Assets. Complete if the organization answered	N/A 'Yes' to Form 990	Part IV line 11d See Form 9	90 Part X June 15
	scription	, r are rv, mile rra. Oce r omi 3	(b) Book value
(1)			(47.2.3.1.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			·-
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	3) line 15)		-
Part X Other Liabilities.	5,,		<u>. </u>
Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)		 	
(5) (6)	-	\dashv	
(7)		 	
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	•		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	-		· —
tay positions under FIN 48 (ASC 740). Check here if the text of the footnote	han boon projuded in Dart XII	1	

Schedule D (Form 990) 2013_ Greater Texas Foundation	74-2158821 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	•
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments 2a	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return, N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	, , , , , , , , , , , , , , , , , , , ,
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	<u>'</u>
a Donated services and use of facilities 2a	
b Prior year adjustments 2b	
c Other losses 2c	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 1, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pi	nd 2b, Part V, rovide any additional information
	
BAA	Schedule D (Form 990) 2013

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Greater Texas Foundation 74-2158821 Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ∐Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (a) Region (d) Activities conducted in (f) Total (e) If activity listed in region (by type) (e g , fundraising, program offices in the émployees, expenditures for (d) is a program region agents, and and investments service, describe independent services, investments, specific type of service(s) in region in region contractors grants to recipients in region located in the region) Central (1) America/Caribean Investments 30,432,770. (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total 30,432,770

c Totals (add lines 3a and 3b) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

b Total from continuation sheets to Part I

> 30,432,770. Schedule F (Form 990) 2013

74-2158821

Greater Texas Foundation Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ω								
(2)								
(3)								
(4)								
(5)								
(9)								
6								
(8)								
(6)								
(01)								
(11)								
(12)								
(13)								
(14)								
(315)								
(16)								
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

0 Schedule F (Form 990) 2013

O

3 Enter total number of other organizations or entities

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TEEA3502L 06/26/13

Page 3

Schedule F (Form 990) 2013 Greater Texas Foundation

74-2158821

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Part IV, line 16. Part III can be duplicated if additional space is needed.	n be duplicated if ad	ditional space	ıs needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
ВАА						Schedule F (Schedule F (Form 990) 2013

TEEA3503L 06/26/13

Sche	edule F (Form 990) 2013 Greater Texas Foundation	74-2158821	Page 4
Pa	rt¶V성 Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	XYes	No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of C Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	ertain Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To C. Foreign Corporations (see Instructions for Form 5471)	ertain X	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	alified XYes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	gn X	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

TEEA3505L 06/26/13

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Schedule F (Form 990) 2013 Greater Texas Foundation	74-2158821	Page 5
Provide the information Provide the information required by Part I, line 2 (monitoring of funds); (accounting method; amounts of investments vs expenditures per regio method); Part III (accounting method); and Part III, column (c) (estimate applicable. Also complete this part to provide any additional information.	Part I, line 3, column (f) n); Part II, line 1 (accounti ed number of recipients), a n (see instructions).	ing as
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TEEA3504L 06/26/13

Schedule F (Form 990) 2013

BAA

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public

Employer identification numbei 74-2158821

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Department of the Treasury Internal Revenue Service Name of the organization

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 criteria used to award the grants or assistance?

See Part IV

2

XYes

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
(1) Baylor University							Support Baylor
1 Bear Place, Unit 97301							Law
Waco, TX 76798	74-1159753 501 (c)	501 (c) (3)	10,000.	0			scholarships
(2) Communities Foundation of TX_							
5500 Caruth Haven Lane							Provide
Dallas, TX 75225	75-0964565 501(c)	501 (c) (3)	1,500,000.	0.			scholarships
(3) Grantmakers for Edu.							Support a
720 SW Washington Street							member
Portland, OR 97205	33-0919329 501 (c)	501 (c) (3)	36,750.	0.			organızatıon
(4) Lone Star College System							All have access
5000 Research Forest_Drive		State of					to tech
The Woodlands, TX 77381	74-1734884 Texas	Texas	300,000.	0.			assistance
(5) Rice University							
6100 Main Street MS-550							Support
Houston, TX 77005	74-1109620 501 (c)	501 (c) (3)	150,000.	0.			completion
(6) Texas_A&M AgriLife_Extension_					-		
400_Harvey_Mitchell_Pkwy_S300_		State of					Support the
College Station, TX 77845	74-6000537 Texas	Texas	10,000.	0.			facilitator
O Texas A&M Agrillife Research_							
400 Harvey Mitchell Pkwy S300		State of					Support the
College Station, TX 77845	74-6000541 Texas	Texas	29, 700.	0.			facilitator
(8) Texas A&M Foundation							
401 George Bush Drive							Support
College Station, TX 77840	74-2245072 501(c)	501 (c) (3)	38,200	1.0			scholarships

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Method of valuation (book, FMV, appraisal, other) __INCLUDE: _PERIODIC_REPORTING, PERIODIC_POST_GRANT_SITE_VISITS, EXTERNAL_EVALUATIONS. DEPENDING ON THE GRANT SIZE, THE FOUNDATION UTILIZES A RANGE OF APPROACHES. THESE € (d) Amount of non-cash assistance (c) Amount of cash grant __Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. Greater Texas Foundation (b) Number of recipients AND STAFF CONTACT WITH GRANTEES. (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III BAA 4 ß 9

Schedule 1 (Form 990) (2013)

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

student success student success (h) Purpose of grant or assistance Support Latino To support new ţ Foundation's Support need scholarships memberships engagements Research Research academic Research Research momentum Continuation Page Support Student Employer identification numbei Project center Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) based 74-2158821 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 300,000 90,000 1,210,000 94,700 90,000 87,009 125,000 10,000 (c) IRC section if applicable 76-6000531|State Univ 56-2358912 501 (c) (3) 74-6002248|501 (c) (3) 74-6002284 501 (c) (3) 84-0399006|501 (c) (3) 75-6046816|501 (c) (3) State of State of 74-6000203|Texas 74-6001399|Texas (b) EIN (a) Name and address of organization or government 400 Harvey Mitchell Pkwy S300 1304 San Antonio Street, 5201 _ TYler Junior College Foundati P.O. Box 7458, University Sta __Texas_Community_College_Edu._ Greater Texas Foundation __1_Dupont_Circle NW_____ _ The Aspen Insitute, Inc. _ College Station, TX 77843 __Texas_A&M_UniversitY_ _ Texas_State_University __601_University_Drive__ _ Texas_State_University 601 University Drive Univ_of Texas-Austin_ <u>University of Houston</u> San Marcos, TX 78666 Washington, DC 20036 San Marcos, TX 78666 Houston, TX 77004 4800 Calhoun Rd. Austin, TX 78713 Austin, TX 78701 _ PO_BOX_9020____ Tyler, TX 75711 Name of the organization

Schedule I Cont (Form 990) 2013

TEEA4001L 07/12/13

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Greater Texas Foundation

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

See separate instructions.

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

OMB No 1545 0047

Open to Public Inspection

Employer identification number 74-2158821

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 Greater Texas Foundation

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and /or 1099-MISC compensation	Compensation		(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(I)-(D)	reported as deferred in prior Form 990
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ВАА			TEEA4102L 07/08/13	13			Schedule J	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545 0047 2013

Open to Public Inspection

Employer identification number

Greater Texas Foundation	74-2158821
Form 990, Part III, Line 4a - Program Service Accomplishments	
GENERAL_STATEMENT_1	<i></i>
Part III, Line 4B: Program Service Accomplishment	_
Grants - Following is an overview of the Foundation's funding p	principles and selected
program_highlights_for_2013.	
	
* Post-Secondary Education (preparation, access, persistence and	nd completion)
Totaling \$2,862,609	·
*Math and Science for Postsecondary Readiness Totaling: \$1,000,	000
	-
*Support of Educational Scholarships through the Foundation's M	Matching Program
Totaling: \$43,200	
*Support of Membership Organizations Totaling: \$39,250	
*Other Totaling: \$152,500	-
	
	-
Net Present Value Adjustment & Adjustment for Prior Accrual (\$5	559, 367)
Form 990, Part VI, Line 11b - Form 990 Review Process	
THE ORGANIZATION PREPARES ITS OWN FORM 990. A PAID PREPARER PER	RFORMS A COMPLETE
REVIEW OF THE RETURN AS PREPARED BY THE CONTROLLER AND ACCOUNTS	ANT. A COPY OF THE
FORM 990 IS THEN PRESENTED TO THE PRESIDENT AND BOARD MEMBERS I	FOR REVIEW AND
APPROVAL.	

Name of the organization	Employer identification number
Greater Texas Foundation	74-2158821
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts
THE DOCUMENTATION OF ANY CONFLICTS OF INTEREST	
ARE DISCLOSED DURING ALL GREATER TEXAS FOUNDATION BOARD MEETING	S AS THE
FIRST_ITEM_ON_THE_AGENDA. THE_DISCUSSION_AND_MONITORING OF_CONF	LICTS IS
SEPARATELY REPORTED AND DOCUMENTED FOR EACH MEETING. ON AN ONGO	ING BASIS & PER THE
CONFLICTS OF INTEREST POLICY, IF THERE IS A POSSIBLE CONFLICT R	EGARDING AN
INTERESTED PERSON (ALL DIRECTORS AND OFFICERS, COMMITTEE MEMBER	s, advisory council
MEMBERS, EMPLOYEES, AND THE EXECUTIVE DIRECTOR) IT MUST BE DISC	LOSED AT
THAT TIME TO THE BOARD PRESIDENT OR EXECUTIVE DIRECTOR.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers &	& Key Employees
GREATER TEXAS FOUNDATION RETAINED THE	
SERVICES OF PEARL MEYER & PARTNERS, AN INDEPENDENT COMPENSATION	CONSULTANT, WHO
REVIEWED EXPECTATIONS FOR BOARD MEMBERS AND THE	
EXECUTIVE DIRECTOR'S JOB DESCRIPTION. FURTHER, THEY	
REVIEWED NATIONAL COMPENSATION SURVEY DATA FOR COMPARABLE ORGAN	IZATIONS.
BASED ON THOSE REVIEWS AND GIVEN THE BOARD'S LEVEL OF ENGAGEMEN	T, PEARL MEYER &
PARTNERS PROVIDED THE BOARD WITH RECOMMENDATIONS FOR COMPENSATI	ON,
WHICH THE BOARD ACCEPTED. THE PROCESS, DISCUSSIONS, AND DECISION	NS_WERE
DOCUMENTED IN MINUTES OF THE APPROPRIATE MEETING(S).	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
THE ORGANIZATION POSTS ITS CONFLICTS OF INTEREST POLICY ON ITS	WEBSITE AT
www.greatertexasfoundation.org. The consolidated financial sta	TEMENTS ARE INCLUDED
IN THE ANNUAL REPORT WHICH IS ALSO POSTED ON THE WEBSITE. THE	ORGANIZATION MAKES
ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO T	HE PUBLIC UPON
REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Greater Texas Foundation

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

74-2158821

Part I Identification of Disregarded Entities Complete If the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Camino Forty Seven, LLC					
<u>Bryan, TX-77807</u>	Real Estate	Ϋ́Ι	0.	8, 361, 146.	Greater Texas Foundation
(2)					
1					
(<u>3)</u>					
Part II Identification of Related Tax-Exempt Organizations Complete if the one or more related tax-exempt organizations during the tax year.	ions Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had uring the tax year.	anization answered	'Yes' on Form 990	, Part IV, line 34 b	ecause it had

(b) Primary activity (a) Name, address, and EIN of related organization

		or foreign country)	section	(if section 501(c)(3))	entity	controlled entity?	ıty?
						Yes	ş
(1) Greater Texas Services, Inc. 6100 Foundation Place Drive	Scholarships	ΧŢ	501 (c) (3)	Line 11-I	Greater Texas Foundation	×	
<u>(2)</u>							
(3)							
(4)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.		TEEA5001L 06/26/13		Schedule R (Form 990) 2013	orm 990) 201	13

Schedule R (Form 990) 2013 Greater Texas Foundation

74-2158821 P.

Part III 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.

)		-						
(a)	⊢	<u> </u>	Ð	l	ψ		(F)	0	(0)	(S)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant income	Share of total		Dispropor-	Code V-UBI	General or	Percentage
related organization		domicile	controlling		income	end-ot-year	tionate	amount in box	managing	ownership
		foreign	ci iii i	under sections			allocation is.	K-1 (Form		
		country)		512-514)			Yes No	No 1065) Yes	Yes No	
(1)										
	-									
(2)										
									_	
 	,									
(3)										
	r									
Dan IV Identification of Related Organizations Taxab	of Related Organ	izations 1	Faxable as a (Sorporation or	Trust Complete	ile as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV,	on answer	ed 'Yes' on For	rm 990, Pa	.,

Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization Primary activity	(b) Primary activity	Legal domicile (state or foreign	(a) Direct controlling	Type of entity (C corp, S corp,	(n) Share of total income	Share of end-of- year assets ownership	(n) Percentage ownership	Sec 512(b)(13) controlled entity?	(13) intity?
		country)	cinity	(ispli) io				Yes	۶
<u>ω</u>									
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				-					
(3)		_							
	-								
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74-2158821

Schedule R (Form 990) 2013 Greater Texas Foundation
74-215

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

Note Complete to a factor or the factor of the state of t	17 of this cohodule			-	-	:
Note: Complete fine it in any entity is listed in ratis it, in, or two fines scriedale 1. 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?	ins scriedate ransactions with one or more related organizations liste	ed in Parts II-IV?			sal	2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	controlled entity .			19		×
b Gift, grant, or capital contribution to related organization(s)				1 P		×
c Gift, grant, or capital contribution from related organization(s)				၂ င		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				-		×
g Sale of assets to related organization(s)				19	-	×
h Purchase of assets from related organization(s)				٦		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)	nn(s)			: =		×
(A) mother many batalay may stance south as tenemental and southern a language.				-	i .	□:
Dougramono of common of manufactures asserts morning or against a	(c) (1-1			<u>-</u>	 	4
I Periormance of services or membership of fundraising solicitations for related organization(s).	Tor related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	by related organization(s)			E		×
assets	with related organization(s)			1n		×
 Sharing of paid employees with related organization(s) 				10	×	
p Reimbursement paid to related organization(s) for expenses				1		×
q Reimbursement paid by related organization(s) for expenses				<u>-</u>		×
 Other transfer of cash or property to related organization(s) 				-	+	\times
 Other transfer of cash or property from related organization(s 				18		×
2 If the answer to any of the above is 'Yes,' see the instructions for informat	information on who must complete this line, including covered relationships and transaction thresholds.	relationships and trans	saction thresholds.			
(a) Name of related organization	L	(b) Transaction	(c) Amount involved	(d) Method of determining	etermin	guir
		type (a-s)		amount II	nvolved	
(1)						
(2)						
(3)						
						1
(4)						-
(5)			1			
(9)						
ВАА	TEEA5003L 06/27/13		Schedu	Schedule R (Form 990) 2013	990) 20	013

74-2158821

Greater Texas Foundation Schedule **R** (Form 990) 2013 Part VI J 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.

ביניונים, אומי הנה היכונים יומים בינונים יומים היכונים יומים בינונים ב	במוטוו. סככ ווופו מכנ			L	5) <u>)</u>						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant Income	Are all partners section		(f) Share of total income	Share of end-of-year	(h) Disproportionate	Code V-UBI amount in box	General or managing	alor Pr ging or	(k) Percentage ownership
		(formo)	lated, excluded from tax under	organizati	csuoi			2000	K-1 Form (1065)			
			section 512-514)	Yes	S.			Yes No		Yes	٩	
(1)												
							-					
	•											
(2)												
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(8)					_						_	
							-					
ВАА			TEE/	TEEA5004L 06/27/13	6/27/13				Schedule R (Form 990) 2013	e R (Fo	rm 990)	2013

Schedule K (Form 990) 2013 Greater 1e.	xas roulidation	74-2130021	Page 5
Part Will Supplemental Information Provide additional information	on for responses to questions on Schedule R	(see instructions).	
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2013	Schedule O - Supplemental Informatio	on	Page 1
Client 1	Greater Texas Foundation		74-2158821
10/09/14			10 01AM
Form 990, Part XI Other Changes In	I, Line 9 n Net Assets Or Fund Balances		
Rounding		\$ Total	-1. -1.
		10tal <u>\$</u>	<u>-1.</u>
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Schedule A, Part IV - Supplemental Information								Page 5
Client 1	Greater Texas Foundation							74-215882
10/09/14 Part III, Line 12 - Other Income								10 01A
<u>Nature</u> and			2013	2012		2011	2010	2009
Other Inco	me from	investme \$ Total	ents 129,509. 129,509.	\$ 45,6 \$ 45,6	83. <u>\$</u>	94,623. \$ 94,623. \$	57,576. \$ 57,576. \$	10,880. 10,880.