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Preparer

Use Only

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

Open to Public Inspection

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.

A For the 2013 calendar year, or tax year beginning SEP 1, 2013and ending AUG 31, 2014 Check if applicable C Name of organization D Employer identification number GALVESTON INDEPENDENT SCHOOL DISTRICT Address change EDUCATIONAL FOUNDATION, INC. Name change 30-0108354 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Termin-766-5156 3904 AVE T (409)Amended 605,284. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-GALVESTON, TX 77550 H(a) Is this a group return pendina F Name and address of principal officer: ERIN KAY Yes X No for subordinates? 3904 AVE T, GALVESTON, TX 77550 H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.GALVESTONEDFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation L Year of formation 2002 M State of legal domicile TX Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ENHANCE OUALITY EDUCATION IN THE GALVESTON INDEPENDENT SCHOOL DISTRICT ____ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 100 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 555,131 515,622. Contributions and grants (Part VIII, line 1h) Ō. 0. Program service revenue (Part VIII, line 2g) 1,767 1,334. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 57,365. 65,115. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 614,263 582,071. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 413,437. 386,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. О. 14 Benefits paid to or for members (Part IX, column (A), line 4) 93,407. 48,313. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 487. **b** Total fundraising expenses (Part IX, column (D), line 25) 37,315. 58,214. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 499,065. 537,621. Total expenses. Add lines 13-17/(must-equal/Part)IX, column (A), line 25) 115,198. 44,450. Revenue less expenses. Subtract-line 18 from line 12 28 End of Year **Beginning of Current Year** FEB 0 9 2015 616,957. 20 Total assets (Part X, line-16) 610,910. 32,342. Total liabilities (Part X line 26) 119,257 21 E E 491,653. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete_Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign **EXECUTIVE DIRECTOR** ERIN KAY, Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name RM-Kenna J -3*0 - 15* P00618649 JOHN R. MCKENNA, JR. Paid Firm's name HEAD, MAXWELL & MCKENNA, P.C. 76-0354302 Firm's EIN

SUITE 401

Phone no (409) 763-6479

GALVESTON, TX 77550

Firm's address > 2200 MARKET STREET,

May the IRS discuss this return with the preparer shown above? (see instructions)

GALVESTON INDEPENDENT SCHOOL DISTRICT EDUCATIONAL FOUNDATION. INC.

orm	990 (2013) EDUCATIONAL FOUNDATION, INC.	30-0108354	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE GISD EDUCATIONAL FOUNDATION ENRICHES THE EDUCATIONAL	EXPERIENCE	
	AND PREPARES STUDENTS FOR THE FUTURE BY PROVIDING FINANCE		ТО
	EDUCATORS, SCHOOLS AND STUDENTS.	<u> </u>	
	DECOMPTONE IN DESCRIPTION		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	□ vos	X No
	If "Yes," describe these new services on Schedule O.	163	140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v _{oo}	X No
3	If "Yes," describe these changes on Schedule O.	1es	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as	managed by avacaca	
•			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	ario
4	revenue, if any, for each program service reported. (Code) (Expenses \$328,856 . including grants of \$267,911 .) (Revenue)		
4a	(Code) (Expenses \$ 328,836 · including grants of \$ 267,911 ·) (Revenue AWARDS TO GALVESTON TEACHERS AND SCHOOLS TO IMPROVE THE		,
	EDUCATIONAL OPPORTUNITIES IN GALVESTON SCHOOLS.	QUALITI OF	
	EDUCATIONAL OFFORTUNITIES IN GALVESTON SCHOOLS.		

	100.044		
4b	(Code) (Expenses \$128,844 . including grants of \$118,089 .) (Revenue))
	GALVESTON YOUTH LEADERSHIP AWARDS TO PROMOTE LEADERSHIP	IN GALVESTO	<u>N</u>
	SCHOOLS.		
		.	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ле\$)
			_
			
	Other program services (Describe in Schedule O.)		_
	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses \(\bigsigma \) \(\frac{457,700}{100}\)		

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	•	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributorନ୍ଦ	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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?			Х
10	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		Х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		A
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		.,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>X</u>	37
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		^
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-1/		_ <u>*`</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
~	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
-		Form	agn /	(2013)

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 organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
_	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		ŀ	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		x
26	Schedule L, Part I	25b		A
26	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,			1
	complete Schedule L, Part II	26		Х
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		Ì	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34	<u> </u>	X
35a		35a	 	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
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	•	 "		- -
50	Did the organization complete Schedule Ω and provide explanations in Schedule Ω for Part VI, lines 11h and 197			
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2013) EDUCATIONAL FOUNDATION, INC.

Part 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	_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	_
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	_
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			_
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		_
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	-
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		.,	_
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			-
1 D	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			-
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 Overage research included on Ferry 200 Best VIII, line 13 for public use of all the feetilities.				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders				
_	Gross income from other sources (Do not net amounts due or paid to other sources against				
U	amounts due or received from them.)				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			~
-	Note. See the instructions for additional information the organization must report on Schedule O.				•
ь	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				
c	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	,	X	•
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
					-

Form 990 (2013)

EDUCATIONAL FOUNDATION, INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	er			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct super-	vision			
_	of officers, directors, or trustees, or key employees to a management company or other person?		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's assets?		5		X
6	Did the organization have members or stockholders?		6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	!	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Nr.	- 		
Ü	persons other than the governing body?	,,	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	na	1.5		
_		ıy	0.	Х	
	The governing body?		8a 8b	X	
þ	, , , , , , , , , , , , , , , , , , , ,		OD	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9		Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				Λ
Sec	Citor B. Policies (This Section B requests information about policies not required by the internal nevenue Code)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a	163	X
	•	ton	IUa		
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes?	.es,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	tile tollili	110		
			12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	•	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		40-	x	
40	In Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	•	13	X	
14	Did the organization have a written document retention and destruction policy?		14	Α.	
15	Did the process for determining compensation of the following persons include a review and approval by independ	ient			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Х	
a			15a		v
b	Other officers or key employees of the organization		15b		X
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		١		v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal	ition			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1	
	exempt status with respect to such arrangements?	 	16b		L
	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501)	(c)(ರ)s only) a	avallab	DIE	
	for public inspection. Indicate how you made these available. Check all that apply.	•			
	Own website Another's website X Upon request Other (explain in Schedule C	•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	st policy, an	d finar	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the organiza	tion:		
	ERIN KAY - 409 766 5100				
	3904 AVE T, GALVESTON, TX 77550				

EDUCATIONAL FOUNDATION, INC.

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos		l than	ODB	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bo	h an	compensation	compensation	amount of
	week	—	cer ar	lo a o	Ireck	or/trus	itee)	from	from related	other
	(list any	<u>B</u>						the	organizations	compensation
	hours for related	ě	- 83			E S		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	看	l trus		88	mper		(44-2/1099-141130)		and related
	below	量	Institutional trustee	_		1 S 2 S	5			organizations
	line)	Individual trustee or director	atsta	Officer	Кеу етріоуее	Highest compensated employee	Former			
(1) RICK RUPP	1.00									
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(2) BETTY MASSEY	1.00									
BOARD MEMBER		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(3) BECKY TROUT	1.00									
BOARD MEMBER		X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(4) WILL WRIGHT	1.00								_	_
BOARD MEMBER		X		ļ	<u> </u>	<u> </u>	L_	0.	0.	0.
(5) KIM BACHMEIER	1.00									
BOARD MEMBER	1 00	X				<u> </u>		0.	0.	0.
(6) JENNIFER HART	1.00	ļ.,							•	
BOARD MEMBER		Х		ļ	ļ	<u> </u>	ļ	0.	0.	0.
(7) STAN LEDBETTER	1.00	١.,							_	
BOARD MEMBER	1 00	X						0.	0.	0.
(8) SARAH PIEL	1.00	١,,							^	_
BOARD MEMBER	1 00	X	-			1		0.	0.	0.
(9) GINA SPAGNOLA	1.00	١,,							0.	
BOARD MEMBER	1 00	Х		-		-		0.	<u> </u>	0.
(10) BEAU YARBROUGH	1.00							0.	0.	_
BOARD MEMBER	1.00	X		-		┼		0.	0.	0.
(11) HAL ROCHKIND	1.00	-		X				0.	0.	0.
PRESIDENT (12) LAURA HUGHES MC DERMOTT	1.00	\vdash		^		-		0.	0.	<u> </u>
VICE PRESIDENT	1.00	┨		x				0.	0.	0.
(13) NANCY KITCHEL	1.00	1			Ī				<u></u> -	
TREASURER		1		X	İ			0.	0.	0.
(14) AMBER BOOTH	1.00									
SECRETARY	·	1		X	ļ		İ	0.	0.	0.
(15) ELIZA K QUIGLEY	40.00				Г					
EXECUTIVE DIRECTOR]		X		<u> </u>		0.	0.	0.
		4								
		-	-		_	\vdash	├			
		-								
			ــــــــــــــــــــــــــــــــــــــ			1		<u> </u>	<u> </u>	<u> </u>

Form 990 (2013)

EDUCATIONAL FOUNDATION, INC. Form 990 (2013) EDUCATIONAL FOUNDATION, INC. 30-0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(F. F.	+ - 1-1 dection A. Omcers, Directors, 110s	tees, key Em	7107	CCS			giic	31.0	ompensated Employe	es (corranded)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	опе	Reportable	Reportable	- [Es	tımate	ed
		hours per	Total Camers Personal to Bour an					h an	compensation	compensation			ount	of
		week (list anv	-			Ī	1	100,	from	from related			other	
		hours for	ig gct				_		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	0 0	器			홢		(W-2/1099-MISC)	(44-2/1099-14113	,,,		anızat	
		organizations	arste	E STE		8	ē	ĺ	(** 2 1033 14100)			-	d relat	
		below	Individual trustee or director	Institutional trustee	,	흍	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5					ınızatı	
		line)	J <u>o</u>	lister Table	Officer	Key employee	Highest compensated employee	Former				J		
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							†		-					-
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			\vdash		-		ŀ				-			
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						<u> </u>	ļ	_						
			<u> </u>	l										
1 b	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.		_	0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch indıvıdual										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	mpe	ensa	ation	and	d otl	her compensation from	the organization				
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue compei	nsati	on f	rom	any	unr/	elat	ed organization or indivi	dual for services				•
	rendered to the organization? If "Yes," com	•				-						5		Х
Sec	tion B. Independent Contractors										•			
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for	•	•								•			
	(A)	····							(B)			(0	;)	
	Name and business	address	NO	ONE	2				Description of s	ervices	С		, isatio	n
														-
-	·													
								$\neg \uparrow$						
		-					-							
								-						
														
	Total number of independent contractors (i	noludina but a	ot li	mita	d + ~	tha	ما مو	et co	l above) who received ~	ore than				
2	•	-	Ot III	me	u 10		se II:)	31 0 0	i abovej wno received n	iore triair				
	\$100,000 of compensation from the organi	zation -			-		-						000	

Part VIII

Statement of Revenue

EDUCATIONAL FOUNDATION, INC.

30-0108354 Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 515,622. similar amounts not included above 56,737 Noncash contributions included in lines 1a-1f \$ 515,622. h_Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,334. 1,334. other similar amounts) ▶ Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See 88,328. Part IV, line 18 b Less: direct expenses 65,115. 65,115. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 582,071. 0. 0. 66,449. Total revenue. See instructions

30-0108354 Page 10

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			omplete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	267,911.	267,911.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	118,089.	118,089.		
3	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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 407	71 700	01.707	
7	Other salaries and wages	93,407.	71,700.	21,707.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	12,087.		12,087.	
ت بہ	Accounting	12,007.		12,007.	
d	Lobbying Professional fundraising services See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	7,148.		7,148.	
13	Office expenses	2,459.		1,972.	487.
14	Information technology	3,500.		3,500.	
15	Royalties	······································		,	-
16	Occupancy	21,138.		21,138.	
17	Travel	3,204.		3,204.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	983.		983.	
24	Other expenses itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	OFFICE EQUIPMENT - NON	2,442.		2,442.	
b	MEALS AND ENTERTAINMENT	1,388.		1,388.	· · ·
c	MEMBERSHIP DUES	1,201.		1,201.	
d	CELL PHONE	1,116.		1,116.	-
e	All other expenses	1,548.		1,548.	
25	Total functional expenses. Add lines 1 through 24e	537,621.	457,700.	79,434.	487.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)			i	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 265,092. 265,723. 1 Cash - non-interest-bearing 290,570. 62,243. 2 2 Savings and temporary cash investments 20,932. 5,525. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 40,363. 616,957. 277,419. 15 15 Other assets. See Part IV, line 11 610,910. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,716. 37,913.17 17 Accounts payable and accrued expenses 29,658. 30,626. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 51,686. 25 Schedule D 119,257. 32,342. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 193,745. 27 245,654. 27 Unrestricted net assets 62,908. 103,961. 28 28 Temporarily restricted net assets 235,000. 235,000. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 584,615. 491,653. 33 33 Total net assets or fund balances 616,957. 610,910. 34 Total liabilities and net assets/fund balances

<u>Form</u>	1990 (2013) EDUCATIONAL FOUNDATION, INC.	30-	0100334	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	58	2,0	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53	7,6	21.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	4,4	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49	1,6	53.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8	4	8,5	12.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	58	4,6	15.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	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 reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	nt		
	Act and OMB Circular A-133?		За		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired and	irt		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

EDUCATIONAL FOUNDATION,

Employer identification number 30-0108354

ra	rt i	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.					
The	organı	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)						
1		A church, cor	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).						
4		A medical res	earch organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ne,	
		city, and state	e:											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in			
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).						
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	cribed	ın	
		_					_				•			
8		A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II.)								
9		•				•	rom contri	butions. m	nembershi	p fees. a	nd aross re	celpts	from	
											-			
		See section 509(a)(2). (Complete Part III.)												
10	section 170(b)(1)(A)(vi). (Complete Part II.) 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 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I 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 it 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) 11g(iii)													
11		-		•	•	•			-	y out the	purposes e	of one	or	
		_	-	·										
		-						•	•					
		a Type !	ь 🔲 ту	ype II c T	ype III · Fui	nctionally i	integrated	c	I 🔲 Typ	e III - No	n-functional	lly inte	grated	
е		n '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '												
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2).		
f			-			-				` , , ,		. ,		
		_				•	, , , , ,							
g		•	•		ny gift or co	ontribution	from any	of the follo	owing per	sons?				
_		_		•			•		~ '		<i>,</i>	Yes	No	
			•		•		•		,,	•				
		(ii) A family	member of a persor	n described in (i) above?										
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	,		
h			-		• •								•	
			· ·			, ,								
	Name	of supported	(ii) FIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) Is	the	(vii) Amoun	it of mo	netanı	
۱۰,			(, 2				organizat		organizati (i) organiz	on in col			y	
	·				governing	document?	(i) of you	r support?	```	?		•		
				(see instructions))	Yes	No	Yes	No	Yes	No				
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											1			
		. =							<u></u>	 	<u> </u>			
	_	· · · · · · · · · · · · · · · · · · ·												

Schedule A (Form 990 or 990-EZ) 2013 EDUCATIONAL FOUNDATION, INC. 30-0108354 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2010 (a) 2009 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 90,215. 135,061. 555,131. include any "unusual grants.") 113,865. 580,737. 1475009. 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 90,215. 135,061. 555,131. 113,865. 580,737. 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) 1475009. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2011 Calendar year (or fiscal year beginning in) (a) 2009 (f) Total **(b)** 2010 (d) 2012 (e) 2013 555,131. 580,737. 113,865. 90,215. 135,061. 1475009. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,138. 4,959. 2,625. 1,767. 1,334. 17,823. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1492832. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.81 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 54.00 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 EDUCATIONAL FOUNDATION, INC.

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

<u></u>	qualify under the tests listed be	elow, please comp	olete Part II.)				
	ction A. Public Support		#1 0040	4-3-0044	4.5.00:0	43.0000	(6 T-4 1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")					-	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		_				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·	·		
8	Public support (Subtract line 7c from line 6)		<u></u>	<u> </u>			
Sec	ction B. Total Support		·			·	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income				-		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here					···	▶□
Se	ction C. Computation of Publ	c Support Pe	rcentage				
15	Public support percentage for 2013 (l	ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organia	zation	
t	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						.
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in	structions	

Schedule A	(Form 990 or 990-EZ) 2	013 E	DUCATION	AL FOU	NDATION,	INC.	30-0108354 Pa	ige 4
Part IV	· Supplemental In	formati	on. Provide the	explanation	ns required by P	art II. line 10:	Part II, line 17a or 17b; and Part III, line 12.	
	Also complete this pa	rt for any	additional inform	nation (See	instructions).			
	riide complete this pa	it for diff	additional lines	Hatiori: (CCC	motraotions).			
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SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GALVESTON INDEPENDENT SCHOOL DISTRICT EDUCATIONAL FOUNDATION, INC.

Employer identification number 30-0108354

Pa	* Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, In-		or Accounts. Complete if the
—	organization answered 165 to Form 350, Part IV, Illi	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	used only
	for charitable purposes and not for the benefit of the donor of	· · · · · · · · · · · · · · · · · · ·	
	Impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		ıre
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year >	,	· ·
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(l)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

		IONAL FO									Page 2
Par	t 🏨 · Organizations Maintaining C	ollections of	of Art,	<u> Historica</u>	ıl Tr	easures, e	or Othe	<u>r Simil</u>	<u>ar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other re	ecords, c	heck any o	f the	following that	at are a si	gnificant	use of its	collection	ı ıtems
•	(check all that apply):		_								
а	Public exhibition		ď	Loan o	r exc	change progra	ams				
b	Scholarly research		e	Other_							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and e	xplain ho	ow they furt	her t	the organizati	ion's exei	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donat	ions of a	rt, historica	l trea	asures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as pa	rt of the	organization	n's c	ollection?				Yes	No No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par	_	omplete i	f the organ	ızatic	on answered	"Yes" to	Form 990), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other inte	rmedian	for contrib	utior	ns or other as	sets not	ıncluded			
	on Form 990, Part X?									Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete t	he follow	/ing table:							
										Amount	
c	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X	(, line 21	?						Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if t	he expla	nation has	been	provided in	Part XIII				
Par	t V Endowment Funds. Complete it	f the organizati	on answe	ered "Yes"	to Fo	orm 990, Part	IV, line 1	0.			
		(a) Current ye	ear	(b) Prior yea	ar	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	-									
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses		·								
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end b	alance (li	ne 1g, colu	mn (a	a)) held as:					
а	Board designated or quasi-endowment		%	5							
b	Permanent endowment	<u></u> %									
С	Temporarily restricted endowment ▶		_%								
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%									
За	Are there endowment funds not in the posse	ssion of the or	ganizatio	n that are h	eld a	and administe	ered for t	ne organ	zation	_	
	by:										Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as requi	red on S	chedule R?	,					3b	
4	Describe in Part XIII the intended uses of the	organization's	endown	nent funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" to Forn	n 990, Pa	art IV, line 1	1a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cos	t or othe	r (b)	Cost	t or other	(c) A	ccumulat	ed	(d) Book	k value
		basis (in	vestmen	t) t	asis	(other)	de	oreciation	1		
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other		•								

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

0.

*				
		SCHOOL DISTR		0100054
	L FOUNDATIO	N, INC.	30-	0108354 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-c	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		-		
(3) Other				
(A)				
(B)				
(C)			_ 	
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		<u> </u>	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of V	aluation: Cost or end-c	or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		44.0 5 000.1		
Complete if the organization answered "Yes"	Description	ine 11d. See Form 990, i	art X, line 15.	(b) Book value
CERTIFICATION OF PERCOTA	Description		·	
				40,363.
(2)				
(3)				
(4)		- · · · · · · · · · · · · · · · · · · ·		
(5)		- .		
(6)				
(7)			-	
(8)			-	· · ·
(9)				40,363.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	u 13.) .			40,303.
Complete if the organization answered "Yes"	to Form 900 Port IV I	ing 11g or 11f Son Farm	1000 Part V line 25	
1. (a) Description of liability	to roini 990, ran IV, ii	(b) Book value	990, Fait ∧, IIIIe ∠5.	
(1) Federal income taxes		(5) 250, 70,00		
(2)				
(3)				
<u></u>			1	

1	(a) Description of liability	(b) Book v	/alue
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			_
(7)			
(8)			
(9)			
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

30-0108354 Page 4 EDUCATIONAL FOUNDATION, INC. Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 582,071. 'Total revenue, gains, and other support per audited financial statements 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 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 582,071. 3 Subtract line 2e from line 1 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 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 582, 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 Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 537,621. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 537.621. 3 Subtract line 2e from line 1 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 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 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

2013

Open To Public Inspection

Name of the organization GALVESTON INDEPENDENT SCHOOL DISTRICT EDUCATIONAL FOUNDATION, INC.

Employer identification number 30-0108354

Part I Fundraising Activities. required to complete this part	. Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
otal			•					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration		
			-					
	<u></u>					· · · - · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·				

Schedule G (Form 990 or 990-EZ) 2013 EDUCATIONAL FOUNDATION, INC. 30-0108354 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gre	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
	•		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			SPRING EVENT	·	4-4-1	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	88,328.			88,328.
	2	Less: Contributions				
	_	Less. Commoditions				
	3	Gross income (line 1 minus line 2)	88,328.			88,328.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
Sen	6	Rent/facility costs				
Ä						
ect	7	Food and beverages .	10,392.		,	10,392.
۵						
	8	Entertainment	1,800. 11,021.			1,800.
	9	Other direct expenses				11,021.
	10	Direct expense summary. Add lines 4 through			. 🏲	23,213.
	11		ne 3, column (d)	000 0 + 11/1 1 - 10		65,115.
Pa	irt i		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(th) Dull take (material		An Tabel service (said
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ven				emge/progressive emge		con (a) through con (o)
æ	_	C				
	 -	Gross revenue	<u>. </u>			
	2	Cash prizes				
ses	_	Cash prizes				
Direct Expenses	3	Noncash prizes				
Щ	•	Nondan prizes				
ect	4	Rent/facility costs				
₫	•	1.0.10.10.00.00				-
	5	Other direct expenses				
	Ť	1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	<u> </u>
9	En	ter the state(s) in which the organization opera	tes gaming activities:			
а	ılst	the organization licensed to operate gaming ac	tivities in each of these :	states?		Yes Mo
t	If "	No," explain:		· - · · · · · · · · · · · · · · · ·		
						
		ere any of the organization's gaming licenses re				Yes No
t) If "	Yes," explain:	<u> </u>			
						
	_					

Schedule G (Form 990 or 990-EZ) 2013 EDUCATIONAL FOUNDATION, INC.	30-0108354 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other er	ntity formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events be	ooks and records:
Name ▶	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming	g revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	_ and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ▶	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
<u> </u>	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceed	ds to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	itions or spent in the
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instructions).

SCHEDULE I (Form 990)

Governments, and Individuals in the United States

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

Attach to Form 990.

2013

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

GALVESTON INDEPENDENT SCHOOL DISTRICT

EDUCATIONAL FOUNDATION, INC.

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection

30-0108354

	[X Yes No	
Part i General Information on Grants and Assistance	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?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
ď	-		8

Part # 1	Grar recip Vame a	Governments and \$5,000. Part II can (b) EIN	Organizations in the be duplicated if additic (c) IRC section	United States. Control on a Space is need (d) Amount of	omplete if the orgaled. (e) Amount of	nization answered "Y (f) Method of valuation (book.	(es* to Form 990, Part (g) Description of	IV, line 21, for any (h) Purpose of grant
	or government		rf applicable	cash grant	non-cash assistance	FMV, appraisal, other)	non-cash assistance	or assistance
310								
DISTRICT TX 77550	r - 3904 AVE T - GALVESTON,)	74-6000921		267,911.	0			TEACHER ASSISTANCE
[
1								
1 # 8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	and government org	ganizations listed in the	e line 1 table				
l	ייייים וופוווכרו כו כרווכן כולליייברייכיי		Idolo					

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

Schedule I (Form 990) (2013)

EDUCATIONAL FOUNDATION, INC.

Page 2

30-0108354

Schedule I (Form 990) (2013)

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. Part III

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance ö 118,089. (c) Amount of cash grant (b) Number of recipients 25 (a) Type of grant or assistance SCHOLARSHIPS 332102 10-29-13

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part I

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Types of Property

GALVESTON INDEPENDENT SCHOOL DISTRICT EDUCATIONAL FOUNDATION, INC.

Employer identification number 30-0108354

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	Noncash contribution Method of determining				
1	Art - Works of art		items contributed	TOTTI 990, TAIL VIII, IIIIC 19					
2	Art · Historical treasures					-			
3	Art · Fractional interests		-						
4	Books and publications								
5	Clothing and household goods		***************************************						
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate · Other								
18	Collectibles								
19	Food inventory .								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other \blacktriangleright (IN KIND CONTR)	X	1	56,737.					
26	Other • ()								
27	Other ()								
28	Other (ļ							
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
						<u></u>	Yes	No	
30a	During the year, did the organization receive b	•							
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	mpt purposes for			İ	
	the entire holding period?					30a		X	
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance		•			31		<u>X</u>	
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncasi	า				
	contributions?			•		32a		<u>X</u>	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is c	hecked,				
	describe in Part II.					أحسل		<u> </u>	
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990)	(2013)	

Schedule M	l (Form 990) (2013)	EDUCATIONAL	LOUNDALTON	INC.	30-010	
Part II	•Supplemental is reporting in Part	Information. Provide I, column (b), the number ditional information.	the information requ of contributions, the	ired by Part I, lines 30 e number of items rece	b, 32b, and 33, and whether erved, or a combination of bo	
		<u>.</u>				
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

GALVESTON INDEPENDENT SCHOOL DISTRICT Employ EDUCATIONAL FOUNDATION, INC.

Employer identification number 30-0108354

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE BOARD
PRESIDENT AND THEN PRESENTED TO THE BOARD PRIOR TO SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT THAT IS
REVIEWED ANNUALLY AT THE AUDIT
FORM 990, PART VI, SECTION B, LINE 15A:
EXPLANATION: EXECUTIVE DIRECTOR PAY IS BENCHMARKED AGAINST OTHER AREA
NON-PROFIT ORGANIZAIONS
NON TROIT ORGINIZATIONS
FORM 990, PART VI, SECTION C, LINE 18:
EXPLANATION: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE BOARD
PRESIDENT AND PRESENTED TO THE BOARD PRIOR TO SUBMISSION
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST
FORM 990, PART XII, LINE 2C:
EXPLANATION: THE ORGANIZATION'S TRUSTEES APPOINT A FINANCE COMMITTEE
WHICH OVERSEES THE AUDIT AND IS RESPONSIBLE FOR THE SELECTION OF AN
INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT OF THE ORGANIZATION'S
FINANCIAL STATEMENTS.

Name of the organization GALVESTON INDEPENDENT SCHOOL DISTRICT EDUCATIONAL FOUNDATION, INC.	Employer identification number 30-0108354		
	 		
			

4 . . .

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		l	X	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed For	m 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6	months for a cor	poration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 88	68 to request an	extension	
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	ransfers A	Associated With C	ertain	
Persona	Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions). For more details of	on the elec	tronic filing of this	form,	
visit_ww	w irs gov/efile and click on e-file for Charities & Nonprofits	3					
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I or	ly				l	▶ □	
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
to file income tax returns.			Enter file	Inter filer's identifying number			
Type or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or			
print	GALVESTON INDEPENDENT SCHOOL DISTRICT			, ,			
-	EDUCATIONAL FOUNDATION, I	NC.			30-01083	54	
File by the due date for	the			Social security number (SSN)		N)	
filing your	3904 AVE T					•	
return See instruction	City, town or post office, state, and ZIP code. For a fe	oreign add	iress, see instructions.				
	GALVESTON, TX 77550						
	·						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
	,		,				
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation) 07				
Form 990-BL		02	Form 1041-A	08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	ERIN KAY						
• The b	books are in the care of \triangleright 3904 AVE T - G	ALVES'	TON, TX 77550				
	hone No. ► 409 766 5100		Fax No. ▶				
	organization does not have an office or place of business	s in the Ur				▶ □	
	is for a Group Return, enter the organization's four digit			f this is for	the whole group	. check this	
box 🕨	. If it is for part of the group, check this box	•					
	equest an automatic 3-month (6 months for a corporation						
			tion return for the organization name		The extension		
_ IS	for the organization's return for:	•					
•							
•	X tax year beginning SEP 1, 2013	, an	dending AUG 31, 2014				
			<u> </u>	-	_		
2 if	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final return	n		
Ī	Change in accounting period						
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	. or 6069.	enter the tentative tax, less any				
	nonrefundable credits. See instructions.				\$	0.	
_	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	timated tax payments made. Include any prior year over			3ь	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	. If you are going to make an electronic funds withdrawal				nd Form 8879-EO		

instructions.