

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **GREATER HOUSTON COMMUNITY FOUNDATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5120 WOODWAY DRIVE **6000**
 City or town, state or province, country, and ZIP or foreign postal code
HOUSTON, TX 77056

D Employer identification number
23-7160400

E Telephone number
(713) 333-2200

G Gross receipts \$ **447,410,715**

F Name and address of principal officer: **STEPHEN D. MAISLIN**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.GHCF.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1971**

M State of legal domicile: **TX**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE GREATER HOUSTON COMMUNITY FOUNDATION IS EXPANDING PHILANTHROPIC IMPACT BY CONNECTING DONORS TO THE CAUSES THEY (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	37
	6	Total number of volunteers (estimate if necessary)	6	154
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	248,530
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 157,736,498	Current Year 285,450,739
	9	Program service revenue (Part VIII, line 2g)	424,317	534,679
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,309,956	19,671,131
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	95,901	31,290
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,566,672	305,687,839
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	105,114,803	242,596,165
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,307,462	4,143,057
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 673,398		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,826,299	5,039,744
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	112,248,564	251,778,966
19	Revenue less expenses. Subtract line 18 from line 12	65,318,108	53,908,873	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 609,500,735	End of Year 722,100,343
	21	Total liabilities (Part X, line 26)	17,448,992	22,414,511
	22	Net assets or fund balances. Subtract line 21 from line 20	592,051,743	699,685,832

Part II Signature Block

Under penalties of perjury, 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.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name **GUY T. TABOR, CPA** Preparer's signature _____ Date _____ Check if self-employed PTIN **P00171798**

Firm's name ▶ **HARPER & PEARSON COMPANY, P.C.** Firm's EIN ▶ **74-1695589**

Firm's address ▶ **ONE RIVERWAY, SUITE 1900, HOUSTON, TX 77056-1973** Phone no. **(713) 622-2310**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

THE MISSION OF THE GREATER HOUSTON COMMUNITY FOUNDATION (GHCF) IS EXPANDING PHILANTHROPIC IMPACT BY CONNECTING DONORS TO THE CAUSES THEY CARE ABOUT, PROVIDING EXCELLENT STEWARDSHIP OF ASSETS ENTRUSTED TO US, AND CONVENING RESOURCES TO ADDRESS IMPORTANT COMMUNITY NEEDS. THROUGH DONOR ADVISED FUNDS, (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 92,046,074 including grants of \$ 89,941,873) (Revenue \$ 198,230)

HUMAN SERVICES: DISBURSED 4,210 GRANTS TO VARIOUS ORGANIZATIONS TO SUPPORT HUMAN SERVICE PROGRAMS AND ORGANIZATIONS SERVING COMMUNITY NEEDS, OF WHICH 142 GRANTS TOTALING \$63,054,075 WERE FOR DISASTER RELIEF EFFORTS RELATING TO HURRICANE HARVEY.

4b (Code:) (Expenses \$ 59,435,729 including grants of \$ 58,077,010) (Revenue \$ 128,001)

HEALTH: DISBURSED 1,284 GRANTS TO SUPPORT MEDICAL RESEARCH, COMMUNITY HEALTH PROGRAMS, FELLOWSHIPS, AND OTHER PROGRAMS IN HOSPITALS AND OTHER MEDICAL INSTITUTIONS.

4c (Code:) (Expenses \$ 33,075,926 including grants of \$ 32,319,800) (Revenue \$ 71,232)

PUBLIC BENEFIT: DISBURSED 1,492 GRANTS TO VARIOUS ORGANIZATIONS AND PROJECTS FOR THE PUBLIC BENEFIT.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 63,714,004 including grants of \$ 62,257,482) (Revenue \$ 137,216)

4e Total program service expenses ▶ 248,271,733

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
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>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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 I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

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 [X]

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 14b with various tax-related questions and numerical inputs.

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

Section 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		
	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
EDWIN PADAR, 5120 WOODWAY DRIVE, HOUSTON, TX 77056, (713) 333-2200

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE R BILGER IMMEDIATE PAST CHAIR	0.0 0.0	✓		✓				0	0	0
(2) MARTHA Z CARNES CHAIR	0.0 0.0	✓		✓				0	0	0
(3) MICHAEL R DUMAS CHAIR ELECT	0.0 0.0	✓		✓				0	0	0
(4) J. MURRY BOWDEN GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(5) BEN S BROWN GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(6) WILLIAM BRYAN GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(7) ERNEST D COCKRELL, II GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(8) LACEY FLOUR GOOSSEN GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(9) RON HULME GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(10) PAUL C GREGORY GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(11) LAURA R JARAMILLO GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(12) TERRI LACY GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(13) LEO LINBECK, III GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0
(14) BARRY H MARGOLIS GOVERNING BOARD MEMBER	0.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DAVID R PRUNER GOVERNING BOARD MEMBER	0.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) KIM A RUTH GOVERNING BOARD MEMBER	0.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) ELIZABETH A TILNEY GOVERNING BOARD MEMBER	0.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHRIS WEEKLEY GOVERNING BOARD MEMBER	0.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) STEPHEN D MAISLIN PRESIDENT & CEO	40.0 8.0			<input checked="" type="checkbox"/>				406,569	0	44,085
(20) EDWIN C PADAR TREASURER & CONTROLLER	40.0 1.0			<input checked="" type="checkbox"/>				153,652	0	40,944
(21) MICHAEL D PAWSON SECRETARY & CFO	40.0 3.0			<input checked="" type="checkbox"/>				185,833	0	45,793
(22) RENEE WIZIG-BARRIOS SR. VICE PRESIDENT & CHIEF PHILANTHROPY OFFICER	40.0 11.0			<input checked="" type="checkbox"/>				238,940	0	37,604
(23) LATANYA FLIX DONOR ENGAGEMENT DIRECTOR	40.0 0.0					<input checked="" type="checkbox"/>		114,878	0	17,041
(24) REBECCA A HOVE SR. DIRECTOR OF STRATEGIC PHILANTHROPY	40.0 3.0					<input checked="" type="checkbox"/>		152,178	0	19,487
(25) (SEE STATEMENT)										
1b Sub-total								1,252,050	0	204,954
c Total from continuation sheets to Part VII, Section A								294,642	0	52,992
d Total (add lines 1b and 1c)								1,546,692	0	257,946

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 8

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PARTNERS 451, 1331 LAMAR ST, HOUSTON, TX 77010	EVENT CONSULTING AND COORDINATION	1,388,925
DEUTSER LLC, 5847 SAN FELIPE, SUITE 2500, HOUSTON, TX 77057	MARKETING CONSULTING	229,868
PAVILION ADVISORY GROUP, LLC, 43 MAIN STREET SE, MINNEAPOLIS, MN 55414	INVESTMENT CONSULTING	204,153
WELLINGTON MANAGEMENT, 280 CONGRESS STREET, BOSTON, MA 02210	INVESTMENT MANAGEMENT	165,919
EMPLOYMENT TRAINING SOLUTIONS, LLC, 3355 WEST ALABAMA, HOUSTON, TX 77098	SPONSORED YOUTH PROGRAM EMPLOYMENT SERVICES	152,392

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 7

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	454,885				
	d Related organizations	1d	11,700				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	284,984,154				
	g Noncash contributions included in lines 1a-1f: \$		69,456,642				
	h Total. Add lines 1a-1f		285,450,739				
Program Service Revenue	Business Code						
	2a ADMINISTRATIVE FEE	541900	248,530		248,530		
	b RENTAL INCOME	900002	46,547			46,547	
	c ADMINISTRATIVE FEE	541900	239,602			239,602	
	d -----						
	e -----						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		534,679					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,383,929			12,383,929	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				147,485,743	135,410		
		b Less: cost or other basis and sales expenses		140,299,951	34,000		
		c Gain or (loss)		7,185,792	101,410		
	d Net gain or (loss)		7,287,202			7,287,202	
	8a Gross income from fundraising events (not including \$ 454,885 of contributions reported on line 1c). See Part IV, line 18	a		1,420,215			
		b Less: direct expenses	b	1,388,925			
		c Net income or (loss) from fundraising events .		31,290			31,290
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities . .					
	10a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code					
11a -----							
b -----							
c -----							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions.			305,687,839	0	248,530	19,988,570	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	231,230,378	231,230,378		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,414,526	9,414,526		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,951,261	1,951,261		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,153,422	325,450	773,323	54,649
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,327,601	1,303,817	790,487	233,297
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	116,222	64,352	41,041	10,829
9 Other employee benefits	299,921	139,539	138,084	22,298
10 Payroll taxes	245,891	119,284	105,960	20,647
11 Fees for services (non-employees):				
a Management	190,861	190,354	507	
b Legal	71,011	37,181	33,830	
c Accounting	47,870	4,535	43,335	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,141,470	1,141,395	75	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,135,337	605,119	341,518	188,700
12 Advertising and promotion	45,102	38,288	4,634	2,180
13 Office expenses	551,710	458,881	78,552	14,277
14 Information technology	463,911	293,058	130,948	39,905
15 Royalties				
16 Occupancy	236,385	116,617	108,368	11,400
17 Travel	58,358	37,763	16,058	4,537
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	180,922	103,640	46,879	30,403
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,301	36,140	34,671	7,490
23 Insurance	55,507	19,629	35,878	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PAYROLL PROCESSING	116,201	57,496	49,358	9,347
b DUES AND SUBSCRIPTIONS	51,261	9,195	41,386	680
c CREDIT CARD FEES	578,406	568,137	10,062	207
d PROFESSIONAL DEVELOPMENT	29,844	5,563	1,729	22,552
e All other expenses	7,287	135	7,152	0
25 Total functional expenses. Add lines 1 through 24e	251,778,966	248,271,733	2,833,835	673,398
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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	103,017,210	2	157,944,921
	3 Pledges and grants receivable, net	415,721	3	376,328
	4 Accounts receivable, net	0	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	3,987,577	7	3,002,357
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	467,890	9	546,417
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,530,902		
	b Less: accumulated depreciation	10b 641,782	792,421	10c 889,120
	11 Investments—publicly traded securities	382,021,528	11	445,043,241
	12 Investments—other securities. See Part IV, line 11	118,781,785	12	114,281,356
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,603	15	16,603
16 Total assets. Add lines 1 through 15 (must equal line 34)	609,500,735	16	722,100,343	
Liabilities	17 Accounts payable and accrued expenses	872,983	17	2,887,630
	18 Grants payable	3,491,196	18	6,825,121
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	8,082,072	21	7,212,412
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,002,741	25	5,489,348
	26 Total liabilities. Add lines 17 through 25	17,448,992	26	22,414,511
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	584,469,743	27	692,242,832
	28 Temporarily restricted net assets	7,582,000	28	7,443,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	592,051,743	33	699,685,832
34 Total liabilities and net assets/fund balances	609,500,735	34	722,100,343	

Part 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	305,687,839
2	Total expenses (must equal Part IX, column (A), line 25)	2	251,778,966
3	Revenue less expenses. Subtract line 2 from line 1	3	53,908,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	592,051,743
5	Net unrealized gains (losses) on investments	5	52,888,305
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	836,911
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	699,685,832

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JENNIFER TOUCHET ----- SR. DIRECTOR OF FAMILY PHILANTHROPY	40.0 ----- 3.0					✓		144,458	0	34,678
(26) SUSAN ZARICH ----- DIRECTOR OF ADVISOR RELATIONS	40.0 ----- 0.0					✓		150,184	0	18,314

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization GREATER HOUSTON COMMUNITY FOUNDATION	Employer identification number 23-7160400
---	---

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 12, check only one box.)

- 1 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	113,252,593	203,038,854	128,020,758	157,736,498	286,454,364	888,503,067
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	113,252,593	203,038,854	128,020,758	157,736,498	286,454,364	888,503,067
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)						79,287,172
6 Public support. Subtract line 5 from line 4						809,215,895

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	113,252,593	203,038,854	128,020,758	157,736,498	286,454,364	888,503,067
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,197,502	8,393,928	8,230,661	9,171,469	12,383,929	43,377,489
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						931,880,556
12 Gross receipts from related activities, etc. (see instructions)					12	2,177,473
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	86.84 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	83.70 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule of Contributors

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization GREATER HOUSTON COMMUNITY FOUNDATION	Employer identification number 23-7160400
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization GREATER HOUSTON COMMUNITY FOUNDATION	Employer identification number 23-7160400
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 12,122,517	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 10,325,899	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 6,427,756	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 30,466,093	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 10,777,494	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 7,097,286	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER HOUSTON COMMUNITY FOUNDATION	Employer identification number 23-7160400
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 10,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER HOUSTON COMMUNITY FOUNDATION	Employer identification number 23-7160400
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS MARKETABLE SECURITIES	\$ 7,122,517	03/06/2017
4	VARIOUS MARKETABLE SECURITIES	\$ 30,466,093	11/07/2017
6	19,778 SHARES OF ADFITECH INC.	\$ 16,712	05/18/2017
		\$	
		\$	
		\$	

Name of organization GREATER HOUSTON COMMUNITY FOUNDATION	Employer identification number 23-7160400
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: GREATER HOUSTON COMMUNITY FOUNDATION; Employer identification number: 23-7160400

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus Yes/No checkboxes for donor advisement questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Conservation Easements with multiple questions (1-9) regarding preservation of land, monitoring, and reporting requirements. Includes checkboxes and a small table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions (1a, 1b, 2) regarding reporting requirements and amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,145,117	13,618,020	13,915,282	11,022,872	8,972,249
b Contributions	0	244,543	406,090	2,579,570	1,170,000
c Net investment earnings, gains, and losses	2,502,159	940,264	(123,286)	699,163	1,218,404
d Grants or scholarships	319,490	316,211	457,591	364,155	265,905
e Other expenditures for facilities and programs	339,789	230,042			
f Administrative expenses	129,703	111,457	122,475	22,168	71,876
g End of year balance	15,858,294	14,145,117	13,618,020	13,915,282	11,022,872

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 100.00 %
- b** Permanent endowment ▶ 0.00 %
- c** Temporarily restricted endowment ▶ 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		✓
(ii) related organizations		✓

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings	705,000		105,750	599,250
c Leasehold improvements		62,945	57,500	5,445
d Equipment		587,957	478,532	109,425
e Other	175,000			175,000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 889,120

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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	98,667,502	END OF YEAR MARKET VALUE
(3) Other		
(A) LIMITED MARKETABLE INVESTMENTS	8,218,954	END OF YEAR MARKET VALUE
(B) RECEIVABLE - REMAINDER TRUST	7,263,000	END OF YEAR MARKET VALUE
(C) CASH SURRENDER VALUE LIFE INSURANCE	131,900	END OF YEAR MARKET VALUE
(D) MINERAL INTEREST	0	END OF YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	114,281,356	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FUNDS HELD AS AGENCY OBLIGATIONS	5,489,348	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,489,348	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, adjustment amounts (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5). Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12: a) Net unrealized gains (losses) on investments, b) Donated services and use of facilities, c) Recoveries of prior year grants, d) Other (Describe in Part XIII.). Row 3: Subtract line 2e from line 1. Row 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.). Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, adjustment amounts (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5). Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25: a) Donated services and use of facilities, b) Prior year adjustments, c) Other losses, d) Other (Describe in Part XIII.). Row 3: Subtract line 2e from line 1. Row 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.). Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

SEE STATEMENT

Series of horizontal dashed lines provided for entering supplemental information.

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	NONPROFIT ORGANIZATIONS MAY INVEST IN GHCF'S COMINGLED INVESTMENT POOLS. THESE MONIES ARE OWNED BY THE NONPROFIT ORGANIZATION, NOT GHCF.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENTS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE FOUNDATION BELIEVES THAT ALL SIGNIFICANT TAX POSITIONS UTILIZED BY THE FOUNDATION WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2017, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE MAJOR TAX JURISDICTIONS UNDER THE STATUTE OF LIMITATIONS ARE FROM THE YEARS 2014 THROUGH 2016 WITH LIMITED EXCEPTIONS. TAX PENALTIES AND INTEREST, IF ANY, WOULD BE ACCRUED AS INCURRED AND WOULD BE CLASSIFIED AS GENERAL AND ADMINISTRATIVE EXPENSE IN THE STATEMENTS OF ACTIVITIES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER HOUSTON COMMUNITY FOUNDATION

Employer identification number

23-7160400

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		76,040,964
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		11,149,000
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN THE REGION		109,920
(4) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN THE REGION		36,436
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS IN THE REGION		83,600
(6) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		280,200
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTS TO RECIPIENTS IN THE REGION		7,500
(8) RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS IN THE REGION		3,000
(9) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		150,250
(10) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION		235,500
(11) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		1,044,855
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			89,141,225
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			89,141,225

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 **2**

3 Enter total number of other organizations or entities **0**

Part III 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.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CASH	CENTRAL AMERICA AND THE CARIBBEAN	17	109,920	CHECK			
(2) CASH	EAST ASIA AND THE PACIFIC	3	5,500	CHECK			
(3) CASH	EUROPE (INCLUDING ICELAND AND GREENLAND)	13	83,600	CHECK			
(4) CASH	MIDDLE EAST AND NORTH AFRICA	11	280,200	CHECK			
(5) CASH	NORTH AMERICA (CANADA & MEXICO ONLY)	4	7,500	CHECK			
(6) CASH	RUSSIA AND NEIGHBORING STATES	1	3,000	CHECK			
(7) CASH	SOUTH AMERICA	8	150,250	CHECK			
(8) CASH	SOUTH ASIA	4	235,500	CHECK			
(9) CASH	SUB-SAHARAN AFRICA	43	881,355	CHECK			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV 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)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain 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; don't file with Form 990)* Yes 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 Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified 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)*. Yes 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)* Yes 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part II**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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)
(0)		SUB-SAHARAN AFRICA	THIS GRANT IS TO COVER EDUCATION, HEALTHCARE, FOOD, CLOTHING, AND RELATED NEEDS FOR ORPHANED AND VULNERABLE CHILDREN.	63,500	WIRE			
(1)		SUB-SAHARAN AFRICA	THIS GRANT IS TO COVER EDUCATION, HEALTHCARE, FOOD, CLOTHING AND RELATED NEEDS FOR ORPHANED AND VULNERABLE CHILDREN.	100,000	WIRE			
(2)		EAST ASIA AND THE PACIFIC	THIS GRANT IS IN SUPPORT OF MUSIC EDUCATION PROGRAMS FOR DISADVANTAGED SCHOOLS IN NEW SOUTH WALES.	30,636	WIRE			

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>GRANTS RECOMMENDED FROM DONOR ADVISED FUNDS ARE PROCESSED AFTER DUE DILIGENCE IS COMPLETED TO VERIFY THE GRANTEE ORGANIZATION'S NONPROFIT STATUS, AND THE PROCESS INCLUDES VERIFICATION THAT THE GRANT FUNDS ARE RECEIVED BY THE ORGANIZATION.</p> <p>INTERNATIONAL GRANTS ARE PROCESSED WITH THE ASSISTANCE OF AN OUTSIDE CONSULTANT, WHO PERFORMS THE REQUIRED DUE DILIGENCE, PROVIDES THE FOUNDATION WITH REPORTS, AND VERIFIES THAT THE FUNDS ARE RECEIVED BY THE INTERNATIONAL NONPROFIT.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EAST ASIA AND THE PACIFIC: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART III - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART III(C) - EXPLANATION OF ESTIMATE FOR NUMBER OF RECIPIENTS</p>	<p>SOUTH ASIA: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. SOUTH AMERICA: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. MIDDLE EAST AND NORTH AFRICA: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. SUB-SAHARAN AFRICA: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. EAST ASIA AND THE PACIFIC: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. EUROPE (INCLUDING ICELAND AND GREENLAND): USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. CENTRAL AMERICA AND THE CARIBBEAN: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. NORTH AMERICA: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. RUSSIA AND NEIGHBORING STATES : USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS.</p>

**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" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

GREATER HOUSTON COMMUNITY FOUNDATION

Employer identification number

23-7160400

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>TOUCHDOWN HOUSTON</u> (event type)	<u>WILL ERWIN GOLF TOURNAMENT</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,656,600	218,500		1,875,100
	2 Less: Contributions	267,675	187,210		454,885
	3 Gross income (line 1 minus line 2)	1,388,925	31,290	0	1,420,215
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	234,508			234,508
	7 Food and beverages				0
	8 Entertainment	159,000			159,000
	9 Other direct expenses	995,417			995,417
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,388,925
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				31,290	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct 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 entity formed to administer charitable gaming? **Yes** **No**

13 Indicate the percentage of gaming activity conducted 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 books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming 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 ▶ \$ _____

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 proceeds to retain the state gaming license? **Yes** **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-7160400

GREATER HOUSTON COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

- 1** 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? Yes No
- 2** 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

(a) Name and address of organization or government	(b) EIN	(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 noncash assistance	(h) Purpose of grant or assistance
(1) 3S COOKERS 3100 SOUTH GESSNER, SUITE 640, HOUSTON, TX 77063	27-3994076	501(C)(3)	5,000	0			(SEE STATEMENT)
(2) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	680	0			(SEE STATEMENT)
(3) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	687	0			(SEE STATEMENT)
(4) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	3,200	0			(SEE STATEMENT)
(5) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	686	0			(SEE STATEMENT)
(6) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	687	0			(SEE STATEMENT)
(7) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	3,000	0			(SEE STATEMENT)
(8) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	3,194	0			(SEE STATEMENT)
(9) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	677	0			(SEE STATEMENT)
(10) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	3,100	0			(SEE STATEMENT)
(11) 4 PAWS FOR ABILITY, INC. 253 DAYTON AVENUE, XENIA, OH 45385	31-1625484	501(C)(3)	675	0			(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1,360

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	3S COOKERS: THIS GRANT IS FOR SCHOLARSHIPS FOR CALF SCRAMBLER.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN HONOR OF GARRETT UPDIKE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4 PAWS FOR ABILITY, INC.: THIS GRANT IS IN SUPPORT OF RESCUE AND RE-HOME.
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	GRANTS RECOMMENDED FROM DONOR ADVISED FUNDS ARE PROCESSED AFTER DUE DILIGENCE IS COMPLETED TO VERIFY THE GRANTEE ORGANIZATION'S NONPROFIT STATUS, AND THE PROCESS INCLUDES VERIFICATION THAT THE GRANT FUNDS ARE RECEIVED BY THE ORGANIZATION. GRANTS MADE FROM SPECIAL PROJECT FUNDS REQUIRE THE COMPLETION OF GRANT CONTRACTS AS WELL AS SUBMISSION OF INTERIM AND FINAL REPORTS ON THE USE OF THE GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER HOUSTON COMMUNITY 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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

23-7160400

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7	✓	
8	✓	
9	✓	

Part II 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 on 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 aren't 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 column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	STEPHEN D MAISLIN	(i)	275,100	131,469	0	16,200	27,885	450,654	0
	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2	EDWIN C PADAR	(i)	127,652	26,000	0	9,947	30,997	194,596	0
	TREASURER & CONTROLLER	(ii)	0	0	0	0	0	0	0
3	MICHAEL D PAWSON	(i)	181,783	4,050	0	12,115	33,678	231,626	0
	SECRETARY & CFO	(ii)	0	0	0	0	0	0	0
4	RENEE WIZIG-BARRIOS	(i)	183,940	55,000	0	11,932	25,672	276,544	0
	SR. VICE PRESIDENT & CHIEF PHILANTHROPY OFFICER	(ii)	0	0	0	0	0	0	0
5	REBECCA A HOVE	(i)	134,678	17,500	0	8,713	10,774	171,665	0
	SR. DIRECTOR OF STRATEGIC PHILANTHROPY	(ii)	0	0	0	0	0	0	0
6	JENNIFER TOUCHET	(i)	126,958	17,500	0	9,182	25,496	179,136	0
	SR. DIRECTOR OF FAMILY PHILANTHROPY	(ii)	0	0	0	0	0	0	0
7	SUSAN ZARICH	(i)	125,184	25,000	0	9,040	9,274	168,498	0
	DIRECTOR OF ADVISOR RELATIONS	(ii)	0	0	0	0	0	0	0
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE COMPANY HAS ENTERED INTO A DEFERRED COMPENSATION AGREEMENT WITH AN EXECUTIVE EMPLOYED BY GREATER HOUSTON COMMUNITY FOUNDATION. THE TERM OF THE AGREEMENT IS COEXTENSIVE WITH THE TERM OF THE EMPLOYEE'S EMPLOYMENT WITH THE FOUNDATION. THE AGREEMENT PROVIDES ONLY DEFERRED AND CONTINGENT COMPENSATION WHICH IS PAYABLE AS THE EMPLOYEE BECOMES VESTED IN THAT COMPENSATION.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	CERTAIN EMPLOYEES PARTICIPATED IN AN INCENTIVE PAY AGREEMENT WITH THE COMPANY. INCENTIVE PAY IS BASED UPON 2017 PERFORMANCE, PAYABLE IN 2018.
SCHEDULE J, PART I, LINE 8 - PAYMENTS ON CONTRACT THAT IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION	THE DEFERRED COMPENSATION AGREEMENT DISCLOSED IN LINE 4B IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGS. SECTION 53.4958-4(A)(3).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

GREATER HOUSTON COMMUNITY FOUNDATION

Employer identification number

23-7160400

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	283	69,046,642	MARKET VALUE
10				
11	✓	4	100,000	MARKET VALUE
12				
13				
14				
15	✓	1	175,000	MARKET VALUE
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	2	135,000	MARKET VALUE
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
----	--	----	---

	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II

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

Return Reference - Identifier	Explanation
- SCHEDULE M, PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS ENTRIES ARE BEING REPORTED.

**SCHEDULE O
(Form 990 or 990-EZ)**Department of 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the Organization
GREATER HOUSTON COMMUNITY FOUNDATIONEmployer Identification Number
23-7160400

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CARE ABOUT, PROVIDING EXCELLENT STEWARDSHIP OF ASSETS ENTRUSTED TO US, AND CONVENING RESOURCES TO ADDRESS IMPORTANT COMMUNITY NEEDS.
FORM 990, PART III, LINE 1 - DESCRIPTION OF ORGANIZATION MISSION (CONTINUED)	GREATER HOUSTON COMMUNITY FOUNDATION HAS BEEN ACCREDITED BY THE COMMUNITY FOUNDATION NATIONAL STANDARDS BOARD, INDICATING GHCF'S COMMITMENT TO GO ABOVE AND BEYOND FEDERAL AND STATE LAW REQUIREMENTS TO DEMONSTRATE COMMITMENT TO ACCOUNTABILITY AND OPERATIONAL EXCELLENCE. TO RECEIVE AND MAINTAIN ACCREDITATION STATUS, COMMUNITY FOUNDATIONS MUST MEET AND REMAIN COMPLIANT WITH COMPREHENSIVE STANDARDS IN KEY AREAS OF STRUCTURE & GOVERNANCE, RESOURCE DEVELOPMENT, ACCOUNTABILITY, GRANTMAKING AND COMMUNITY ENGAGEMENT.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	FIELD OF INTEREST FUNDS, DESIGNATED FUNDS, GIVING CIRCLES, SCHOLARSHIP AND OTHER FUNDS ESTABLISHED BY INDIVIDUALS AND CORPORATIONS, GHCF MAKES GRANTS TO OTHER NONPROFIT ORGANIZATIONS THAT PROVIDE A VARIETY OF SERVICES TO THEIR COMMUNITIES. DONORS TO THESE FUNDS ARE PROVIDED WITH EDUCATIONAL OPPORTUNITIES RELATED TO PHILANTHROPY AND COMMUNITY NEEDS. A DATABASE OF NONPROFITS IS MAINTAINED FOR THE BENEFIT OF GHCF DONORS AND THE COMMUNITY AT LARGE. GHCF HAS PROVIDED A NEUTRAL PLATFORM FROM WHICH TO FACILITATE COLLABORATIVE EFFORTS TO ADDRESS SPECIFIC NEEDS IN THE COMMUNITY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$23,919,331 INCLUDING GRANTS OF \$23,372,528)(REVENUE \$51,513) EDUCATION: DISBURSED 2,435 GRANTS TO VARIOUS ORGANIZATIONS TO SUPPORT SCHOLARSHIP PROGRAMS, EDUCATIONAL INSTITUTIONS AND OTHER CURRICULUM PROGRAMS OF WHICH 3 GRANTS TOTALING \$355,000 WERE FOR DISASTER RELIEF EFFORTS RELATING TO HURRICANE HARVEY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$14,839,590 INCLUDING GRANTS OF \$14,500,352)(REVENUE \$31,959) RELIGION: DISBURSED 1,267 GRANTS TO VARIOUS ORGANIZATIONS THAT SUPPORT RELIGIOUS PROGRAMS AND ACTIVITIES OF WHICH 2 GRANTS TOTALING \$25,000 WERE FOR DISASTER RELIEF EFFORTS RELATING TO HURRICANE HARVEY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$14,833,902 INCLUDING GRANTS OF \$14,494,795)(REVENUE \$31,947) ARTS: DISBURSED 774 GRANTS TO VARIOUS ORGANIZATIONS THAT SUPPORT ART PROGRAMS AND ACTIVITIES.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$10,121,181 INCLUDING GRANTS OF \$9,889,807)(REVENUE \$21,797) DISBURSED 719 GRANTS TO VARIOUS ORGANIZATIONS THAT SUPPORT ENVIRONMENTAL EFFORTS AND PROJECTS, AND INTERNATIONAL PROGRAMS AND ACTIVITIES.
FORM 990, PART V, LINE 2A -	GREATER HOUSTON COMMUNITY FOUNDATION IS A CO-EMPLOYER WITH INSPERITY AND DOES NOT FILE FORM W-3. INSPERITY FILES THIS FORM UNDER ITS TAX IDENTIFICATION NUMBER.
FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T	WAITING ON K-1S THAT ARE ON EXTENSION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FINAL DOCUMENT WAS DISTRIBUTED TO THE GOVERNING BOARD FOR REVIEW PRIOR TO FILING. THE ASSISTANT CONTROLLER AND CONTROLLER OF THE GREATER HOUSTON COMMUNITY FOUNDATION INITIALLY REVIEW THE 990. UPON THE RESOLUTION OF ANY QUESTIONS RAISED BY THESE TWO INDIVIDUALS AND ANY CHANGES THAT RESULT FROM THIS REVIEW, THE COMPLETED DOCUMENT IS THEN DISTRIBUTED TO KEY STAFF AND THE PRINCIPAL OFFICER FOR THEIR REVIEW. ONCE REVIEWED BY THE KEY STAFF AND PRINCIPAL OFFICER, AND UPDATED WITH ANY CHANGES, A FINALIZED COPY IS PROVIDED TO THE PRINCIPAL OFFICER FOR FINAL REVIEW AND APPROVAL, PRIOR TO DISTRIBUTION TO THE GOVERNING BOARD.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL DIRECTORS, NON-DIRECTOR COMMITTEE MEMBERS, AND EMPLOYEES ANNUALLY. THEY ARE ASKED TO ACKNOWLEDGE RECEIPT BY RETURNING A SIGNED ACKNOWLEDGEMENT. WHEN DISCUSSION OCCURS AND/OR VOTES ARE TAKEN IN COMMITTEE AND BOARD MEETINGS AND A MEMBER INDICATES A CONFLICT OF INTEREST, SUCH CONFLICTS ARE NOTED IN THE MINUTES OF THE MEETING AND THE MEMBER ABSTAINS FROM ANY VOTE TAKEN.

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE BOARD HAS DELEGATED TO THE COMPENSATION COMMITTEE RESPONSIBILITY FOR DETERMINING ANNUALLY THE COMPENSATION OF OFFICERS AND OTHER KEY EMPLOYEES IS EQUITABLE AND REASONABLE. THE COMPENSATION COMMITTEE IS AN INDEPENDENT GROUP COMPOSED OF THREE BOARD MEMBERS AND THREE VOLUNTEERS WHO ARE HUMAN RESOURCE/COMPENSATION PROFESSIONALS.</p> <p>THE COMPENSATION COMMITTEE USED COMPARATIVE DATA ON COMPENSATION IN THE FOR PROFIT AND NONPROFIT WORKFORCE FROM VARIOUS SOURCES, BOTH LOCALLY AND FROM THE NATIONAL COMMUNITY FOUNDATION FIELD. THE COMPENSATION PROFESSIONALS ON THE COMMITTEE PROVIDE ADDITIONAL INFORMATION ON LOCAL COMPENSATION TRENDS. MINUTES OF THE COMPENSATION COMMITTEE MEETINGS ARE MAINTAINED WITH THE COMPARATIVE DATA AND OTHER INFORMATION CONCURRENTLY DOCUMENTING THE COMMITTEE'S DETERMINATION AND RECOMMENDATION. BASED ON ITS EVALUATIONS, THE COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD ON COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES, INCLUDING INCENTIVE COMPENSATION AND BENEFITS. THE BOARD APPROVES COMPENSATION IN ADVANCE BASED ON THIS RECOMMENDATION AND THE ORGANIZATION'S CURRENT FINANCIAL SITUATION.</p>								
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE PROCESS DESCRIBED ON LINE 15A WAS USED TO ESTABLISH COMPENSATION FOR ALL BOARD POSITIONS IN THE CURRENT YEAR.								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THERE IS A NOTICE ON THE GHCF WEBSITE STATING THAT COPIES OF THE CERTIFICATE OF FORMATION, BYLAWS, AND CONFLICT OF INTEREST POLICY MAY BE OBTAINED BY CALLING THE GHCF OFFICE.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="464 709 1304 741">(a) Description</th> <th data-bbox="1308 709 1513 741">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 747 1304 774">CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS</td> <td data-bbox="1308 747 1513 774">333,680</td> </tr> <tr> <td data-bbox="464 781 1304 825">REALIZED CHANGE IN FUNDS HELD AS AGENCY OBLIGATIONS AND CUSTODIAL ACCOUNTS</td> <td data-bbox="1308 781 1513 825">383,052</td> </tr> <tr> <td data-bbox="464 831 1304 858">RECOVERY OF PRIOR YEAR GRANTS</td> <td data-bbox="1308 831 1513 858">120,179</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	333,680	REALIZED CHANGE IN FUNDS HELD AS AGENCY OBLIGATIONS AND CUSTODIAL ACCOUNTS	383,052	RECOVERY OF PRIOR YEAR GRANTS	120,179
(a) Description	(b) Amount								
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	333,680								
REALIZED CHANGE IN FUNDS HELD AS AGENCY OBLIGATIONS AND CUSTODIAL ACCOUNTS	383,052								
RECOVERY OF PRIOR YEAR GRANTS	120,179								
FORM 990, PART XII, LINE 2B -	FINANCIAL STATEMENTS FOR THE GREATER HOUSTON COMMUNITY FOUNDATION WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM ON A CONSOLIDATED BASIS WITH THE ENTITIES AS DISCLOSED IN SCHEDULE R, PART II. THE INDEPENDENT ACCOUNTING FIRM ISSUED AN UNQUALIFIED OPINION OF THE FINANCIAL STATEMENTS FOR 2017.								
SCHEDULE A, PART I, LINE 8 -	SELECTED COMMUNITY TRUST AS REASON FOR PUBLIC CHARITY STATUS PER IRS INSTRUCTIONS EVEN THOUGH GREATER HOUSTON COMMUNITY FOUNDATION IS ORGANIZED AS A CORPORATION AND DOES NOT FALL UNDER COMMUNITY TRUST REGULATIONS.								
SCHEDULE F, PART I, LINE 3(A) - REGION NUMBER 3 - 11	SOME GRANTS CONTAINED IN THIS REGION ARE ACROSS MULTIPLE AREAS. IDENTIFYING ONE REGION AS BENEFITING MORE THAN ANOTHER IS IMPOSSIBLE.								
SCHEDULE R, PART V, LINE 2 -	VALUE OF THE SERVICES WERE DETERMINED THROUGH COMPETITIVE BIDDING.								

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

GREATER HOUSTON COMMUNITY FOUNDATION

Employer identification number

23-7160400

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) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LEWIS FAMILY CHARITABLE FOUNDATION (13-4229533) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)3 ORGANIZATIONS	TX	501(C)3	11	N/A		✓
(2) BILL AND SARA MORGAN REAL ESTATE FOUNDATION (76-0651865) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)3 ORGANIZATIONS	TX	501(C)3	11	N/A		✓
(3) DON G. POWELL FOUNDATION (76-0603592) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)3 ORGANIZATIONS	TX	501(C)3	11	N/A		✓
(4) COMISKEY FOUNDATION (31-1620240) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)3 ORGANIZATIONS	TX	501(C)3	11	N/A		✓
(5) CENTER FOR COMMUNITY INITIATIVES OF GHCF (76-0656975) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)3 ORGANIZATIONS	TX	501(C)3	11	N/A		✓
(6) HOUSTON IMMIGRATION LEGAL SERVICES COLLABORATIVE (30-0098254) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)3 ORGANIZATIONS	TX	501(C)3	11	N/A		✓
(7) (SEE STATEMENT)							

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(10)													
(11)													
(12)													
(13)													
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(15)													
(16)													

Part II**Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) THE FRANK AND CINDY LIU FAMILY FOUNDATION (20-2984875) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS	TX	501(c)(3)	11	N/A		✓
(8) THE LINBECK FAMILY CHARITABLE TRUST (27-7099515) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS	TX	501(c)(3)	11	N/A		✓
(9) BARBARA BUSH HOUSTON LITERACY FOUNDATION (46-5037878) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS	TX	501(c)(3)	11	N/A		✓
(10) GREAT SOUTHWEST EQUESTRIAN FOUNDATION (81-3819013) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS	TX	501(c)(3)	11	N/A		✓
(11) MENTAL HEALTH CHANNEL (81-4350322) 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS	TX	501(c)(3)	11	N/A		✓
(12) WOODWAY SUPPORTING FOUNDATION 3 (82-3398078) 5120 WOODWAY DR STE 6000, HOUSTON, TX 77056	PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS	TX	501(c)(3)	11	N/A		✓