

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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 2018 calendar year, or tax year beginning **2018**, 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
515 POST OAK BLVD **1000**
 City or town, state or province, country, and ZIP or foreign postal code
HOUSTON, TX 77027

D Employer identification number
23-7160400

E Telephone number
(713) 333-2200

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

G Gross receipts \$ **374,102,301**

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 ▶ **6291**

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 2018 (Part V, line 2a) | 5 | 42 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 143 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 243,583 |
| b | Net unrelated business taxable income from Form 990-T, line 38 | 7b | 50,274 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 285,450,739 | Current Year 113,693,681 |
| | 9 | Program service revenue (Part VIII, line 2g) | 534,679 | 580,508 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 19,671,131 | 36,003,574 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 31,290 | (104,552) |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 305,687,839 | 150,173,211 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 242,596,165 | 206,447,597 |
| | 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) | 4,143,057 | 4,244,139 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 647,344 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 5,039,744 | 4,902,689 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 251,778,966 | 215,594,425 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 53,908,873 | (65,421,214) | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 722,100,343 | End of Year 600,279,009 |
| | 21 | Total liabilities (Part X, line 26) | 22,414,511 | 22,538,910 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 699,685,832 | 577,740,099 |

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 **ED PADAR, TREASURER**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

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 \$ 52,596,700 including grants of \$ 51,217,526) (Revenue \$ 144,018)

HEALTH: DISBURSED 1,430 GRANTS TO SUPPORT MEDICAL RESEARCH, COMMUNITY HEALTH PROGRAMS, FELLOWSHIPS,
AND OTHER PROGRAMS IN HOSPITALS AND OTHER MEDICAL INSTITUTIONS.

4b (Code:) (Expenses \$ 47,956,542 including grants of \$ 46,699,040) (Revenue \$ 131,312)

PUBLIC BENEFIT: DISBURSED 813 GRANTS TO VARIOUS ORGANIZATIONS AND PROJECTS FOR THE PUBLIC BENEFIT.

4c (Code:) (Expenses \$ 39,544,520 including grants of \$ 38,507,595) (Revenue \$ 108,279)

HUMAN SERVICES: DISBURSED 3,364 GRANTS TO VARIOUS ORGANIZATIONS TO SUPPORT HUMAN SERVICE PROGRAMS
AND ORGANIZATIONS SERVING COMMUNITY NEEDS.

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

(Expenses \$ 71,909,012 including grants of \$ 70,023,436) (Revenue \$ 196,899)

4e Total program service expenses **▶** 212,006,774

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"/> |
| 12a 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"/> |
| 14a 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"/> |
| 20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 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> | <input checked="" type="checkbox"/> | |
| 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> | <input checked="" type="checkbox"/> | |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | |
| 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> | | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | |
| 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> | <input checked="" type="checkbox"/> | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-------------------------------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> | |

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | Yes | No |
|------------|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 42 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | ✓ | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | ✓ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | ✓ | |
| b | If "Yes," enter the name of the foreign country: BD, CJ, EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | ✓ | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d 1 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | ✓ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | ✓ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | ✓ |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | ✓ |

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 (1024 or 1024-A 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, 515 POST OAK BLVD STE 1000, HOUSTON, TX 77027, (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) MARTHA Z CARNES ----- IMMEDIATE PAST CHAIR | 0.0 ----- 0.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (2) MICHAEL R DUMAS ----- CHAIR | 0.0 ----- 0.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (3) RON HULME ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (4) J. MURRY BOWDEN ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (5) WILLIAM BRYAN ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (6) ANTHONY CHASE ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (7) LACEY FLOUR GOOSSEN ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (8) LAURA R JARAMILLO ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (9) TERRI LACY ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (10) NANCY D MCGREGOR ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (11) DAVID R PRUNER ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (12) KIM A RUTH ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (13) CELESTINE VETTICAL ----- GOVERNING BOARD MEMBER | 0.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (14) CHRIS WEEKLEY ----- 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) RANDA WEINER GOVERNING BOARD MEMBER | 0.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (16) JENNIFER LAPORTE GOVERNING BOARD MEMBER | 0.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (17) BARRY H MARGOLIS GOVERNING BOARD MEMBER | 0.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (18) PAUL C GREGORY 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"/> | | | | 459,087 | 0 | 46,006 |
| (20) EDWIN C PADAR TREASURER & CONTROLLER | 40.0 1.0 | | | <input checked="" type="checkbox"/> | | | | 163,824 | 0 | 40,501 |
| (21) MICHAEL D PAWSON SECRETARY & CFO | 40.0 3.0 | | | <input checked="" type="checkbox"/> | | | | 247,156 | 0 | 46,150 |
| (22) RENEE WIZIG-BARRIOS SR. VICE PRESIDENT & CHIEF PHILANTHROPY OFFICER | 40.0 12.0 | | | <input checked="" type="checkbox"/> | | | | 276,956 | 0 | 34,334 |
| (23) SUSAN ZARICH DIRECTOR OF ADVISOR RELATIONS | 40.0 0.0 | | | <input checked="" type="checkbox"/> | | | | 160,954 | 0 | 19,488 |
| (24) REBECCA A HOVE SR. DIRECTOR OF STRATEGIC PHILANTHROPY | 40.0 5.0 | | | | <input checked="" type="checkbox"/> | | | 166,422 | 0 | 20,156 |
| (25) (SEE STATEMENT) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 1,474,399 | 0 | 206,635 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 464,782 | 0 | 112,626 |
| d Total (add lines 1b and 1c) | | | | | | | | 1,939,181 | 0 | 319,261 |

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 **▶** 10

| | 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 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"/> | |
| 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 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 |
|--|--------------------------------|---------------------|
| EMPLOYMENT & TRAINING CENTERS, INC., 3355 WEST ALABAMA, SUITE 350, HOUSTON, TX 77098 | CONSULTING | 257,007 |
| DEUTSER LLC, 5847 SAN FELIPE, SUITE 2500, HOUSTON, TX 77057 | MARKETING CONSULTING | 243,161 |
| PAVILION ADVISORY GROUP, LLC, 43 MAIN STREET SE, MINNEAPOLIS, MN 55414 | INVESTMENT MANAGEMENT | 209,796 |
| FSG, INC., 500 BOYLSTON ST., STE. 600, BOSTON, MA 02116 | CONSULTING | 179,930 |
| DELOITTE CONSULTING LLP, 1111 BAGBY STREET, SUITE 4500, HOUSTON, TX 77002 | CONSULTING | 164,464 |

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 **▶** 10

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 | 0 | | | | |
| | b Membership dues | 1b | 0 | | | | |
| | c Fundraising events | 1c | 404,097 | | | | |
| | d Related organizations | 1d | 66,122 | | | | |
| | e Government grants (contributions) | 1e | 0 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 113,223,462 | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 28,478,758 | | | | |
| | h Total. Add lines 1a-1f | | 113,693,681 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a ADMINISTRATIVE FEE | | 541900 | 243,583 | 243,583 | | |
| | b RENTAL INCOME | | 900002 | 54,657 | | 54,657 | |
| | c ADMINISTRATIVE FEE | | 541900 | 282,268 | | 282,268 | |
| | d ----- | | | 0 | | 0 | |
| | e ----- | | | 0 | | 0 | |
| | f All other program service revenue . | | | 0 | 0 | 0 | |
| | g Total. Add lines 2a-2f | | | 580,508 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 14,142,536 | | 14,142,536 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | 0 | |
| | 5 Royalties | | | 0 | | 0 | |
| | 6a Gross rents | (i) Real | 0 | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | 0 | | | | |
| | 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 | 244,663,250 | 966,878 | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 222,922,903 | 846,187 | | | |
| | | c Gain or (loss) | 21,740,347 | 120,691 | | | |
| | d Net gain or (loss) | | | 21,861,038 | | 21,861,038 | |
| | 8a Gross income from fundraising events (not including \$ 404,097 of contributions reported on line 1c). See Part IV, line 18 | a | 55,448 | | | | |
| | | b Less: direct expenses | 160,000 | | | | |
| | | c Net income or (loss) from fundraising events . | | | (104,552) | | (104,552) |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | 0 | | | | |
| | | b Less: direct expenses | 0 | | | | |
| | | c Net income or (loss) from gaming activities . . | | | 0 | | 0 |
| | 10a Gross sales of inventory, less returns and allowances | a | 0 | | | | |
| b Less: cost of goods sold | | 0 | | | | | |
| c Net income or (loss) from sales of inventory . . | | | | 0 | | 0 | |
| 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 | | | 150,173,211 | 0 | 243,583 | 36,235,947 | |

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 | 199,890,336 | 199,890,336 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 4,265,759 | 4,265,759 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 2,291,502 | 2,291,502 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,314,014 | 278,092 | 999,936 | 35,986 |
| 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 | 2,274,254 | 1,186,562 | 752,045 | 335,647 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 100,056 | 56,565 | 29,971 | 13,520 |
| 9 Other employee benefits | 314,617 | 136,871 | 142,762 | 34,984 |
| 10 Payroll taxes | 241,198 | 108,757 | 106,043 | 26,398 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 471,511 | 453,336 | 18,175 | |
| b Legal | 37,516 | 25,265 | 12,251 | |
| c Accounting | 106,852 | 2,854 | 103,998 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,225,619 | 1,233,776 | (8,157) | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,270,767 | 908,957 | 174,005 | 187,805 |
| 12 Advertising and promotion | 83,390 | 60,721 | 10,704 | 11,965 |
| 13 Office expenses | 231,124 | 129,430 | 87,919 | 13,775 |
| 14 Information technology | 445,206 | 251,015 | 143,608 | 50,583 |
| 15 Royalties | | | | |
| 16 Occupancy | 309,897 | 128,235 | 163,983 | 17,679 |
| 17 Travel | 64,353 | 48,207 | 12,172 | 3,974 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 215,276 | 275,414 | 52,784 | (112,922) |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 159,405 | 69,018 | 78,063 | 12,324 |
| 23 Insurance | 56,728 | 19,126 | 37,602 | |
| 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 | 124,222 | 52,275 | 60,042 | 11,905 |
| b DUES & SUBSCRIPTIONS | 60,100 | 16,217 | 41,277 | 2,606 |
| c CREDIT CARD FEES | 14,530 | 10,429 | 4,101 | |
| d PROFESSIONAL DEVELOPMENT | 6,286 | 3,517 | 1,654 | 1,115 |
| e All other expenses | 19,907 | 104,538 | (84,631) | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 215,594,425 | 212,006,774 | 2,940,307 | 647,344 |
| 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) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 157,944,921 | 2 | 121,718,326 |
| | 3 Pledges and grants receivable, net | 376,328 | 3 | 258,926 |
| | 4 Accounts receivable, net | | 4 | 306,845 |
| | 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 | 3,002,357 | 7 | 2,853,378 |
| | 8 Inventories for sale or use | | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 546,417 | 9 | 516,808 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,151,104 | | |
| | b Less: accumulated depreciation | 10b 359,664 | 889,120 | 10c 791,440 |
| | 11 Investments—publicly traded securities | 445,043,241 | 11 | 372,095,373 |
| | 12 Investments—other securities. See Part IV, line 11 | 114,281,356 | 12 | 101,737,913 |
| | 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 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 722,100,343 | 16 | 600,279,009 | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,887,630 | 17 | 2,655,053 |
| | 18 Grants payable | 6,825,121 | 18 | 7,724,339 |
| | 19 Deferred revenue | | 19 | 0 |
| | 20 Tax-exempt bond liabilities | | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 7,212,412 | 21 | 6,638,872 |
| | 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 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 0 |
| | 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 | 5,489,348 | 25 | 5,520,646 |
| | 26 Total liabilities. Add lines 17 through 25 | 22,414,511 | 26 | 22,538,910 |
| 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 | 692,242,832 | 27 | 571,576,099 |
| | 28 Temporarily restricted net assets | 7,443,000 | 28 | 6,164,000 |
| | 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 | 699,685,832 | 33 | 577,740,099 | |
| 34 Total liabilities and net assets/fund balances | 722,100,343 | 34 | 600,279,009 | |

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 | 150,173,211 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 215,594,425 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (65,421,214) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 699,685,832 |
| 5 | Net unrealized gains (losses) on investments | 5 | (57,408,211) |
| 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 | 883,692 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 577,740,099 |

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 | | ✓ |
| 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 | ✓ | |
| 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. | ✓ | |
| 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? | | ✓ |
| 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 ----- 4.0 | | | | ✓ | | | 154,672 | 0 | 36,894 |
| (26) HUNTER C EDMONDSON ----- ACCOUNTING MANAGER | 40.0 ----- 0.0 | | | | | ✓ | | 104,230 | 0 | 17,543 |
| (27) KRYSTLE M FOLSE ----- DIRECTOR OF DONOR SERVICES | 40.0 ----- 0.0 | | | | | ✓ | | 103,826 | 0 | 18,914 |
| (28) NELSON E HERNANDEZ ----- ASSISTANT CONTROLLER | 40.0 ----- 0.0 | | | | | ✓ | | 102,054 | 0 | 39,275 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

| | |
|---|---|
| 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 203,038,854 | 128,020,758 | 157,736,498 | 286,454,364 | 113,693,681 | 888,944,155 |
| 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 | 203,038,854 | 128,020,758 | 157,736,498 | 286,454,364 | 113,693,681 | 888,944,155 |
| 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) | | | | | | 63,558,067 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 825,386,088 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 203,038,854 | 128,020,758 | 157,736,498 | 286,454,364 | 113,693,681 | 888,944,155 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 8,393,928 | 8,230,661 | 9,171,469 | 12,383,929 | 14,142,536 | 52,322,523 |
| 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 | | | | | | 941,266,678 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,304,612 |
| 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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 87.69 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 86.84 % |
| 16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2018. 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—2017. 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 (as 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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

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? 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. | | |
| 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? 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. | | |

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)? 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). | | |

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? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

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. | | |
| 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? 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. | | |
| 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? 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. | | |
| 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? Provide details in Part VI . | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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). | | | |

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 . . . | | | |
| b Excess from 2015 . . . | | | |
| c Excess from 2016 . . . | | | |
| d Excess from 2017 . . . | | | |
| e Excess from 2018 . . . | | | |

Schedule of Contributors

2018

▶ **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 |
|---|---|

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 |
|---|---|

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 | ----- ----- ----- | \$ ----- 9,977,250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ ----- 6,876,105 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ ----- 6,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ ----- 5,500,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ ----- 3,210,313 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ ----- 3,178,876 | Person <input checked="" 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 |
|---|---|

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 | ----- ----- ----- | \$ ----- 2,914,523 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ----- ----- ----- | \$ ----- 2,910,890 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | ----- ----- ----- | \$ ----- 2,895,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | ----- ----- ----- | \$ ----- 2,856,867 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | ----- ----- ----- | \$ ----- 2,400,000 | 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.) |

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

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 |
|---------------------------|---|---|----------------------|
| 2 | 9000 SHARES AMERISOURCEBERGEN CORP. ----- ----- ----- | \$ 876,105 | 03/16/2018 |
| 5 | 15,000 SHARES OF KIMBERLY-CLARK CORP. 5 SHARES OF BERKSHIRE HATHAWAY INC. CIA ----- ----- ----- | \$ 3,210,313 | 03/01/2018 |
| 10 | 23,590 SHARES VANGUARD TOTAL STOCK MARKET ETF ----- ----- ----- | \$ 2,856,867 | 12/24/2018 |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |

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

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

2018

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, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, monitoring policy, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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 | 15,858,294 | 14,145,117 | 13,618,020 | 13,915,282 | 11,022,872 |
| b Contributions | 0 | 0 | 244,543 | 406,090 | 2,579,570 |
| c Net investment earnings, gains, and losses | (895,533) | 2,502,159 | 940,264 | (123,286) | 699,163 |
| d Grants or scholarships | 323,522 | 319,490 | 316,211 | 457,591 | 364,155 |
| e Other expenditures for facilities and programs | 202,218 | 339,789 | 230,042 | | |
| f Administrative expenses | 143,373 | 129,703 | 111,457 | 122,475 | 22,168 |
| g End of year balance | 14,293,648 | 15,858,294 | 14,145,117 | 13,618,020 | 13,915,282 |

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? | | ✓ |

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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 64,311 | 2,923 | 61,388 |
| d Equipment | | 1,086,793 | 356,741 | 730,052 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 791,440 |

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 | 87,313,058 | END OF YEAR MARKET VALUE |
| (3) Other | | |
| (A) LIMITED MARKETABLE INVESTMENTS | 8,232,455 | END OF YEAR MARKET VALUE |
| (B) RECEIVABLE - REMAINDER TRUST | 6,044,000 | END OF YEAR MARKET VALUE |
| (C) CASH SURRENDER VALUE LIFE INSURANCE | 147,400 | END OF YEAR MARKET VALUE |
| (D) MINERAL INTEREST | 1,000 | END OF YEAR MARKET VALUE |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | 101,737,913 | |

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 | 5,520,646 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 5,520,646 |

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.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) | | 5 | |

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.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) | | 5 | |

Part XIII Supplemental Information.

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

SEE STATEMENT

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, 2018, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE MAJOR TAX JURISDICTIONS UNDER THE STATUTE OF LIMITATIONS ARE FROM THE YEARS 2015 THROUGH 2017 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

2018

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 | | 61,415,000 |
| (2) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | INVESTMENTS | | 10,363,000 |
| (3) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 287,200 |
| (4) EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 300,917 |
| (5) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 278,835 |
| (6) MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 129,589 |
| (7) NORTH AMERICA (CANADA & MEXICO ONLY) | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 8,000 |
| (8) RUSSIA AND NEIGHBORING STATES | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 12,795 |
| (9) SOUTH AMERICA | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 173,160 |
| (10) SOUTH ASIA | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 5,900 |
| (11) SUB-SAHARAN AFRICA | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 1,095,106 |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 0 | 0 | | | 74,069,502 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 74,069,502 |

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) |
|---|--------------------------|--|-----------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | (SEE STATEMENT) | | | | | | |
| | | | | | | | | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 4

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 | 29 | 287,200 | CHECK | | | |
| (2) CASH | EAST ASIA AND THE PACIFIC | 15 | 220,946 | CHECK | | | |
| (3) CASH | EUROPE (INCLUDING ICELAND AND GREENLAND) | 3 | 103,400 | CHECK | | | |
| (4) CASH | MIDDLE EAST AND NORTH AFRICA | 8 | 129,589 | CHECK | | | |
| (5) CASH | NORTH AMERICA (CANADA & MEXICO ONLY) | 4 | 8,000 | CHECK | | | |
| (6) CASH | RUSSIA AND NEIGHBORING STATES | 6 | 12,795 | CHECK | | | |
| (7) CASH | SOUTH AMERICA | 20 | 173,160 | CHECK | | | |
| (8) CASH | SOUTH ASIA | 13 | 5,900 | CHECK | | | |
| (9) CASH | SUB-SAHARAN AFRICA | 65 | 880,106 | 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) |
|-----------------------------|---------------------------------|--|--|-----------------------------|------------------------------------|--------------------------------------|---|--|
| (1) | | EAST ASIA AND THE PACIFIC | THIS GRANT IS TO SUPPORT THE CONDUCTIVE EDUCATION PROGRAM, WHICH ASSISTS YOUNG PEOPLE WITH CEREBRAL PALSY AND OTHER DISABILITIES IN DEVELOPING VITAL LIFE SKILLS FOR INDEPENDENT LIVING. | 79,971 | WIRE | | | |
| (2) | | EUROPE (INCLUDING ICELAND AND GREENLAND) | THIS GRANT IS GENERAL SUPPORT OF PROGRAMS THAT BENEFIT GRASSROOTS GOLF FACILITIES AND THE OVERALL IMAGE OF THE SPORT WORLDWIDE. | 145,577 | WIRE | | | |
| (3) | | EUROPE (INCLUDING ICELAND AND GREENLAND) | GENERAL OPERATIONS | 29,858 | WIRE | | | |
| (4) | | SUB-SAHARAN AFRICA | TO COVER (I) EDUCATION, HEALTHCARE, FOOD, CLOTHING, AND RELATED NEEDS FOR ORPHANED AND VULNERABLE CHILDREN AND (II) INITIAL CONSTRUCTION COSTS FOR THE NEW URU ACADEMY FACILITY. | 215,000 | 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 EUROPE (INCLUDING ICELAND AND GREENLAND): 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, COLUMN C - EXPLANATION OF ESTIMATE FOR NUMBER OF RECIPIENTS</p> | <p>CENTRAL AMERICA AND THE CARIBBEAN: 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. MIDDLE EAST AND NORTH AFRICA: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. NORTH AMERICA (CANADA & MEXICO ONLY): 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. SOUTH AMERICA: USED NUMBER OF GRANTS AS AN ESTIMATE OF THE NUMBER OF RECIPIENTS. SOUTH ASIA: 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.</p> |

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

2018

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 |
|--|---|--|--|---------------------|---------------------------------|
| | | WILL ERWIN GOLF TOURNAMENT (event type) | BUSH CHINA US RELATIONS FOUNDATI (event type) | 1 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 291,235 | 160,000 | 8,310 | 459,545 |
| | 2 Less: Contributions | 252,035 | 147,052 | 5,010 | 404,097 |
| | 3 Gross income (line 1 minus line 2) | 39,200 | 12,948 | 3,300 | 55,448 |
| Direct Expenses | 4 Cash prizes | | | | 0 |
| | 5 Noncash prizes | | | | 0 |
| | 6 Rent/facility costs | | 80,000 | | 80,000 |
| | 7 Food and beverages | | 80,000 | | 80,000 |
| | 8 Entertainment | | | | 0 |
| | 9 Other direct expenses | | | | 0 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 160,000 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | (104,552) | |

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

**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

2018

**Open to Public
Inspection**

Name of the organization

GREATER HOUSTON COMMUNITY FOUNDATION

Employer identification number

23-7160400

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) PENOBSCOT MARINE MUSEUM P.O. BOX 498, SEARSPORT, ME 04974 | 01-6015647 | 501(C)(3) | 5,000 | | | | (SEE STATEMENT) |
| (2) INSTITUTE FOR LIVING JUDAISM IN BROOKLYN 1714 RYDER STREET, BROOKLYN, NY 11234 | 05-0596535 | 501(C)(3) | 5,000 | | | | GENERAL CONTRIBUTION |
| (3) SOUTH KENT SCHOOL CORP 40 BULLS BRIDGE ROAD, SOUTH KENT, CT 06785 | 06-0646906 | 501(C)(3) | 5,000 | | | | GENERAL CONTRIBUTION |
| (4) (SEE STATEMENT) | 06-0646973 | 501(C)(3) | 5,000 | | | | (SEE STATEMENT) |
| (5) (SEE STATEMENT) | 13-1624102 | 501(C)(3) | 5,000 | | | | (SEE STATEMENT) |
| (6) (SEE STATEMENT) | 13-3160356 | 501(C)(3) | 5,000 | | | | (SEE STATEMENT) |
| (7) (SEE STATEMENT) | 13-3880402 | 501(C)(3) | 5,000 | | | | (SEE STATEMENT) |
| (8) (SEE STATEMENT) | 13-3993633 | 501(C)(3) | 5,000 | | | | (SEE STATEMENT) |
| (9) (SEE STATEMENT) | 13-4229533 | 501(C)(3) | 5,000 | | | | GENERAL CONTRIBUTION |
| (10) (SEE STATEMENT) | 13-6223604 | 501(C)(3) | 5,000 | | | | GENERAL CONTRIBUTION |
| (11) (SEE STATEMENT) | 13-6844298 | 501(C)(3) | 5,000 | | | | (SEE STATEMENT) |
| (12) (SEE STATEMENT) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1,373

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

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 SCHOLARSHIPS | 595 | 1,868,350 | | | |
| 2 DISASTER RELIEF | 1,121 | 2,397,409 | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

(SEE STATEMENT)

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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 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 I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | YALE UNIVERSITY OFFICE OF DEVELOPMENT, P.O. BOX 2038, NEW HAVEN, CT 06521 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | NATIONAL AUDOBON SOCIETY, INC. AUDUBON TEXAS STATE OFFICE, 2201 MAIN STREET, SUITE 600, DALLAS, TX 75201 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | NEW YORK PRESBYTERIAN FUND INC OFFICE OF DEVELOPMENT, 525 EAST 68TH STREET, BOX 123, NEW YORK, NY 10065 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | FRIENDS WITHOUT A BORDER 1123 BROADWAY, SUITE 1210, NEW YORK, NY 10010 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | FIVER CHILDREN'S FOUNDATION 519 EIGHTH AVENUE, FLOOR 24, NEW YORK, NY 10018 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | LEWIS FAMILY CHARITABLE FOUNDATION 4550 POST OAK PLACE, SUITE 100, HOUSTON, TX 77027 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | THE FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVENUE, NW, WASHINGTON, DC 20009 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | CHILDREN'S SPECIALIZED HOSPITAL FOUNDATION, INC. 150 NEW PROVIDENCE ROAD, MOUNTAINSIDE, NJ 07092 |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | PENOBSCOT MARINE MUSEUM: THIS GRANT IS FOR THE 2018 GALA IN AUGUST. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | YALE UNIVERSITY: THIS GRANT IS FOR THE ALUMNI FUND. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | NATIONAL AUDOBON SOCIETY, INC.: THIS GRANT IS FOR A TABLE AT THE 2018 WOMEN IN CONSERVATION AWARD LUNCHEON. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | NEW YORK PRESBYTERIAN FUND INC: THIS GRANT IS IN SUPPORT OF VARIOUS HOSPITAL PROGRAMS. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | FRIENDS WITHOUT A BORDER: THIS GRANT IS TO SUPPORT THE WORK OF FRIENDS WITHOUT A BORDER IN LAOS. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | FIVER CHILDREN'S FOUNDATION: THIS GRANT IS IN HONOR OF MS. CHIARA TRENTO MAI. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | CHILDREN'S SPECIALIZED HOSPITAL FOUNDATION, INC.: RADIO STATION EVENT SPONSORSHIP |

**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

2018

Open to Public Inspection

Employer identification number

23-7160400

Part I Questions Regarding Compensation

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| <p>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.</p> <p> <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) </p> | | |
| <p>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</p> | | |
| 1b | | |
| <p>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?</p> | | |
| 2 | | |
| <p>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.</p> <p> <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 </p> | | |
| <p>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:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | | <input checked="" type="checkbox"/> |
| 4a | | <input checked="" type="checkbox"/> |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | <input checked="" type="checkbox"/> | |
| 4b | <input checked="" type="checkbox"/> | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | | |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>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:</p> | | |
| <p>a The organization?</p> | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| <p>b Any related organization?</p> | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | | |
| <p>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:</p> | | |
| <p>a The organization?</p> | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| <p>b Any related organization?</p> | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | | |
| <p>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</p> | <input checked="" type="checkbox"/> | |
| 7 | <input checked="" type="checkbox"/> | |
| <p>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</p> | <input checked="" type="checkbox"/> | |
| 8 | <input checked="" type="checkbox"/> | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | <input checked="" type="checkbox"/> | |
| 9 | <input checked="" type="checkbox"/> | |

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 PRESIDENT & CEO | (i) | 302,932 | 156,155 | 0 | 16,500 | 29,506 | 505,093 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 EDWIN C PADAR TREASURER & CONTROLLER | (i) | 131,824 | 32,000 | 0 | 10,476 | 30,025 | 204,325 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 MICHAEL D PAWSON SECRETARY & CFO | (i) | 190,156 | 57,000 | 0 | 15,531 | 30,619 | 293,306 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 RENEE WIZIG-BARRIOS SR. VICE PRESIDENT & CHIEF PHILANTHROPY OFFICER | (i) | 207,456 | 69,500 | 0 | 16,500 | 17,834 | 311,290 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 SUSAN ZARICH DIRECTOR OF ADVISOR RELATIONS | (i) | 128,954 | 32,000 | 0 | 9,686 | 9,802 | 180,442 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 REBECCA A HOVE SR. DIRECTOR OF STRATEGIC PHILANTHROPY | (i) | 137,422 | 29,000 | 0 | 8,838 | 11,318 | 186,578 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 JENNIFER TOUCHET SR. DIRECTOR OF FAMILY PHILANTHROPY | (i) | 129,172 | 25,500 | 0 | 9,826 | 27,068 | 191,566 | 0 |
| | (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 2018 PERFORMANCE, PAYABLE IN 2019. |
| 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)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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 instructions and the latest information.**

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 | ✓ | 124 | 27,116,579 | MARKET VALUE |
| 10 | ✓ | 2 | 383,266 | MARKET VALUE |
| 11 | ✓ | 1 | 796,066 | MARKET VALUE |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | ✓ | 2 | 182,847 | 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** 1

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | ✓ |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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 - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS |
| | SECURITIES - PARTNERSHIP, LLC, OR TRUST INTERESTS - NUMBER OF CONTRIBUTIONS |
| | SECURITIES - CLOSELY HELD STOCK - NUMBER OF CONTRIBUTIONS |
| | OTHER - NOTE RECEIVABLE NUMBER OF CONTRIBUTIONS |

**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

2018

Open to Public Inspection

Name of the Organization
GREATER HOUSTON COMMUNITY FOUNDATION

Employer 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 \$29,008,669 INCLUDING GRANTS OF \$28,248,012)(REVENUE \$79,430) EDUCATION: DISBURSED 2,504 GRANTS TO VARIOUS ORGANIZATIONS TO SUPPORT SCHOLARSHIP PROGRAMS, EDUCATIONAL INSTITUTIONS AND OTHER CURRICULUM . |
| FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$18,164,993 INCLUDING GRANTS OF \$17,688,677)(REVENUE \$49,739) ARTS: DISBURSED 909 GRANTS TO VARIOUS ORGANIZATIONS THAT SUPPORT ART PROGRAMS AND ACTIVITIES. |
| FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$17,832,276 INCLUDING GRANTS OF \$17,364,683)(REVENUE \$48,828) RELIGION: DISBURSED 1,300 GRANTS TO VARIOUS ORGANIZATIONS THAT SUPPORT RELIGIOUS PROGRAMS AND ACTIVITIES. |
| FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$6,903,074 INCLUDING GRANTS OF \$6,722,064)(REVENUE \$18,902) 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="467 709 1304 741">(a) Description</th> <th data-bbox="1312 709 1515 741">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 743 1304 774">CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS</td> <td data-bbox="1312 743 1515 774">- 792,282</td> </tr> <tr> <td data-bbox="467 777 1304 825">REALIZED CHANGE IN FUNDS HELD AS AGENCY OBLIGATIONS AND CUSTODIAL ACCOUNTS</td> <td data-bbox="1312 777 1515 825">542,241</td> </tr> <tr> <td data-bbox="467 827 1304 858">RECOVERY OF PRIOR YEAR GRANTS</td> <td data-bbox="1312 827 1515 858">1,144,733</td> </tr> <tr> <td data-bbox="467 861 1304 892">GIFT REFUNDS</td> <td data-bbox="1312 861 1515 892">- 11,000</td> </tr> </tbody> </table> | | (a) Description | (b) Amount | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | - 792,282 | REALIZED CHANGE IN FUNDS HELD AS AGENCY OBLIGATIONS AND CUSTODIAL ACCOUNTS | 542,241 | RECOVERY OF PRIOR YEAR GRANTS | 1,144,733 | GIFT REFUNDS | - 11,000 |
| | (a) Description | (b) Amount | | | | | | | | | | |
| | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | - 792,282 | | | | | | | | | | |
| | REALIZED CHANGE IN FUNDS HELD AS AGENCY OBLIGATIONS AND CUSTODIAL ACCOUNTS | 542,241 | | | | | | | | | | |
| | RECOVERY OF PRIOR YEAR GRANTS | 1,144,733 | | | | | | | | | | |
| GIFT REFUNDS | - 11,000 | | | | | | | | | | | |
| 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 2018. | | | | | | | | | | | | |
| 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

2018

**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) 1608 BRANARD, LLC (82-4579203) 515 POST OAK BLVD. SUITE 1000, HOUSTON, TX 77027 | HOLDING COMPANY | TX | 637,329 | 0 | GREATER HOUSTON COMMUNITY FOUNDATION |
| (2) 3918 MANDELL, LLC (82-4606314) 515 POST OAK BLVD. SUITE 1000, HOUSTON, TX 77027 | HOLDING COMPANY | TX | 277,329 | 0 | GREATER HOUSTON COMMUNITY FOUNDATION |
| (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) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (2) BILL AND SARA MORGAN REAL ESTATE FOUNDATION (76-0651865) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (3) DON G. POWELL FOUNDATION (76-0603592) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (4) COMISKEY FOUNDATION (31-1620240) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (5) CENTER FOR COMMUNITY INITIATIVES OF GHCF (76-0656975) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (6) HOUSTON IMMIGRATION LEGAL SERVICES COLLABORATIVE (30-0098254) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) | 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) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (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) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (8) THE LINBECK FAMILY CHARITABLE TRUST (27-7099515) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (9) BARBARA BUSH HOUSTON LITERACY FOUNDATION (46-5037878) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (10) GREAT SOUTHWEST EQUESTRIAN FOUNDATION (81-3819013) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (11) MENTAL HEALTH CHANNEL (81-4350322) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (12) WOODWAY SUPPORTING FOUNDATION 3 (82-3398078) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (13) HARRIS COUNTY CIVIC ENGAGEMENT INITIATIVE (83-0940984) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |
| (14) ARTS CONNECT (83-1178054) 515 POST OAK BLVD, SUITE 1000, HOUSTON, TX 77027 | PROVIDE FINANCIAL SUPPORT TO QUALIFIED 501(C)(3) ORGANIZATIONS | TX | 501(C)(3) | 11 | N/A | | ✓ |

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2018, or tax year beginning _____, 2018, and ending _____, 20_____

2018

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization
GREATER HOUSTON COMMUNITY FOUNDATION

Employer identification number
23-7160400

Part I Type of Return and Return Information (Whole Dollars Only)


Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | | | |
|----|--------------------------|-------------------------------------|---|--|----|-------------|
| 1a | Form 990 check here | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 150,173,211 |
| 2a | Form 990-EZ check here | <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here | <input type="checkbox"/> | b | Balance due (Form 8868, line 3c) | 5b | |

Part II Declaration of Officer


- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

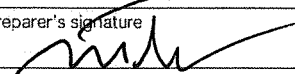
Sign Here  | 9/23/19 | CFO
Signature of officer | Date | Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|----------------|---|------|--|---|-------------------|
| ERO's Use Only | ERO's signature  | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | | | | EIN Phone no. |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| | | | | | |
|------------------------|--|--|-----------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name GUY T. TABOR, CPA | Preparer's signature  | Date 9/24/19 | Check if self-employed <input type="checkbox"/> | 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 | |

Return of Organization Exempt From Income Tax

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

2018

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2018** calendar year, or tax year beginning **2018**, 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
515 POST OAK BLVD 1000
 City or town, state or province, country, and ZIP or foreign postal code
HOUSTON, TX 77027

D Employer identification number: **23-7160400**

E Telephone number: **(713) 333-2200**

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

G Gross receipts \$: **374,102,301**

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 ▶ **6291**

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</u> (CONTINUED ON SCHEDULE O) | | |
| | 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 2018 (Part V, line 2a) | 5 | 42 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 143 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 243,583 |
| | b | Net unrelated business taxable income from Form 990-T, line 38 | 7b | 50,274 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 285,450,739 | 113,693,681 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 534,679 | 580,508 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 19,671,131 | 36,003,574 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 305,687,839 | 150,173,211 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 242,596,165 | 206,447,597 |
| | 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) | 4,143,057 | 4,244,139 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 647,344 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 5,039,744 | 4,902,689 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 251,778,966 | 215,594,425 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 53,908,873 | (65,421,214) |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 722,100,343 | 600,279,009 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 22,414,511 | 22,538,910 |
| | | | 699,685,832 | 577,740,099 |

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: **ED PADAR, TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **GUY T. TABOR, CPA** Preparer's signature: *[Signature]* Date: **9/24/19** 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