(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 9

Department of the Treasury Internal Revenue Service

▶ 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

	OI III	e zo is calendar year, or tax year beginning	enung						
В	Check if	C Name of organization		D Employer identif	ication number				
		GREATER AUSTIN EDUCATION AND							
X	Addre chang Name				. = 4				
Ļ	chang	Doing business as HOMEAID AUSTIN		20-3240754					
Ļ	return	,	Room/suite	E Telephone number 512-299-					
L	⊥return termii								
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	419,475.				
H	return	SAN MARCOS, IX 70007		H(a) Is this a group					
	Application F Name and address of principal officer: CHARLIE COLEMAN for subordinates? SAME AS C ABOVE H(b) Are all subordinates included in the content of								
	Tau. au		or [50	H(b) Are all subordinates					
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) te: \longrightarrow WWW • HOMEAIDAUSTIN • ORG	or 52	⊣	a list. (see instructions)				
		organization: X Corporation Trust Association Other	I Van	H(c) Group exemption 2005	M State of legal domicile: TX				
	art I	Summary	L 16a	or formation. 2005	IVI State of legal doffficite, 121				
	1	Briefly describe the organization's mission or most significant activities: ENGA	GE TN	BUILDING PR	OJECTS TO				
ce	Ι'	PROVIDE EMERGENCY SHELTERS, TRANSITIONAL	HOUSI	NG. AND PERM	MANENT				
nan	2	Check this box if the organization discontinued its operations or dispo							
ver	3			3	1				
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			•				
დ თ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			2				
iţie	6	Total number of volunteers (estimate if necessary)			50				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.					
A	b	Net unrelated business taxable income from Form 990-T, line 39		I .	0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		194,648.	382,781.				
	9	Program service revenue (Part VIII, line 2g)		0.					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.					
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-21,529.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		173,119.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		57,813.	139,957.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
od x	b	Total fundraising expenses (Part IX, column (D), line 25) 28,7		06.000	45.000				
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,979.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,792.					
		Revenue less expenses. Subtract line 18 from line 12		88,327.					
SOF			<u> </u>	eginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)	·····	120,862.	288,410.				
Net Assets or	21	Total liabilities (Part X, line 26)		28,083. 92,779.	11,586. 276,824.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		94,119.	2/0,024.				
		alties of perjury, I declare that I have examined this return, including accompanying schedule	o and atatan	anta and to the heat of m	w knowledge and helief it is				
		ances of perjury, i declare that i have examined this return, including accompanying schedule of, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and belief, it is				
uuu	, 60116	is, and complete. Declaration of preparer (other than officer) is based on an information of w	mon prepare	i ilas ally kilowieuge.					
Sig	n	Signature of officer		I Date					
Her		CHARLIE COLEMAN, PRESIDENT							
Hei	C	Type or print name and title							
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	i	CATHERINE AVENSON E-FILED		11/16/20 if self-emplo	D010F0724				
	parer	Firm's name AVENSON HAMANN CPAS, LLP	<u> </u>	John Gilipid	46-3330935				
	Only	Firm's address 1779 WELLS BRANCH PKWY #110B-292	2	THIN CLIN					
	,	AUSTIN, TX 78728		Phone no. 51	2-693-9131				
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

		HARITY FO	STIN EDUCATUNDATION IN	IC.		20-3240754	Page 2
ı aı			•				
1	Briefly describe the organizar BUILDING NEW LI HOMELESSNESS TI	tion's mission: IVES FOR A	AUSTIN'S IN	DIVIDUAL	S AND FAMILIE		iG
2	Did the organization underta prior Form 990 or 990-EZ? If "Yes," describe these new			,		Yes	X No
3	Did the organization cease could "Yes," describe these char	onducting, or mak	e significant changes	in how it conduc	cts, any program services	?Yes	X No
4	Describe the organization's p Section 501(c)(3) and 501(c)(revenue, if any, for each proc	orogram service ac (4) organizations an gram service repor	ecomplishments for e re required to report t ted.	he amount of gra	ants and allocations to other		
4a	(Code:) (Expenses \$ HOMEAID IDENTII ADDITIONAL CAPA SUPPLIERS, WHO AND BUILD HOUS: DEVELOPER AND I COMMUNITY AT LA AND THEIR SUPPI	FIES LONG- ACITY AND DONATE TI ING FOR AU LIAISON BI ARGE, VOLU	PAIRS THEM HEIR TIME, USTIN'S HOMETWEEN OUR UNTEERS, BU	LE HOMELI WITH BUI MATERIAL; ELESS. HOMELESS	ESS CARE PROV ILDERS, VENDO S AND LABOR T OMEAID SERVES CARE PROVIDE	RS AND O REHABILITAT AS THE HOUSI RS, THE	'E NG
4b	(Code:) (Expenses \$		including gr	ants of \$) (Re	venue \$	
4c	(Code:) (Expenses \$		including gr	ants of \$) (Re	venue \$	

Other program services (Describe on Schedule O.)

including grants of \$ 128, 100.**4e** Total program service expenses ▶

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GREATER AUSTIN EDUCATION AND CHARITY FOUNDATION INC.

Form 990 (2019)

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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a	_	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ _₹
0.5	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_V
0=	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_V
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		~	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon it obtredute o contains a response of flote to any line in this Part v		V	NI-
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С		4.		
	(gambling) winnings to prize winners?	1c		

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Form	990 (2019) CHARITY FOUNDATION INC. 20-3240	<u>754</u>	Р	age 5					
Pai	t 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 2								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	a 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? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for 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?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
-	any contributions that were not tax deductible as charitable contributions?	6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15							
	to file Form 8282?	7c		x					
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f		7f		X					
	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?								
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	N/						
0	NT / 7	8							
9		-							
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
	Section 501(c)(7) organizations. Enter:	90							
10									
	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
b		1							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a								
a	Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against	1							
D									
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
		IZa							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	120							
а		13a							
b	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Enter the amount of receives on hand								
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	44-		Х					
		14a							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		X					
	excess parachute payment(s) during the year?	15		<u> </u>					
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.	_	000	(2010)					

Form 990 (2019) CHARITY FOUNDATION INC. 20-3240754 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b below 1b

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
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?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a		70		Х
la.	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	-	
D		<u></u> .		Х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_X
Sec	tion 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?	10a	-	<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	10.0		
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))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	. Orny)	undi	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
13	statements available to the public during the tax year.	midil	nai	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records MELISSA NICEWARNER-DALY - 512-299-4004			
	PO BOX 1686, SAN MARCOS, TX 78667			
	TO DOW TOOM, DAM HUMOOD, IN 10001			

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.

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

See instructions for the order in which to list the persons above.

Check this box if fletther the organizat		l	IIIZa			ірсі	isatt			(E)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week					s both or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	trustee or director				pg		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			Highest compensated employee		(W-2/1099-MISC)	,	organization
	organizations	trus	nal tri		oyee	om pe				and related
	below	Individual t	Institutional trustee	Ser	Key employee	nest c	ner			organizations
	line)	ib di	Inst	Officer	Key	High	Former			
(1) CHARLIE COLEMAN	1.00									
PRESIDENT		Х		X				0.	0.	0.
(2) APRIL WHITAKER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) BRYAN HAVEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) VAIKE O'GRADY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) BECKY COLLINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) STEVE KRASOFF	1.00									
TREASURER		Х		x				0.	0.	0.
(7) AMY MARTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JEFF PAREJA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOHN SAMSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) WILL HOLDER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KANDIS RUSHING	1.00								•	
SECRETARY		Х						0.	0.	0.
(12) MCCALLE FRYAR	1.00	<u> </u>							•	
BOARD MEMBER		Х						0.	0.	0.
(13) JENNIFER STARY	1.00									
BOARD MEMBER		х						0.	0.	0.
(14) LEE WHITAKER	1.00				\vdash					3.
BOARD MEMBER	1100	x						0.	0.	0.
(15) CARRIE CILIBERTO	1.00									•
BOARD MEMBER	1.00	х						0.	0.	0.
(16) MELISSA BROWN	1.00									•
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) MELISSA NICEWARNER-DALY	40.00	27			\vdash			0.	0.	<u></u>
EXECUTIVE DIRECTOR		1		X				76,618.	0.	0.
032007 01 20 20				- 22				70,010.	0.	Form 990 (2019)

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Form 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	B) (C)				(D)	(E)		(F)			
Name and title	Average	(do		Position (do not check more than one				Reportable	Reportable		Estimate	
	hours per week					s both r/trust		compensation from	compensation from related		amount o other	of
	(list any	ctor						the	organizations	co	mpensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MISC)		from the	е
	related organizations	istee c	truste		a.	pensa		(W-2/1099-MISC)		- 1	rganizati	
	below	Individual trustee or director	Institutional trustee		key employee	st com yee				- 1	ınd relate ganizatio	
	line)	Individ	Institu	Officer	Key en	Highest compensated employee	Former				garnzan	5110
										+		
			Н		H	Н				+		
										+		
						Ш				\perp		
		_	Ш		_	\square				+		
										+		
1b Subtotal	1						<u> </u>	76,618.	0			0.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)							<u> </u>	76,618.	0			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											- I., I	0
											Yes	No
3 Did the organization list any former officer,	-		-	•	•	-	_					Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								ner compensation from the		3		
and related organizations greater than \$150										4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com					-					5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								sation	from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wit	hin T		ear.		(0)	
(A) Name and business	address	NTC	ONE	7				(B) Description of s	ervices		(C) ensation	า
		TAC)INI	_			\dashv	2000.191.011.01	-			
							\dashv					
							\dashv					
2 Total number of independent contractors (ii	ncludina hut na	ot lin	nitec	to t	thos	e list	ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•				(
										Forr	n 990 (2	2019)

Form 990 (2019) CHARITY
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any lin	e in this Part VIII
		Oneck if ochequie o contains a response of note to any inf	re in this Part VIII (A) Total revenue Related or exempt function revenue By Co Unrelated business revenue from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c c c c c c c c c c c c c c c c c c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	382,781.
		Business Code	
Program Service Revenue	2 a		
Prog	e f	All other program service revenue	
		Total. Add lines 2a-2f	
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	
	6 a	Less: rental expenses 6b	
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	
Revenue		and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	
Other		Gross income from fundraising events (not including \$ 153,358. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8a 36,694. 8b 47,583.	
		Net income or (loss) from fundraising events	-10,889.
	9 a	Gross income from gaming activities. See	
	h	Part IV, line 19 Less: direct expenses 9b	
		Net income or (loss) from gaming activities	
	10 a	Gross sales of inventory, less returns and allowances 10a	
	b	Less: cost of goods sold 10b	
	С	Net income or (loss) from sales of inventory Business Code	
sno	11 a		
ane	b		
Miscellaneous Revenue	C		
Ĕ	O e	All other revenue Total. Add lines 11a-11d	
	12	Total revenue. See instructions	371,892. 0. 010,889.

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 respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
5		76,618.	53,633.	15,323.	7,662
_	trustees, and key employees	70,010.	33,033.	13,343.	7,002
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	FF 700	44 560		11 110
7	Other salaries and wages	55,702.	44,562.		11,140
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,313.	4,685.	731.	897
10	Payroll taxes	1,324.	983.	153.	188
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,781.		2,781.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A) amount, list line 11g expenses on Sch O.)	90.			90
12	Advertising and promotion	7,701.	5,887.		1,814
		4,960.	41.	4,910.	9
13	Office expenses	4,700.	41.	=,,,,,,,	
14	Information technology				
15	Royalties				
16	Occupancy	4 120	2 602	127	
17	Travel	4,130.	3,693.	437.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5 0 4 4	2 216	0.654	254
19	Conferences, conventions, and meetings	6,044.	3,016.	2,674.	354
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	861.	361.	500.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROJECT EXPENSES	11,036.	11,036.		
b	BANK/CC FEES	5,397.	,	44.	5,353
C	TELECOMMUNICATIONS	2,107.		2,107.	2,333
d	SUPPLIES	1,242.		2,207.	1,242
	All other expenses	1,541.	203.	1,338.	1,444
	Total functional expenses. Add lines 1 through 24e	187,847.	128,100.	30,998.	28,749
2 <u>5</u>	Joint costs. Complete this line only if the organization	±01,0±1•	120,100.	30,330.	20,143
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Form 990 (2019)

Form 990 (2019)

Part X | Balance Sheet

Pai	rt 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
	1	Cash - non-interest-bearing	109,362.	1	176,910.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,500.	4	111,500.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	100 060	15	200 410
	16	Total assets. Add lines 1 through 15 (must equal line 33)	120,862.	16	288,410. 11,586.
	17	Accounts payable and accrued expenses	20,003.	17	11,300
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	·		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
billi				22	
Lia	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	28,083.	26	11,586.
		Organizations that follow FASB ASC 958, check here			,
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds	0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated income, or other funds	92,779.	31	276,824.
Net Assets or Fund Balances	32	Total net assets or fund balances	92,779.	32	276,824.
_	33	Total liabilities and net assets/fund balances	120,862.	33	288,410.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	7,8	<u>47.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,0			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	2,7	79.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	27	6,8	24.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

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

2019

Open to Public Inspection

Name of the organization GREATER AUSTIN EDUCATION AND CHARITY FOUNDATION INC.

Employer identification number 2.0 – 3.2.4.0.7.5.4

Pa	rt I	Reason for Public C	Charity Status //		malata th	io nort / Co	a instructions	0 3240734			
							ee instructions.				
he (organi	zation is not a private found			-						
1		A church, convention of chu	•)(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). (C	complete Part II.)								
6				ental unit described in	section 17	70(b)(1)(A)	(v).				
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Co	-	itiai part of ito support ii	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ariit or from the general [pablic accombca in			
8		A community trust describe		1)(A)(vi) (Complete Par	F II \						
9		•				ad in agni	unation with a land arout	aallaga			
9		An agricultural research org				-	-	-			
		or university or a non-land-g	rant college of agricu	liture (see instructions).	Enter the i	name, city	, and state of the college	e or			
		university:									
10		An organization that normal	*					-			
		activities related to its exem		· · · · · · · · · · · · · · · · · · ·				-			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Cor									
11		An organization organized a	and operated exclusive	vely to test for public saf	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusive	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or			
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type of	supporting organization	n and comp	olete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving			
		the supported organization	n(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting			
		organization. You must c	omplete Part IV, Se	ctions A and B.							
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing			
		control or management of	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	organization operated	in connect	ion with, a	and functionally integrate	ed with,			
		its supported organization						,			
d		Type III non-functionally						zation(s)			
-		that is not functionally int									
		requirement (see instructi		,	•		•	Verices			
е		Check this box if the orga	,	•	•						
		functionally integrated, or					Type i, Type ii, Type iii				
f	Ento	r the number of supported o	* *	ially integrated supporting	ig organiz	alion.					
- 1		ide the following information	-	d organization(a)							
g		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other			
	,	organization	. ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)			
				above (see instructions))	103	140					
								 			

Schedule A (Form 990 or 990-EZ) 2019 CHARITY FOUNDATION INC.

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				194,648.	382,781.	577,429.
2	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				194,648.	382,781.	577,429.
5	The portion of total contributions					332/1321	/
	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,						
	*						229,853.
6	column (f)				+		347,576.
	Public support. Subtract line 5 from line 4.						347,370.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(b) 2010	(6) 2017	194,648.	382,781.	577,429.
	Gross income from interest,				194,040.	302,701.	311,423.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources				+		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				+		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						577 420
	Total support. Add lines 7 through 10		,				577,429.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-			-		
<u>Sa</u>	organization, check this box and stop ction C. Computation of Publi	here Per	centage				
				1 (6)		44	60.19 %
	Public support percentage for 2019 (li					14	0.0 0.1
	Public support percentage from 2018					15	
168	33 1/3% support test - 2019. If the contraction and the second state of the second sta	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
4=	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the		•				,
	organization meets the "facts-and-circ		•		,		▶∐
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						

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.)

Se	ction A. Public Support	slow, please comp	olete i ait ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>					
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				T		
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	Alexander of the t	I since a second state	A SALUMIA - CONT.			<u></u>
14	First five years. If the Form 990 is for	-			•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (fl)		15	%
	Public support percentage from 2018					16	——————————————————————————————————————
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ine 13. column (f))		17	%
	Investment income percentage from 2					18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar	-					
ı	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check th	nis hox and see in	structions	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- b 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? If "Yes." provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		<u> </u>
4a		
4b		
1.2		
4c		
40		
5a		
- Ou		
5b		
5c	1	
- 30		
6		
7		
8		
9a		
34		
9b		
90		
00		
9c		
10a	_	
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion 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).	1		
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2:		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	, 1	

Schedule A (Form 990 or 990-EZ) 2019 CHARITY FOUNDATION INC.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	izations				
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 co	mplete Sec	ctions A through E.				
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	inization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CHARITY FOUNDATION INC.

Par	t V Type	III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distribu	tions			Current Year
1	Amounts paid	to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid				
	organizations,	in excess of income from activity			
3	Administrative	expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid				
5	Qualified set-as				
6	Other distribut	ions (describe in Part VI). See instructions.			
7	Total annual o	listributions. Add lines 1 through 6.			
8		attentive supported organizations to which th	ne organization is responsive		
	(provide details	s in Part VI). See instructions.			
9		mount for 2019 from Section C, line 6			
10		divided by line 9 amount			
		arriada 27 miles arriadir.	(i)	(ii)	(iii)
Secti	ion E - Distribu	tion Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable a	mount for 2019 from Section C, line 6			
2	Underdistribut	ions, if any, for years prior to 2019 (reason-			
	able cause rec	uired- explain in Part VI). See instructions.			
3	Excess distribu	utions carryover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3	Ba through e			
g	Applied to und	erdistributions of prior years			
h	Applied to 201	9 distributable amount			
i	Carryover from	2014 not applied (see instructions)			
i	Remainder. Su	btract lines 3g, 3h, and 3i from 3f.			
4		or 2019 from Section D,			
	line 7:	\$			
а		erdistributions of prior years			
		9 distributable amount			
		btract lines 4a and 4b from 4.			
5		derdistributions for years prior to 2019, if			
-		ines 3g and 4a from line 2. For result greater			
		ain in Part VI. See instructions.			
6		derdistributions for 2019. Subtract lines 3h			
_	-	ne 1. For result greater than zero, explain in			
	Part VI. See in	, ,			
7		outions carryover to 2020. Add lines 3j			
•	and 4c.	ations surryster to 2020. Add intes of			
8	Breakdown of	line 7:			
	Excess from 2				
	Excess from 2				
	Excess from 2				
	Excess from 2				
	Excess from 2				
e	FY0699 OH	ו שונ			

Schedule A (Form 990 or 990-EZ) 2019

GREATER AUSTIN EDUCATION AND

Schedule A	(Form 990 or 990-EZ) 2019 CHARITY FOUNDATION INC.	20-3240754 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complet	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	(See instructions.)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

GREATER AUSTIN EDUCATION AND CHARITY FOUNDATION INC.

Employer identification number

20 - 3240754

Organization type (check one):						
Filers of	f:	Section:				
Form 990 or 990-EZ		\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1					
but it mi	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

GREATER AUSTIN EDUCATION AND
CHARITY FOUNDATION INC.

Employer identification number

20-3240754

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	LENNAR HOMES 13620 N FM 620, BLDG B, SUITE 150 AUSTIN, TX 78717	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	HOME BUILDERS ASSOCIATION OF GREATER AUSTIN 8140 EXCHANGE DR AUSTIN, TX 78754	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GREATER AUSTIN EDUCATION AND

CHARITY FOUNDATION INC.

Employer identification number

20-3240754

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

GREATER AUSTIN EDUCATION AND CHARITY FOUNDATION INC.

Part III Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional

Employer identification number

20-3240754

Part III			section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line er haritable, etc., contributions of \$1,000 or	entry. For organizations or less for the year. (Enter this info once)				
	Use duplicate copies of Part III if additional s	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 gif	l gift				
	Transferee's name, address, an	d 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 gif	gift				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held				
-		(e) Transfer of git	wife.				
	Transferee's name, address, an		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 gif	nift.				
	Tuesdayed						
	Transferee's name, address, an	Q ZIP + 4	Relationship of transferor to transferee				

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

CHARITY FOUNDATION INC.						20-3240	ntification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, li	ine 17		
required to complete this part Indicate whether the organization rais Mail solicitations	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) fundr have cu or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

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

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 ANNUAL LUNCHEON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			, ,,	, ,,,,,	,	
Revenue	1	Gross receipts	190,052.			190,052.
<u> </u>	2	Less: Contributions	153,358.			153,358.
	3	Gross income (line 1 minus line 2)	36,694.			36,694.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses		Rent/facility costs	37,706.			37,706.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,877.			9,877.
	10					47,583.
Da	11 irt	Net income summary. Subtract line 10 from line Gaming. Complete if the organization a		.000 Dort IV line 10 or r		-10,889.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
		ψ. c, c c c c c	() 5:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
		Ocalications				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ireci	4	Rent/facility costs				
	_					
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No 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)		>	
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

GREATER AUSTIN EDUCATION AND

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 CHARLTY FOUNDATION INC.	20-32	2407	/54	Page 3		
11	Does the organization conduct gaming activities with nonmembers?			Yes	No		
	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:						
		- 1	13a		0/		
	The organization's facility				<u>%</u>		
	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	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	nt					
	f gaming revenue retained by the third party > \$						
c	If "Yes," enter name and address of the third party:						
	The 100, of the final address of the time party.						
	Name						
	Address >						
16	Gaming manager information:						
	Name						
	Gaming manager compensation \$						
	Calling Hailager compendation F						
	Description of services provided						
	Director/officer Employee Independent contractor						
	Mandatory distributions:						
а	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 ▶ \$						
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part	III, line	es 9, 9	b, 10b,		
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.						
	, , , , , , , , , , , , , , , , , , , ,						
_							
_							
_							

GREATER AUSTIN EDUCATION AND

Schedule G	i (Form 990 or 990-EZ)	CHARITY FOUNDATION	I INC.	20-3240754	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(1111)			
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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GREATER AUSTIN EDUCATION AND CHARITY FOUNDATION INC.

Employer identification number 20-3240754

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOUSING WHILE OFFERING JOB SKILLS TRAINING AND SUPPORT TO HELP
RESIDENTS MOVE TOWARD SELF-SUFFICIENCY.
FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBERS APRIL AND LEE WHITAKER ARE MARRIED.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY STAFF AND THE EXECUTIVE COMMITTEE BEFORE BEING
PROVIDED TO THE FULL BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS MUST DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND RECUSE
THEMSELVES FROM VOTING ON DECISIONS WHICH COULD BENEFIT THEM PERSONALLY.
FORM 990, PART VI, SECTION C, LINE 19:
ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.