Return of Organization Exempt From Income Tax

Open to Public

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 Check if C Name of organization D Employer identification number Address change GALVESTON HISTORICAL FOUNDATION Name change 74-1487824 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite return Final 2002 THE STRAND 409-765-7834 6,838, City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 77550-2014 GALVESTON, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: HAL ROCHKIND for subordinates? Yes X No 2002 STRAND ST STE 200, GALVESTON, 77550 ТX H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GALVESTONHISTORY.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1954 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: GALVESTON HISTORICAL FOUNDATION Governance PRESERVES AND REVITALIZES THE ARCHITECTURAL AND MARITIME HERITAGE OF 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) 14 14 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 71 5 6 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,702,509. 2,243,809. Revenue Program service revenue (Part VIII, line 2g) 1,139,581. 9 1,019,525. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 104,681. 488,058. 2,525,802. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,802,566. 6,472,573. 6,553,958. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 2,670,047. 2,516,688. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 5,176,581. 4,867,376. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,846,628. 7,384,064. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,374,055. -830,106. 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year ö Assets 31,454,104. 20 Total assets (Part X. line 16) 31,635,613. 21 Total liabilities (Part X, line 26) 3,361,680. 3,905,390. # E 28,273,933. 27,548,714. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

Olidei helle	thes of perjury, I decide that I have examined this feturn, including accompanying schedules and states	nems, and t	o the nest	OF THY KITOW	vieuge allu bellel,	, 11.15
true, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any k	nowledge.			
Sign	Signature of officer		Date	9541		
	DWAYNE JONES, EXECUTIVE DIRECTOR // Mus	Man		5-6-2	-1	
	Type or print name and title	0				
	Print/Type preparer's name ANN S MASET. CDA Long Danel	Date	Che		PTIN	
Paid	ANN S. MASEL, CPA	05/06	/25 self-	employed F	0075815	0
Preparer	Firm's name HAM, LANGSTON & BREZINA, LLP		Firm's EIN	76-0	448495	
Use Only	Firm's address 2200 MARKET ST, STE 400					
	GALVESTON, TX 77550		Phone no	409-7	65-9311	
May the IF	S discuss this return with the preparer shown above? See instructions	,			X Yes	No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	١.		37
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١		177
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _ l		₩.
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′		7		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		_
	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	23.	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 21
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10		- 41
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			~~
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	\rightarrow	_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
8	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	<u>X</u>
0		40	, l	
9	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	X	
9		10		X
n n	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	-	X
	16 8V-18 4 - 6 - 00 - 30 46 - 00 - 10 46 - 0	20a 20b	-	Δ.
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
_	Tes Complete Scriedule I, Falts Land II		200	

332003 12-21-23

Form 990 (2023) GALVESTON HISTORICAL FOUNDATION
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			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		X
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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	200		
	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 the 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			
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	_X_
07	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ooa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		۱,,	
Par	Note: All Form 990 filers are required to complete Schedule 0	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Should be deficient a response of note to any line in this Fart V	······	Voc	NIc
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 105	-	Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
32004	12-21-23	Form	990 c	30337

Form 990 (2023) GALVESTON HISTORICAL FOUNDATION 74-1487824 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 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 71 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 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? If "No" to line 3b, provide an explanation on Schedule O 3h 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)? X 4a 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? X 5a X 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? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Χ to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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.) 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 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? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16

332005 12-21-23

17

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes." complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

74-1487824 Page 6 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 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 14			
	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				
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		X
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
10	more members of the governing body?	7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 CI		
		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
а		8a	Х	
b		8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OU	21	
9		9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		22
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vec	NI.
40-	Did the augustation bous level showton broughes or officers?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Δ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401.		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10.	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	х	
40	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?		7,7	
a	The organization's CEO, Executive Director, or top management official	15a	-	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	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			
Can	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X 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	
	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			
	SHIRAZ RAJAN - 409-765-9311			
	2002 STRAND ST. STE 200, GALVESTON, TX 77550		000	
332006	12-21-23	Form	990	(2023)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

- 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.

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

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	cer ar lustitutional trustee	ss pei nd a d	rson i irecto	Highest compensated scrapes employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
(1) WILMON JONES	40.00	Ī	=		~	T 0				
CEO/SECRETARY				X				170,000.	0.	12,057.
(2) TERRELL B HARRINGTON	40.00									
CHIEF OF ADVANCEMENT AND PLACEMENT						X		140,000.	0.	8,188.
(3) JANICE ALEXANDER	40.00									
CHIEF OF MUSEUMS						Х		120,000.	0.	10,588.
(4) CESAR HERNANDEZ	1.00									
VICE PRESIDENT				Х				0.	0.	0.
(5) JOHN SMITH	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(6) DOMINIC ETIENNE	1.00									
DEVELOPMENT AND MEMBERSHIP		X						0.	0.	0.
(7) CLAY ROGERS	1.00									
TREASURER				X				0.	0.	0.
(8) JAMES WOOLSEY	1.00									
IMMEDIATE PRESIDENT		Х						0.	0.	0.
(9) JERI KINNEAR	1.00									
PRESERVATION SERVICES		X						0.	0.	0.
(10) JIM ANDREWS	1.00									
PRESIDENT				X				0.	0.	0.
(11) KYLE MCFATRIDGE	1.00									
PAST PRESIDENT		X						0.	0.	0.
(12) TIFFANY VAIANI	1.00									
PUBLIC POLICY		X						0.	0.	0.
(13) TOMMIE BOUDREAUX	1.00									
CULTURAL/HISTORIC SITES		x						0.	0.	0.
(14) BILL BEVERS	1.00									
ELISSA/SEAPORT		X						0.	0.	0 •
(15) ALICIA CAHILL	1.00									
EVENTS		X						0.	0.	0.
(16) BAIN MCELDOWNEY	1.00									
BUSINESS DEVELOPMENT		X						0.	0.	0.
<u></u>										
										E 000 (0000)

332007 12-21-23 Form **990** (2023)

Part VII Section A. Officers, Directors, Trus	tees. Key Emr	lov	008	and	Hic	nhes	t C	ompensated Employee	es (continued)	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than c s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal								430,000.	0.	30,833.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)				,				430,000. ceived more than \$100,0	0. 0. 000 of reportable	30,833.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes " complete Schedule I for such individual 3 3										Yes No

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.

rendered to the organization? If "Yes." complete Schedule J for such person

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

(C) (A) (B) Description of services Name and business address Compensation CLEARFIELD CONTRUCTION LLC, 5150 BROADWAY RAISING ROSEWOOD ST #170, SAN ANTONIO, TX 78209 CEMETERY 522,811. GEXA ENERGY PO BOX 692099, HOUSTON, TX 77269 UTILITIES 443,507. RB HASH & ASSOCIATES INC BISHOP PALACE ROOF 275,000. 8619 DERRINGTON ROAD, HOUSTON, TX 77064 WAY ENGINEERING LTD 8610 WALLISVILLE RD., HOUSTON, TX 77029 GARTEN VEREIN HVAC 247,951. MAURY DONNELLY & PARR, INC. 10150 YORK ROAD, COCKEYSVILLE, MD 21030 PROPERTY INSURANCE 218,578. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2023)

X

X

4

		Check if Schedule O contains a response or note to ar	v 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, Giffs, Grants	9 1	a Federated campaigns 1a				
		b Membership dues 1b 160,8	63.			
		c Fundraising events 1c				
iffs	9	d Related organizations 1d 336,2	38.			
0,1	1	e Government grants (contributions) 1e				
io.	7	f All other contributions, gifts, grants, and				
but		similar amounts not included above 1f 1,746,7	08.			
TI C	2	g Noncash contributions included in lines 1a-1f				
0		h Total. Add lines 1a-1f	2,243,809.			
		Business Co	ode			
ė	2 :	a ADMISSIONS AND ACTIVITY FEES 900099	1,019,525.	1,019,525.		
Program Service		b				
Se		С				
am		d				
000	1 4	е				
ď	1 '	f All other program service revenue				
		g Total. Add lines 2a-2f	1,019,525.			
	3	Investment income (including dividends, interest, and				
	1	other similar amounts)	. 71,704.			71,704.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (i) Post (ii) Post				
		(i) Real (ii) Person	− 1 1			
	6 8		0.			
		b Less: rental expenses 6b c Rental income or (loss) 6c 121780				
		d Not contal income or (loca)	1 217 806	1,217,806.		
		a Gross amount from sales of (i) Securities (ii) Other	1,217,000.	1,217,000.		
	′ '	assets other than inventory 7a 50,913. 409,36	10			
	۱,	b Less: cost or other basis				
9		and sales expenses	.9.			
Other Revenue	,	c Gain or (loss) 7c 50,913. 365,44				
Rev		d Net gain or (loss)	416,354.	365,441.		50,913.
ē		a Gross income from fundraising events (not				
=		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18	2.			
	l k	b Less: direct expenses 8b	0.			
	ı	c Net income or (loss) from fundraising events	. 1,266,162.			1266162.
	9 a	a Gross income from gaming activities. See				
		Part IV, line 199a				
	ı	b Less: direct expenses 9b				
	ı	c Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns	2			
	١,	and allowances 10a 538,91	_			
		b Less: cost of goods sold		298.012.		
_	- 6	Business Co		250,012.		
SIL	11 0	a OTHER INCOME 900099	20,586.	20,586.		
neo	b		25,555.	20,200.		
Scellaneo	C					
Miscellaneous Revenue	d	d Ali other revenue				
Σ		e Total. Add lines 11a-11d	20,586.			
	12	Total revenue. See instructions	6,553,958.	2,921,370.	0.	1388779.

332009 12-21-23

Form 990 (2023) GALVESTON HIS Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, , 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			:	
7	Other salaries and wages	2,173,095.	1,433,387.	545,708.	194,000
8	Pension plan accruals and contributions (include	2,2.0,000.	2,200,007	31377000	222,000
o	section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits	176,484.	123,522.	35,643.	17,319
		167,109.	111,909.	40,459.	14,741
10	Payroll taxes	107,103.	111,303.	40,433.	14,/41
11	Fees for services (nonemployees):				
	Management				
Ŀ					
0	<u> </u>				
C					
6					
f					
Š	Other. (If line 11g amount exceeds 10% of line 25,	E	16 000	41 160	
	column (A), amount, list line 11g expenses on Sch O.)	57,447.	16,278.	41,169.	
12	Advertising and promotion	130,313.	55.015	130,313.	
13	Office expenses	186,510.	77,817.	108,693.	
14	Information technology				
15	Royalties	004 045			
16	Occupancy	891,047.	807,750.	83,297.	
17	Travel	13,178.	4,169.	9,009.	
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	134,657.	34,800.	99,857.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,215,096.	981,653.	233,443.	
23	Insurance	493,629.	413,416.	80,213.	
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	DEDITED AND MATAREMANAGE	928,771.	879,958.	48,813.	
b		410,743.	410,743.		
c	CDECTAL DDCTECES	226,133.	216,406.		9,727.
d		97,365.	97,365.		
-	All other expenses	82,487.	53,266.	20,721.	8,500.
25	Total functional expenses. Add lines 1 through 24e	7,384,064.	5,662,439.	1,477,338.	244,287.
26	Joint costs. Complete this line only if the organization	.,,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-21-23				Form 990 (2023

Form 990 (2023)
Part X Balance Sheet

Par	τX	Balance Sneet					
		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	1	Cash - non-interest-bearing			1,290,842.	1	1,081,066
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			45,000.	3	37,500
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo	ormer	officer, director,			
		trustee, key employee, creator or founder, substal	ntial c	ontributor, or 35%			
- 1		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described i	n sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			340,626.	8	169,080
ا ک	9				67,301.	9	37,849
- 1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	31,490,770.			
-1	b	Less: accumulated depreciation		10,782,736.	20,605,277.	10c	20,708,034
	11	Investments - publicly traded securities			1,295,961.	11	1,290,619
	12	Investments - other securities. See Part IV, line 11				12	
- 1	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,990,606.	15	8,129,956
_	16	Total assets. Add lines 1 through 15 (must equal			31,635,613.	16	31,454,104
	17	Accounts payable and accrued expenses			295,026.	17	291,248
	18	Grants payable				18	
- 1	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
2	22	Loans and other payables to any current or former					
Ě		trustee, key employee, creator or founder, substar					
Liabilities		controlled entity or family member of any of these	-			22	
۱'	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t				24	
- [25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1			3,066,654.		3,614,142
		of Schedule D			3,361,680.		3,905,390
\dashv	26	Total liabilities. Add lines 17 through 25			3,301,000.	26	3,303,330
eg		Organizations that follow FASB ASC 958, check	(nere	X			
ဦ	07	and complete lines 27, 28, 32, and 33.			26,956,895.	27	25,652,511
9 9	27				1,317,038.	28	1,896,203
<u> </u>	28	Net assets with donor restrictions			1,517,050.	-20	1,000,200
§		Organizations that do not follow FASB ASC 958	s, cne	ck nere			
5	20	and complete lines 29 through 33.				29	
2	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equi				30	
188	30	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	31	_			28,273,933.	32	27,548,714.
ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances		T	31,635,613.	33	31,454,104.
_	33	Total habilities and fiet assets/fullu balances			52,000,020	55	Form 990 /2023

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	6	5,55	3,9	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,38	4,0	64.
3	Revenue less expenses. Subtract line 2 from line 1	3		-83	0,1	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	3,27	3,9	33.
5	Net unrealized gains (losses) on investments	5		10	4,8	87.
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	,54	8,7	14.
Pa	rt XII Financial Statements and Reporting					
_	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		