Fo	 9 9	3 0	Return of Organization Exempt From Incom	me Ta	ax .	OMB No. 1545-0047					
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p	orivate fo	undation	·					
		f the Treasury	Do not enter social security numbers on this form as it may be may	-	9806	Open to Public					
Inte		ue Service	► Go to www.irs.gov/Form990 for instructions and the latest infor		700	Inspection					
<u>A</u>			idar year, or tax year beginning 07/01 , 2017, and ending 07/01 , 2017, and ending 07/01 , 2017, and ending	- 06	/30 D Employ	, 20 18 er Identification number					
B	Address	4.5.	Doing business as		O Employ	83-0525761					
H	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number						
Ø	Initial ret	-	6100 MAIN STREET MS-70	1	(713) 348-4927						
ñ		m/terminated	City or town, state or province, country, and ZIP or foreign postal code			(110)0404321					
$\bar{\Box}$	Amende		HOUSTON, TX 77005-1892		G Gross re	ecelpts \$ 0					
V	Applicat	1		(in) is this a or	oup return for	subordinates? Yes No					
			Programme and the second secon	• •	•	s Included? Yes No					
三	Tex-exe	mpt status:	□ 501(c)(3)			list. (see instructions)					
<u>J</u>	Website			(c) Group	exemption	number ▶					
K			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation:	2017	M State	of legal domicile: TX					
-	art I	Summa									
_	1	_	cribe the organization's mission or most significant activities: TO SUPPO	RT WILL	IAM MAR	SH RICE					
ş		UNIVERSI	TY EIN 74-1109620								
Activities & Governence	1 .	Ohaal #:-	have North the approximation discontinued to appear		050/ - /	**************************************					
8			box ▶☐ if the organization discontinued its operations or disposed of me voting members of the governing body (Part VI, line 1a)		h 4						
9				• • •	3	3					
8			independent voting members of the governing body (Part VI, line 1b) ber of individuals employed in calendar year 2017 (Part V, line 2a)		5						
婁			per of volunteers (estimate if necessary)		6	<u>0</u>					
3	1		ated business revenue from Part VIII, column (C), line 12		7a	0					
_			ted business taxable income from Form 990-T, line 34		7b	- 0					
_	 			Prior Yes		Current Year					
	8	Contributio	ons and grants (Part VIII, line 1h)			0					
Revenue		Program service revenue (Part VIII, line 2g)									
Š	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)			0					
•	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0					
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	0					
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	_		0					
		•	ud to or for members (Part IX, column (A), line 4)								
8			her compensation, employee benefits (Part IX, column (A), lines 5-10)			0					
Expenses			al fundraising fees (Part IX, column (A), line 11e)		0	0					
8			aising expenses (Part IX, column (D), line 25)								
			nses (Part IX, column (A), lines 11a-11d, 11f-24e)			154,083					
	18 19	Povenue le	nses. Add lines 13–17 (must equal Partity protonno (AV, 1176-25)			154,083					
		neveriue le	ss expenses. Subtract line 18 from line 12	ing of Cun	0	(154,083) End of Year					
Net Assets or Fund Balances	20	Total seest	s (Part X line 16)		0	13,298,000					
麵	21		ies (Part X, line 26)		0	57,648					
錾	22		or fund balances. Subtract line 21 from line 28 EN 14T		0	13,240,352					
	ri II		re Block			**************************************					
Une	der penait	les of perjury,	I declare that I have examined this return, including accompanying schedules and statements,	and to the	best of m	y knowledge and belief, it is					
	o, correct,	ала сотрете	Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowle	ige.						
C:-	_	<u> </u>	1 W G G		51	13/19					
Sig		Signatu	re of officer	Date	l	·					
He	re										
			orint name and title RONALD E. LONG, VICE PRESIDENT preparer's name Preparer's signature Date			a IPTIN					
Paid Check U if											
Pre	oyea										
Use Only Firm's name ► Firm's EIN ►											
Man	Firm's address ► Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)										
	_		on Act Notice, see the separate instructions. Cat. No. 112	827	· · ·	Yes No					
	· aperwi		or not notice, occ the ochains andreaming. Car No. 1120	0 2 T		FUIII 230 (2017)					

5/10/2019 10:14:48 AM

2017 Return Rice RE Holdings III 83-0525761

	0 (2017)				Page
art I		tement of Program Service			-
			esponse or note to any line in this Pa	art III	<u>L</u>
		escribe the organization's missic PORT WILLIAM MARSH RICE UNIV	FRSITY FIN 74-1109620		
			ificant program services during the year		es 🗹 No
	•	describe these new services on			C3 (E) 140
3	Did the services?	organization cease conducting?	g, or make significant changes in h		es ☑ No
ŀ	Describe expenses	s Section 501(c)(3) and 501(c)(edule O. rvice accomplishments for each of its 4) organizations are required to report for each program service reported.	three largest program services, as method the amount of grants and allocation	neasured I s to other
la	TITLE HO	OLDING COMPANY FOR REAL EST	including grants of \$ TATE HELD FOR THE BENEFIT OF WILLI) (Revenue \$)
	SECTION	N 501(C)(3) ORGANIZATION			
lb	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
ŀc	(Code.) (Expenses \$	including grants of \$) (Revenue \$)

Form **990** (2017)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

Total program service expenses ▶

0

) (Revenue \$

DJOR

Part	Checklist of Required Schedules		T 1/2	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		→
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 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	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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		√
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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		✓
U	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		✓
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10		./
-		19 Form	₁990	(2017)

Part	Checklist of Required Schedules (continued)		<u></u>	- Na
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
20 a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	_	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	•	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
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 Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	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	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		
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,			
38	Part VI	37	✓	√
		Forr	990	(2017)

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Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	ļ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		i
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
4a At any time during the calendar year, did the organization have an interest in, or a signature or oth				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		,
	account)?	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			
E.	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ė
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u></u>	 -	
	and services provided to the payor?	7a	-	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	<u> </u>		
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.	<u></u>	ļ	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	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			
	100	1		
C	Enter the amount of reserves on hand	14a	-	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	├ <u></u>
U	II 169, Has a mod a Form 120 to report those payments: If 140, provide an explanation in deficult O .	1	1	i

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No
r ar t	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			<u>. </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or	1	}	ł
	if the governing body delegated broad authority to an executive committee or similar	İ	1	
	committee, explain in Schedule O.	ĺ		
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 1	4		
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		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		١.	1
	one or more members of the governing body?	7a	<u> </u>	↓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		/
Ū	the year by the following.			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C)
		F	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		/
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?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
<u>.</u>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	1
	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
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?	<u>-</u>		
a	The organization's CEO, Executive Director, or top management official	15a		-
b	Other officers or key employees of the organization	15b	<u> </u>	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. Ju	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1	1	
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re BRADLEY W FRALIC, 6100 MAIN STREET MS-70, HOUSTON, TX 77005-1892, (713) 348-4927, FAX (713) 348-6001	cords		

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

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

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

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

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

☐ Check this box if neither the organization n	or any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
				(6	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average		(do not check more box, unless person					Reportable	Reportable	Estimated
,	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	오 코	5	Q	줐	9 ∓	Ъ	from the	related organizations	other compensation
	related	불	¥	Officer	y e	탕	Former	organization	(W-2/1099-MISC)	from the
	organizations	ctal	🕏		힐	ye c	"	(W-2/1099-MISC)		organization
	below dotted line)	Individual trustee or director	alt		Key employee	ğ				and related organizations
	"""	i e	Institutional trustee		"	ens	ŀ			•
			ě			Highest compensated employee				
. (1) ALLISON THACKER	10									
PRESIDENT & DIRECTOR		1		1			1	۰ ا	1,219,785	651,989
(2) DOUG FOSHEE	10	_	┢	•		-	╁	 	1,210,700	001,000
DIRECTOR		1						۰ ا	اه	0
(3) KATHERINE COLLINS	10				_		\vdash		_	
DIRECTOR	·- 	1						۰ ا	503,419	52,475
(4) RONALD LONG	10	Ť					\vdash		330,	
VICE PRESIDENT & TREASURER				1				0	430,740	58,947
(5) RICHARD ZANSITIS	10						 			
SECRETARY				1				0	432,440	80,673
(6) CLAIRE NELSON	10									
VICE PRESIDENT				✓			ŀ	0	250,423	67,125
(7) VETA BYRD-PEREZ	10									
ASSISTANT SECRETARY				✓				0	193,199	38,805
(8)										
(0)				_	-		⊢			
(9)										
(10)										
(11)										
(40)			-			_	 			
(12)		,								
(13)										
				\vdash	<u> </u>		_	ļ. <u></u>		
(14)					1					
	I	l	ı	Ι .	l	l		I	1	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or dire	unles	Pos eck s pe	more rson	n both this transfer is or the mission of the missi	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	from	Estinamo o compo fros organ and	mated nunt of ther ensation the nization related ization	1
(15)					-		_							
(16)									-			···		
(17)														
(18)			-											
(19)														
(20)														
(21)														
(22)														
(23)											-			
(24)								_						
(25)														
1b c d	Sub-total	VII, Sectio			·	 <u></u>	·	► ► •) w	0 0 0 0 ho received mo	3,030 3,030 ore than \$10	0,006	of		0,014 0 0,014
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the	ficer, direc Schedule J	for su	ıch	indi	vidu	ıal					3	Yes	No ✓
4 5	organization and related organizations <i>individual</i>	greater that or accrue co	an \$1 ompe	150, nsat	000 tion	? // fror	f <i>"Ye</i> s n any	s," · · · · un	complete Sch related organiz	edule J foi 	such	4	<u> </u>	
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete	Sch	edu	ile J f	or s	such person	• • • •		5		✓
1	Complete this table for your five highest compensation from the organization. Repyear.	compensation or the compensation of the compen	ed ind	depe	end or th	ent ne c	contralend	acto ar y	ors that receive year ending wit	d more that h or within t	n \$100 he org	anizatio	on's ta	ax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
NONE														
													-	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains	s a response or note t		Part VIII		· · · · · <u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a				
àrai our	b	Membership dues	1b				1
s, (Am	С	Fundraising events	1c	_			
Giff	d	Related organizations		_			
JS,	е	Government grants (contributions)		_			
rtio er S	f	All other contributions, gifts, grants					•
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above		4			ļ
ont nd (g	Noncash contributions included in lines		. 			
	h	Total. Add lines 1a-1f	Business Code	- 0	-		
Program Service Revenue	0-		Business Code	-			
leve	2a				-		
Se F	b			-	-		
ĬŽ.	d			<u> </u>			<u> </u>
n Si	e			1 "	-		
grar	f	All other program service rever		0	0	0	0
Po	g .			0			<u> </u>
	3	Investment income (including and other similar amounts)	dividends, interest,		•	1	3
	4	Income from investment of tax-ex					
	5	Royalties	•				
		(i) Re		<u> </u>			1
	6a	Gross rents		1			•
	b	Less: rental expenses		1			•
	С	Rental income or (loss)	0 0	ī]l			
	d	Net rental income or (loss) .	<u></u> >				
	7a	Gross amount from sales of (i) Secu	nties (ii) Other				
		assets other than inventory		_			
	b	Less. cost or other basis			,		
		and sales expenses .		↓			1
	С	Gain or (loss)	0 0	Ц———I	-		
	d	Net gain or (loss)	<u> </u>				
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line See Part IV, line 18					
\$		Less: direct expenses		<u> </u>			
		Net income or (loss) from fund					
	9a	Gross income from gaming acti			-		
		See Part IV, line 19					1
	b	Less: direct expenses					
	C	Net income or (loss) from gami		<u> </u>			
	ıva	Gross sales of inventory, returns and allowances					
	b	Less: cost of goods sold	. b	1			,
	С	Net income or (loss) from sales					
		Miscellaneous Revenue	Business Code				
Ì	11a						
	b		1				
	С						
	d	All other revenue		0	0	0	0
	е	Total. Add lines 11a-11d		0		· ·	<u>_</u>
	12	Total revenue. See instruction	ıs >		0	0	0

	IX Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)											
Check if Schedule O contains a response or note to any line in this Part IX											
	t include amounts reported on lines 6b, 7b, , 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 5	Benefits paid to or for members 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 8	Other salaries and wages										
9	Other employee benefits										
10	Payroll taxes										
11 a	Fees for services (non-employees): Management										
b	Legal										
C	Accounting										
d	Lobbying										
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column										
g	(A) amount, list line 11g expenses on Schedule O.)	0	· · · · · · · · · · · · · · · · · · ·								
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15 16	Royalties										
16 17	Occupancy			<u> </u>							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .										
23	Insurance										
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	OTHER EXPENSES - MISC	154,083									
b			· · <u>-</u> · · · ·								
C											
d											
е	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24e	154,083									
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										
	following SOP 98-2 (ASC 958-720)	ļ l		1							

P	art X	Balance Sheet					
		Check if Schedule O contains a response or	r note to any	line in this Par	t X	<u></u>	<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		[1	
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompensated	employees.			
		Complete Part II of Schedule L				5	0
	6	Loans and other receivables from other disqualified pers	sons (as defined	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar					
sts		sponsoring organizations of section 501(c)(9) volum	·				
	1	organizations (see instructions). Complete Part II of Sche		-		6	0
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use		_		8	
	9	Prepaid expenses and deferred charges			<u> </u>	9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	40-	13,298,000			
	١.	·	10a 10b	13,298,000		10c	13,298,000
	l	Less: accumulated depreciation				11	13,230,000
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line	-	0	12	0	
	13	Investments—program-related. See Part IV, line		0	13		
	14	Intangible assets	r		14		
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equa			0	16	13,298,000
	17	Accounts payable and accrued expenses				17	55,968
	18	Grants payable			18		
	19	Deferred revenue		[19	1,680
	20	Tax-exempt bond liabilities		_		20	
	21	Escrow or custodial account liability. Complete				21	,
es	22	Loans and other payables to current and for					
鼍		trustees, key employees, highest compen					
Liabilities		disqualified persons. Complete Part II of Schedu		[22	0
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,		_		24	
	25	parties, and other liabilities not included on lines					
		of Schedule D			0	25	0
	26			-	0	26	57,648
		Organizations that follow SFAS 117 (ASC 958), check her	e▶ 🔲 and			
Ses		complete lines 27 through 29, and lines 33 and		_			
ă	27	Unrestricted net assets		[27	13,240,352
Bal	28	Temporarily restricted net assets		[28	
덜	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), check he	re▶ ∐ and			
ts c	30	Capital stock or trust principal, or current funds		[30	
se	31	Paid-in or capital surplus, or land, building, or ed				31	
ţÀ	,32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances		<u> -</u>	0	33	13,240,352
	34	Total liabilities and net assets/fund balances .	· · · ·	<u> </u>	0	34	13,298,000
							Form 990 (2017)

	20 (2011)					<u> </u>
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1				0
2	Total expenses (must equal Part IX, column (A), line 25)	2				4,083
3	Revenue less expenses. Subtract line 2 from line 1	3			(154	(830,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4				0
5	Net unrealized gains (losses) on investments	5			(301	,942)
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			13,69	6,377
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	<u> </u>		13,24	0,352
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	· · ·		\Box
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın			
	Schedule O.					البيا
2a				2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		•	
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-		<u> </u>	
b		• . •	-	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed 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 or					,
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	ın		:	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in -	-		
Ja	the Single Audit Act and OMB Circular A-133?		· [:	За		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits		3b		
				Forn	, aan	(2017)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

83-0525761 RICE RE HOLDINGS III Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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

organization's accounting for conservation easements.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1															▶	\$		
(ii) Assets included in Form 990, Part X															ightharpoons	\$		
If the organization received or held works of art	hie	tor	ادما	tr	 ura	 or	oth	or	eim	ula	r a	200	ate	for	fin	ancial	gain	provide th

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

9

•	
Schedule D (Form 990) 2017	

Page 2

Par 3	Using the organization's acquisition, a								
	collection items (check all that apply):				-		-		
а	☐ Public exhibition		d l	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		e	☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections a	ind expla	in how t	hey further	the org	janization's exe	empt purpos	e ın Part
5	During the year, did the organization								
	assets to be sold to raise funds rather		ined as p	art of th	e organizat	ion's co	ellection? .	· □ Yes	☐ No
Par	Complete if the organization 990, Part X, line 21.		' on For	n 990, I	Part IV, line	e 9, or	reported an a	mount on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	□ No
b	If "Yes," explain the arrangement in Pa						• • • •	· 📙 res	☐ NO
b	ii res, explain the arrangement in ra	art Am and comple	ste tile io	ilowing t	abie.			Amount	
С	Beginning balance					10			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour					ustodia	account liabilit	ty? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.			•	· · · ·				
	Complete if the organization	answered "Yes"	on For	n 990, I	Part IV, line	e 10.			
		(a) Current year	(b) Pric	r year	(c) Two year	rs back	(d) Three years ba	ck (e) Four ye	ars back
1a	Beginning of year balance [
b	Contributions [
С	Net investment earnings, gains, and losses								
d	Grants or scholarships						_	1	
е	Other expenditures for facilities and		-						
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he current year en	d balance	e (line 1g	, column (a)) held a	as.		
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment ▶	%	· -						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.						
3a	Are there endowment funds not in the	possession of the	e organiz	ation tha	at are held	and ad	ministered for t	he	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requir	ed on So	chedule R?			3b	
4	Describe in Part XIII the intended uses		n's endo	wment fo	unds.				
Par			_						
	Complete if the organization	answered "Yes"	on For	n 990, F	Part IV, line), Part X, lin	<u>e 10.</u>
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) Book v	alue
1a	Land								
b	Buildings	10,	,800,000		I		I	10	,800,000
С	Leasehold improvements								
d	Equipment								
e	Other		498,000				I	2	,498,000
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	0, Part X	, column	i (B), line 10)c.)	▶	13	,298,000

Part VII	Investments—Other Securities		m 000 Dort IV lin	a 11b Sac Form	000 Port V line 12
	Complete if the organization ansi (a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests				
• •					
<i>(</i> Δ)					
(B)					<u> </u>
(C)					
(D)					
(E)					
(F)			<u></u>		
(G)					
(H)					<u> </u>
	b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII	Investments—Program Related Complete if the organization answers		m 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	thod of valuation -of-year market value
(1)					
(2)		<u></u>			
_(3)					
(4)			_		
(5)				<u> </u>	
(6)		· 		-	
(7)			· · · · · · · · · · · · · · · · · · ·	-	
(8)	 				
(9) Total (Column (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		 	·
Part IX	Other Assets.			I	
T GITT IV	Complete if the organization ans	wered "Yes" on Fo	m 990, Part IV, lır	e 11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			 		
(9)	(A)	-1 (D) (45)			
	mn (b) must equal Form 990, Part X, co	oi (B) line 15.)			
Part X	Other Liabilities. Complete if the organization ansuline 25.	wered "Yes" on For	rm 990, Part IV, lir	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	 		
(1) Federal in					
(2)					
(3)					
(4)					
(5)					
(6)	-				
(7)					
(8)					
(9)	· · · · · · · · · · · · · · · · · · ·				
	b) must equal Form 990, Part X, col. (B) line 25)				
2. Liability for	uncertain tax positions. In Part XIII, provi				
	s liability for uncertain tax positions under				

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		Return.
	Total revenue, gains, and other support per audited financial statements		T ₁
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-'
2	Net unrealized gains (losses) on investments	2a	1
a		2b	1
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		2e
е	Add lines 2a through 2d		3
3	Subtract line 2e from line 1	· · · · · · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	
а	Investment expenses not included on Form 990, Part VIII, line 7b		4
þ	Other (Describe in Part XIII.)		
င	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er neturn.
	Complete if the organization answered "Yes" on Form 990,		T . 1
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	4
С	Other losses	2c	4
d	Other (Describe in Part XIII.)		 _
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ie 18.)	5
Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4. Dark IV trace the and Ol	- Don't V. Long A. Don't V. Long
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 25; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
2, Fai	. Al, lines 20 and 40, and Fart All, lines 20 and 40. Also complete this part	to provide any additional in	normation.
	,		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

83-0525761 RICE RE HOLDINGS III **Questions Regarding Compensation** Nο Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Payments for business use of personal residence ☐ Travel for companions Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract Compensation committee ☐ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation	3	(B) Breakdown of W-2	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation		a, applicable column	(c) and (c) amount	יום ווומר וווסראוסממו.
		0000 (9)	Confession 9 mines (ii)	, iii Othor	(C) Hetirement and other deferred	(D) Nontaxable	(E) Total of columns	(r-) Compensation
(A) Name and Title		(I) pase compensation	compensation	reportable compensation	compensation	Supplied	(n)-(n)(a)	as deferred on prior Form 990
ALLISON THACKER	E	0				0	0	0
1 PRESIDENT & DIRECTOR	€	559,929	623,856	36,000	615,728	36,261	1,871,774	230,675
KATHERINE COLLINS	€	0					0	0
2 DIRECTOR	€	328,419	10,000	165,000	34,140	18,335	555,894	0
RONALD LONG		0	0	0	0	0		0
3 VICE PRESIDENT & TREASURER		355,740	75,000	0	34,140	24,807	489,687	0
RICHARD ZANSITIS	€	0				0		
4 SECRETARY	€	390,440	10,000	32,000	54,557	26,116	513,113	
CLAIRE NELSON	€	0				0	0	0
5 VICE PRESIDENT	€	244,423	0	000'9	33,390	33,735	317,548	0
VETA BYRD-PEREZ	€	0				0		0
6 ASSISTANT SECRETARY	≘	168,199	000'2	18,000	17,803	21,002	232,004	0
	=							
7	E							
	(6)							
8	€							
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16	€							
							Sch	Schedule J (Form 990) 2017

2017 Return Rice RE Holdings III 83-0525761

SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of Treasury Internal Revenue Service Name of the Organization RICE RE HOLDINGS III

Employer Identification Number 83-0525761

Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF WILLIAM MARSH RICE UNIVERSITY EIN 74-1109620, A RELATED O ELECTS OR APPOINTS ALL THE MEMBERS OF THE GOVERNING BODY	RGANIZATION,
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	THE GOVERNING BODY HAS THE AUTHORITY TO CREATE COMMITTEES, BUT THI SO AS OF JUNE 30, 2018	EY HAVE NOT DONE
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM IS PREPARED BY STAFF IN THE CONTROLLER'S OFFICE OF WILLIAM IN UNIVERSITY EIN 74-1109620 IT IS REVIEWED BY RICE RE HOLDINGS III OFFICERS CONTROLLER OF RICE UNIVERSITY PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE GENERAL COUNSEL OF WILLIAM MARSH RICE UNIVERSITY EIN 74-1109620 C COI POLICY AND FORM TO THE OFFICERS AND DIRECTORS OF RICE RE HOLDING THE RESULTS TO THE RICE RE HOLDINGS III BOARD ON AN ANNUAL BASIS	
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	BOARD MEMBERS WHO ARE ALSO TRUSTEES OF WILLIAM MARSH RICE UNIVERS RECEIVE NO COMPENSATION RICE RE HOLDINGS III HAS NO EMPLOYEES, AND A RICE RE HOLDINGS III ARE PERFORMED BY THE EMPLOYEES OF WILLIAM MARSH COMPENSATION FOR THOSE INDIVIDUALS WHO ARE BOARD MEMBERS OR OFFI HOLDINGS III AND OFFICERS OF WILLIAM MARSH RICE UNIVERSITY IS DETERMINED FROM THE SET BY THE COMPENSATION AND ORGANIZATIONAL DEVELOPME (CORD) OF THE BOARD OF TRUSTEES OF WILLIAM MARSH RICE UNIVERSITY WHO DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED TO FOR THOSE INDIVIDUALS WHO ARE OFFICERS OF RICE RE HOLDINGS III BUT NOW WILLIAM MARSH RICE UNIVERSITY IS SET IN ACCORDANCE WITH UNIVERSITY SAADMINISTRATION GUIDELINES	ALL SERVICES FOR I RICE UNIVERSITY CERS OF RICE RE IED ACCORDING TO NT COMMITTEE OSE HE COMPENSATION T OFFICERS OF
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	SEE RESPONSE AT FORM 990, PART VI, SECTION B, LINE 15A	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990 IS AVAILABLE UPON REQUEST RICE RE HOLDINGS III DOES NOT PROI AUDITED FINANCIAL STATEMENTS THE CONSOLIDATED FINANCIAL STATEMENT MARSH RICE UNIVERSITY EIN 74-1109620, WHICH INCLUDES RICE RE HOLDINGS ON ITS WEBSITE THE ARTICLES OF INCORPORATION ARE FILED WITH THE STAT PUBLICLY AVAILABLE WILLIAM MARSH RICE UNIVERSITY'S SUBSIDIARIES FOLLO UNIVERSITY'S CONFLICT OF INTEREST POLICY WHICH IS AVAILABLE ON THE UNI WEBSITE	S OF WILLIAM III , ARE AVAILABLE E AND ARE W THE
FORM 990, PART XI, LINE 9 -	(a) Description	(b) Amount
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	ADDITONAL PAID IN CAPITAL	13,696,377

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

RICE RE HOLDINGS III

Part I

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047 -Open to Public Inspection

Employer identification number 83-0525761

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ŝ > Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes WILLIAM MARSH RICE UNIVERSITY WILLIAM MARSH RICE UNIVERSITY WILLIAM MARSH RICE UNIVERSITY WILLIAM MARSH RICE UNIVERSITY (f) Direct controlling (e) End-of-year assets NONE Public chanty status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(C)(2) 501(C)(2) 501(C)(2) 501(C)(3) 501(C)(2) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity × ĭ ĭ≍ × ≚ REAL ESTATE TITLE HOLDING REAL ESTATE TITLE HOLDING TITLE HOLDING (b) Primary activity REAL ESTATE REAL ESTATE UNIVERSITY (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) WILLIAM MARSH RICE UNIVERSITY (74-1109620) (2) VILLAGE REAL PROPERTY INC (76-0353959) 6100 MAIN STREET, HOUSTON, TX 77005 (5) VILLAGE VENTURERS INC (76-0258561) 6100 MAIN STREET, HOUSTON, TX 77005 6100 MAIN STREET, HOUSTON, TX 77005 6100 MAIN STREET, HOUSTON, TX 77005 (3) VILLAGE PROJECT INC (76-0371337) (4) JTVP CORPORATION (76-0258573) Part II € 9 9 E ପ 2

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

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Schedule R (Form 990) 2017

Cat No 50135Y

WILLIAM MARSH RICE UNIVERSITY

501(C)(2)

≤

TIMBER HOLDING

(6) RICE LAND LUMBER CO (74-6045400)

6100 MAIN STREET, HOUSTON, TX 77005

(7) (SEE STATEMENT)

6100 MAIN STREET, HOUSTON, TX 77005

COMPANY

TITLE HOLDING

Schedule R (Form 990) 2017

(k)
Percentage
ownership **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (g) (h)
Share of end-of- Disproportionate
year assets allocations? ŝ Yes (f) Share of total income tax under sections 512—514) (e)
Predominant income (related, unrelated, excluded from (d)
(Direct controlling entity (c) Legal domicile (state or foreign country) Primary activity (1) (SEE STATEMENT) (a) Name, address, and EIN of related organization Part III Part IV 9 9 € 8 ල \mathbf{E}

	(i) 1 512(b)(13) htrolled 1ttty?	No							
	Section con er	Yes							
	(h) (i) (i) Percentage Section 512(b)(13) controlled entity?								
	(g) Share of end-of-year asse								
ax year.	(f) Share of total income								
rust during trie t	(e) Type of entity (C corp, S corp, or trust)						_		
orporation or t	(d) Direct controlling entity								
is ilealed as a c	(c) Legal domicile (state or foreign country)								
e related organization	(b) Primary activity								
III e 34, Decadse it flad offer lefated ofganizations treated as a corporation of trust during the tax year.	(a) Name, address, and EIN of related organization		(1) (SEE STATEMENT)	(2)	(3)	(4)	(5)	(9)	ω

2017 Return Rice RE Holdings III 83-0525761

Schedule R (Form 990) 2017

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

Note: Consoler last 4 & contract in lines 4 and 11 11 2.11 4 4 d. contract in lines 11 11 2.11 4 d. contract in lines 11 11 2.11 4 d. contract in lines 11				30%	- 2
					2
Described the tax year, and the organization engage in any or	the following transactions with one of more related organizations listed in Faits II-17?	iizationis iisteo iii ratt			
				<u> </u>	>
b Girlf, grant, or capital contribution to related organization(s)				1p	>
c Gift, grant, or capital contribution from related organization(s)				1c <	
d Loans or loan quarantees to or for related organization(s)				1d	
e Loans or loan quarantees by related organization(s)				1e	\
f Dividends from related organization(s)	•	•			>
		•	· .	5	. ,
				P ;	•
n Purchase of assets from related organization(s)				<u>-</u>	>
i Exchange of assets with related organization(s)				;	>
j Lease of facilities, equipment, or other assets to related organization(s)				1;	>
k Lease of facilities, equipment, or other assets from related organization(s)				¥	\
	inization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			E	
	(3)00			+ +	
	(6)10			 	
· o Sharing of paid employees with related organization(s)		·		10 <	
				10	>
q Reimbursement paid by related organization(s) for expenses				19	>
				<u> </u>	
r Other transfer of cash or property to related organization(s)				11	>
s Other transfer of cash or property from related organization(s)				1s	>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,		including covered relationships and transaction thresholds.	nships and transaction	on thresholds	ر ا
		17,			
(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(a) Method of determining amount involved	g amount involve	D G
(2)					
(3)					
(4)					
(9)			Schedule	Schedule R (Form 990) 2017	2017

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Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	(3)	(g)	(e)			ε	3		æ
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related,	Are all partners section	Share of total income		Disproportionate allocations?	amount in box 20	General or managing	Percentage ownership
		country)	unrelated, excluded from tax under	organizations?		assets		of Schedule K-1 (Form 1065)		
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)	· · ·									
(7)										
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(15)										
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2017 Return Rice RE Holdings III 83-0525761