



March 3, 2021

Houston Community College Foundation 3100 Main Street Houston, TX 77002

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2021.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Carr, Riggs & Ingram, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2020

Prepared For:

Houston Community College Foundation 3100 Main Street Houston, TX 77002

Prepared By:

Carr, Riggs & Ingram, LLC Two Riverway, 15th Floor Houston, TX 77056

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2021

						ULY 15,			T	I	OMB No. 154	15-0047	
For	QQN Return of Organization Exempt From Income Tax							-	2010				
	Form JJU Rev. January 2020) Do not enter social security numbers on this form as it may be made public.									19			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									Open to P Inspect				
			ar year, or tax year beginning						UG 31, 2020				
B	Check if applicab	C Name o	organization						D Employer identified	cation	number		
	Addre	HOUS	TON COMMUNITY CO	LLEGE	FOUN	DATION							
	Name	ge Doing b	usiness as						74-18852	05			
	Initial return Final return	Number	and street (or P.O. box if mail is n MAIN STREET	ot delivered	to street a	ddress)	Room/s	uite	E Telephone number 713-718-		j		
	termir ated	^	own, state or province, country,	and ZIP or	foreign p	ostal code			G Gross receipts \$	9	9,343,	493.	
	Amen return	поор	TON, TX 77002		-				H(a) Is this a group re	eturn			
	Applie tion		nd address of principal officer: ${f k}$	AREN	L. SC	CHMIDT			for subordinates	?	Yes [X No	
	pendi	SAME	AS C ABOVE						H(b) Are all subordinates in	cluded?	Yes	No	
		empt status:			isert no.)	4947(a)(1) or	527	lf "No," attach a			ons)	
			HCCSFOUNDATION.O			<u>au</u> b			H(c) Group exemption				
	orm o art l	f organization:	X Corporation Trust	Associati	on	Other 🕨	L Y	ear (of formation: 1976	State (of legal dom	icile: TX	
F	1							ц			FCC		
e	1	Briefly describ	e the organization's mission or i PHILANTHROPIC S	nost signifi דיסריסו	cant acti	UTCNED W	JWERS TTTU U		UC STUDENT S		<u>522</u>		
Governance									than 25% of its net ass				
/err	2	Check this bo	ing members of the governing b		•					ets.		29	
ğ	4		• • •									29	
		Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5									0		
ties	6											15	
Activities &	72		of volunteers (estimate if necess d business revenue from Part VI			_						0.	
A	'a		business taxable income from F									0.	
		Net differated		0111 000 1,				<u> </u>	Prior Year	(Current Ye		
	8	Contributions	and grants (Part VIII, line 1h)						2,711,987.		1,124,		
Revenue	9								0.		<u> </u>	0.	
Svel	10	•	come (Part VIII, column (A), lines						742,926.		459,	116.	
ž	11		(Part VIII, column (A), lines 5, 6		-				235,042.			522.	
			- add lines 8 through 11 (must e						3,689,955.	4	1,666,		
			nilar amounts paid (Part IX, colu						3,211,515.		2,843,		
	14	Benefits paid	o or for members (Part IX, colur	nn (A), line	•				0.			0.	
s	15	Salaries, other	compensation, employee bene	fits (Part IX					0.			0.	
nse	16a	Professional f	undraising fees (Part IX, column	(A), line 11	e)				0.			0.	
Expenses	. b		ng expenses (Part IX, column (D		▶_	417,4	<u>421.</u>						
ш	17	Other expense	es (Part IX, column (A), lines 11a	-11d, 11f-24	4e)				742,121.		L,690,		
	18	Total expense	s. Add lines 13-17 (must equal F	Part IX, colu	ımn (A), li	ne 25)			3,953,636.	4	1,533,		
	19	Revenue less	expenses. Subtract line 18 from	line 12					-263,681.		<u> 133,</u>	268.	
Net Assets or									ginning of Current Year		End of Yea		
sets	20	Total assets (F							15,456,583.	16	5,241,		
it As	21								177,103.			130.	
			fund balances. Subtract line 21	from line 20)				15,279,480.	16	5,070,	607.	
	art II												
			declare that I have examined this re		-					knowle	age and beli	iet, it is	
true	, corre		Declaration of preparer (other than			intormation of v	which prep	arer	nas any knowledge.				
~		Ro	ren S. Se	ini	Of				Date				
Sig				*					Maie Ma	arch 3	3, 2021		
Her	е		N L. SCHMIDT, PR	FOIDEL	И.Т.								

		Type of print name and the					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	KRISTEN SIMPSON	KRISTEN SIMPSON	03/03/21	self-employed	P01268482	2	
Preparer	Firm's name 🕨 CARR, RIGGS & IN		Firm's	s EIN ▶ 72	-1396621		
Use Only	Firm's address TWO RIVERWAY , 15	TH FLOOR					
	HOUSTON, TX 7705	6	Phon	e no.713-	621-8090		
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	SUPPORT, ALIGNED WITH KEY HCC INSTITUTIONAL INITIATIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,131,531. including grants of \$) (Revenue \$) (Revenue \$) STUDENT SCHOLARSHIPS AND ENDOWMENTS:
	THE HCC FOUNDATION HAS AWARDED THOUSANDS OF SCHOLARSHIPS TO DESERVING
	HCC STUDENTS. OUR FUNDRAISING EFFORTS ARE RAPIDLY EXPANDING, AND WE
	EXPECT TO AWARD MANY MORE SCHOLARSHIPS TO HOUSTON-AREA STUDENTS IN THE
	COMING YEARS. THE FOUNDATION'S LONG-TERM GOAL IS TO BUILD A SCHOLARSHIP
	ENDOWMENT SUFFICIENT TO AWARD A SCHOLARSHIP TO ALL HCC CREDIT-HOUR STUDENTS WHO QUALIFY FOR ASSISTANCE AS THEY BEGIN THEIR COLLEGE CAREER.
	STODENTS WHO QUALIFT FOR ASSISTANCE AS THET BEGIN THEIR COLLEGE CAREER.
4b	(Code:) (Expenses \$ 2,843,690. including grants of \$ 1,712,058.) (Revenue \$) CAPITAL PROJECTS AND PROGRAM SUPPORT:
	THE HCC FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO SELECTED HCC
	PROGRAMS AND CAPITAL PROJECTS.
	FACULTY GRANTS AND AWARDS:
	THE HCC FOUNDATION RECOGNIZES OUR FACULTY MEMBERS' KEY ROLE IN ACHIEVING HCC'S MISSION. WE SUPPORT THEIR EFFORTS BY PROVIDING GRANTS
	FOR PROJECTS THAT HAVE THE POTENTIAL TO ADVANCE STUDENT LEARNING AT
	HCC. MANY FACULTY PROPOSALS REQUEST THE FOUNDATION'S FINANCIAL SUPPORT
	FOR PROFESSIONAL ENRICHMENT OPPORTUNITIES AND PROJECTS TO ENHANCE HCC
	LEARNING ENVIRONMENTS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 3,975,221.
	Form 990 (2019)
932002	2 01-20-20

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Form 990 (2				COLLEGE	FOUNDATION
Part IV	Checklist of R	equired Sch	edules		

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
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? 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			
	similar amounts as defined in Revenue Procedure 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			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		<u>X</u>
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?			Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D.		11b		х
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		<u> </u>
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	17		<u>X</u>
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	X	
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	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
932003	3 01-20-20	Form	990 (2019)

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Form 990 (2019				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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes." complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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,	20		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	21	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		183	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
932004	↓ 01-20-20			(2019)

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Form 990 (2019)				FOUNDATION
Part V Statements	Regarding Otl	her IRS Filings a	and Tax Cor	npliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		A
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'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?	7a		х
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	<u> </u>		
-	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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?			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <u>N/A</u>	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-		
b		-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a	-		
a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
102	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? N/A	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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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HOUSTON COMMUNITY COLLEGE FOUNDATION

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.

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		29			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?		,		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	0		8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)				
		venue	0000.)			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			1	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a		x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		e ming the i	0	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				120	- 23	
C		,			12c	х	
13	in Schedule O how this was done				13	X	
	Did the organization have a written whistleblower policy?				14	X	
14	Did the organization have a written document retention and destruction policy?				14	<u></u>	
15	Did the process for determining compensation of the following persons include a review and approva		Jependeni				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45.	Х	
	The organization's CEO, Executive Director, or top management official				15a	А	X
D	Other officers or key employees of the organization				15b		
40 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		:4h a				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				40		v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
200	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 filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (Section :	501(c)(3)s	only)	availa	ble
	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						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest po	olicy, and	financ	cial	
	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 boo	oks and	d records	▶			
	KAREN L. SCHMIDT - 713-718-8596						
	3100 MAIN STREET, 12TH FLOOR, HOUSTON, TX 77002						
						990	

Form	990 ((2019)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		I	mzu			ipen	Juic			(5)
(A)	(B)			Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		, unle: cer an					compensation	compensation from related	amount of other
	list any	or						from the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	e or	stee			Isated		(W-2/1099-MISC)		organization
	organizations	truste	al tru:		yee	mper				and related
	below	In dividual trustee or director	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	In stit	Officer	Key e	Highest compensated employee	Former			
(1) KAREN BECERRA	0.50									
DIRECTOR		х						0.	0.	0.
(2) JESSE BROWN	0.50									
DIRECTOR		х						0.	0.	0.
(3) CARLYN BURTON	0.50									
COMMITTEE CHAIR		х						0.	0.	0.
(4) KENNETH R. BURTON, JR.	0.50									
DIRECTOR		х						0.	0.	0.
(5) JAVED IQBAL	0.50									
DIRECTOR		х						0.	0.	0.
(6) DAVID ITZ	0.50									
VICE CHAIRMAN OF GOVERNANC		х		x				0.	0.	0.
(7) MARY LAWSON	0.50									
DIRECTOR		х						0.	0.	0.
(8) ARTURO G. MICHEL	0.50									
DIRECTOR		х						0.	0.	0.
(9) ROY MONTALBANO	0.50									
DIRECTOR		х						0.	0.	0.
(10) JEANNE PERDUE	0.50									
COMMITTEE CHAIR		х						0.	0.	0.
(11) DAVID REGENBAUM	0.50									
CHAIRMAN OF THE BOARD		х		x				0.	0.	0.
(12) MARIA RIOS	0.50									
DIRECTOR		х						0.	0.	0.
(13) LINA SABOUNI	0.50									
DIRECTOR		х						0.	0.	0.
(14) CHARLENE WHITE	0.50									
DIRECTOR		х						0.	0.	0.
(15) CECELIA ALLEN	0.50									
DIRECTOR		х						0.	0.	0.
(16) ANTRECE L BAGGETT	0.50									
DIRECTOR		х						0.	0.	0.
(17) ADAM J. DIMMICK	0.50									
COMMITTEE CHAIR		х						0.	0.	0.
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					-					(-)

01210303 794202 94-01993.001

Form 990 (2019) HOUSTON	COMMUNIT	Ϋ́	CO	LL	EG	ΞE	FC	UNDATION	74-188	5205	Paç	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable	E	stimated	ł
	hours per	box	, unles	s per	rson i	is botł	n an	compensation	compensation	a	mount of	f
	week		cer and	d a d	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		npensati	
	hours for	or dir	9			ated		organization	(W-2/1099-MISC)		from the	
	related organizations	Istee	truste			bens		(W-2/1099-MISC)		· · ·	ganizatio	
	below	ual tru	ional		ploye	t com					nd related	
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				anizatior	IS
(18) IRSAN TISNABUDI	0.50	-	=	0	Å	도능	F					
DIRECTOR	0.50	x						0.	0			0.
(19) DEEPIKA VERMA AGARWAL	0.50	Λ				-		0.	0	•		0.
	0.50	х						0.	0			Ο.
DIRECTOR		Λ				-		0.	0	•		0.
(20) FESTUS ADELEKE AMOYE	0.50	37						0	0			^
DIRECTOR	0.50	Х						0.	0	•		0.
(21) TRACY JANDA	0.50											•
DIRECTOR		Х						0.	0	•		0.
(22) MISTY MOUSA-LANZA	0.50											
DIRECTOR		Х						0.	0	•		0.
(23) MARY W. MURRIN	0.50											
DIRECTOR		Х						0.	0	•		0.
(24) KIM SHELTON-BROWN	0.50											
DIRECTOR		Х						0.	0	•		0.
(25) ROBERT L. FORD	0.50											
TREASURER				х				0.	0	•		0.
(26) CYRUS IRANI	0.50											
VICE CHAIRMAN OF STRATEGIC				х				0.	0			0.
1b Subtotal	1					-		0.	0			0.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								0.	0			0.
2 Total number of individuals (including but n								• •		•		
compensation from the organization		030	IISICO	Jau	000	<i>y</i> wii	010	ceived more than \$100,				0
											Yes	No
3 Did the organization list any former officer,	director truct				~~~~	~ ~	hia	boot componented amp				110
c i	-		•	•	•		Ŭ	• •	•	3		Х
line 1a? If "Yes," complete Schedule J for s										3		<u></u>
4 For any individual listed on line 1a, is the su	-							-	-			х
and related organizations greater than \$150	,		•							4	+	<u>~</u>
5 Did any person listed on line 1a receive or a										_		v
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or su	ch r	oers	ion .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							· ·	ation fi	om	
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin		ear.			
(A) Name and business	addross	370	NT T					(B) Description of s	onvicos		C) ensation	
	audress	NC	ONE				_	Description of s		Compe	1541011	
							_					
							_					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organized					-)						
SEE PART VII, SECTION	I A CONT	IN	UA	ΓI(ON	S	HE	ETS		Form	9 90 (20	019)

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(A) (B) (C) (D) (E) (F) Name and title Average hours per week (list any hours for related organizations below line) Average hours per Position (check all that apply) Position (check all that apply) Reportable compensation from organizations (W-2/1099-MISC) Estimated amount of other compensation from related organizations (27) RYAN MCCAULEY 0.50 X 0.00 0.00 (28) CHRISTINA MORALES 0.50 X 0.00 0.00 (29) MARY R. WILLIAMS 0.50 X 0.00 0.00	Form 990 HOUSTON	COMMUNIT	'Y	CC	LL	ιEG	E	FO	UNDATION	74-188	5205
Name and tile Average bour per verk (itst any) below instance below (itst any) related organizations below below (itst any) related organizations below	Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
Hours week (1) (check all that apply) week (1) comparation from related organizations (W2/1089-MISC) an out of other compensation from related organizations (27) RYAN MCCAULEY VICE CILITIMAN OF PRINCENTIST 0.50 X X 0 0. 0. (28) CRRITINA MORAL2S 0.50 X X 0 0. 0. 0. (28) CRRITINA MORAL2S 0.50 X X 0 0. 0. 0. (28) CRRITINA MORAL2S 0.50 X X 0 0. 0. 0. (29) MARY R. WILLIAMS 0.50 X X 0 0 0. 0. (29) MARY R. WILLIAMS 0.50 X X 0 0 0. 0. (29) MARY R. WILLIAMS 0.50 X X 1 1 1 0. 0. 0. 0. 0. </td <td></td> <td>(B)</td> <td colspan="5"></td> <td></td> <td></td> <td></td> <td></td>		(B)									
per (ist any hours for related organizations below below (ist any) ist ist ist ist ist ist ist ist ist ist	Name and title	-									
Week hours for builded organizations line) week builded is generation generation generation (W2/1099-MISC) week (W2/1099-MISC) compensation from the organizations (W2/1099-MISC) compensation from the organizations (W2/1099-MISC) compensation from the organizations (27) NYAN MCCAULEY 0.50 X X 0. 0. 0. (28) CURSTENN MORAISI 0.50 X X 0 0. 0. (28) CURSTENN MORAISI 0.50 X X 0 0. 0. (28) CURSTENN MORAISI 0.50 X X 0 0. 0. (28) CURSTENN MORAISS 0.50 X X 0 0. 0. (29) MARY R. WILLIAMS 0.50 X X 0 0. 0. (29) MARY R. WILLIAMS 0.50 X X 0 0. 0. (29) MARY R. WILLIAMS 0.50 X X 0 0. 0. (29) MARY R. WILLIAMS 0.50 X X 0 1 1 (29) MARY R. WILLIAMS 0.50			(cl	heck	all	that	app	ly)			
Idia tary related organizations below ine ig ig ig ig ig ig ig ig ig ig ig ig ig i											
(27) RYAN MCCAULEY 0.50 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			or				oloyee				
(27) RYAN MCCAULEY 0.50 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			direct				d em l			(00-2/1099-101130)	
(27) RYAN MCCAULEY 0.50 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			e or	stee			Isate				
(27) RYAN MCCAULEY 0.50 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			trust	al tru		yee	lad mo				
(27) RYAN MCCAULEY 0.50 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			idual	ution	er l	em plc	est co	er			0
VICE CHARMAN OF FUNDRAISI 0.50 X 0.00.00.00.00.00.00.00.00.00.00.00.00.0		line)	Indiv	Insti	Offic	Key	High	Form			
(28) CRETSTIVA MORALES 0.50 x 0.00.00.00.00.00.00.00.00.00.00.00.00.0	(27) RYAN MCCAULEY	0.50									
SECRETARY 0.00000000000000000000000000000000000	VICE CHAIRMAN OF FUNDRAISI				Х				0.	0.	0.
(29) MARY R. WILLIAMS 0.50 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.00.00	(28) CHRISTINA MORALES	0.50									
IMMEDIATE PAST CHAINMAN OF X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	SECRETARY				Х				0.	0.	0.
	(29) MARY R. WILLIAMS	0.50									
Image: Section A, line 1c	IMMEDIATE PAST CHAIRMAN OF				X				0.	0.	0.
Image: Section A, line 1c											
Image: Section A, line 10											
Image: Section A, line 10 Image:											
Image: Section A, line 1c Image:											
Image: Section A, line 1c Image:											
Image: Section A, line 1: Image:											
Image: Section A, line 1c Image:											
Image: Section A, line 1c Image:											
Image: Section A, line 1s Image:											
Image: Section A, line 1c Image:											
Image: Section A, line 1c Image:											
Image: Section A, line 1c Image:											
Image: Section A, line 1c Image:											
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Image: Section A, line 1c Image:											
Image: Section A, line 1c I											
Image: Section A, line 1c I											
Image: Section A, line 1c I			-								
Image: Contraction A, line 1c						-	-				
Image: Control of the section A, line 1c											
Total to Part VII, Section A, line 1c			-								
Total to Part VII, Section A, line 1c			1								
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
	Iotal to Part VII, Section A, line 1c										

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Forn	<u>1 99</u>	0 (2				MU	NITY COL	LEGE	FOUNDA	ATION	74-1885	205 Page 9
Pa	rt V	/111										
			Check if Schedule O c	contaii	ns a respo	nse o	or note to any li	ne in this		(B)	(C)	
								Total	(A) revenue	Related or exempt	Unrelated	(D) Revenue excluded
									10101100		business revenue	from tax under
												sections 512 - 514
tt str	1	а	Federated campaigns					_				
our our		b	Membership dues									
⊒ ن ∕م∿		с	Fundraising events		1c							
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d							
s, C		е	Government grants (contri	ibutio	ns) 1e							
r Si		f	All other contributions, gifts,	grants,	, and							
the			similar amounts not included	above	1f		4,124,255					
off.		g	Noncash contributions included in I	lines 1a-	-1f 1g \$	5	1,149,491.					
a Co		h	Total. Add lines 1a-1f				►	4	,124,255.			
							Business Code					
Ð	2	а										
, ki		b										
Ser		с										
E a		d										
Program Service Revenue		e										
Pro		f	All other program service	reveni	le							
			Total. Add lines 2a-2f				▶					
	3		Investment income (includ									
	Ŭ		other similar amounts)						407,083.			407,083.
	4		Income from investment o						, .			, -
	5		Royalties									
	J				(i) Real		(ii) Personal					
	6	~	Gross rents	6a	(.)		(1) 1 0.00110	-				
	0			6b				-				
			Less: rental expenses					-				
		C	Rental income or (loss)	6c			`					
	_		Net rental income or (loss))	(i) Securit		(ii) Other					
	'	а	Gross amount from sales of		.,			-				
			assets other than inventory	7a	4,516,1	.40.		-				
đ		D	Less: cost or other basis		1 161 1	15						
venue			and sales expenses		4,464,1			-				
eve			Gain or (loss)	7c	52,0				E2 022			E2 022
r Re			Net gain or (loss)			······	>	_	52,033.			52,033.
Other	8	а	Gross income from fundraisir		•							
Ò			including \$									
			contributions reported on		-		100 000					
			Part IV, line 18			<u>8a</u>	173,507.	_				
			Less: direct expenses			8b	212,485.	•	20.070			20.070
	_		Net income or (loss) from t				>		-38,978.			-38,978.
	9	а	Gross income from gamin									
			Part IV, line 19			9a		-				
			Less: direct expenses			9b						
			Net income or (loss) from			°	▶					
	10	а	Gross sales of inventory, le									
			and allowances			10a		_				
			Less: cost of goods sold			10b						
		С	Net income or (loss) from	sales	of inventor	у						
s							Business Code					
e šou	11	а	VENDING INCOME				611600		122,500.	ļ		122,500.
liscellaneous Revenue		b										
selle: eve		с										
Misc		d	All other revenue									
2			Total. Add lines 11a-11d				🕨		122,500.			
	12		Total revenue. See instruction	ons .		<u></u>	►	4	,666,893.	0.	0.	542,638.
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Form 990 (2019)

HOUSTON COMMUNITY COLLEGE FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,843,589. 2,843,589. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а 15,025. 15,025. b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 61,546. 61,546. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 28,695. 28,695 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 29,399. 21,139. 8,260. Office expenses 13 55,247. 55,247 Information technology 14 15 Royalties 14,400. 14,400. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 1,149,491. 1,017,283. 132,208. IN-KIND CONTRIBUTION EX а FUNDRAISING 221,706. 221,706. h 84,000. STUDENT SERVICES DISTRI 84,000. С 30,349. CHANCELLORS EXCELLENCE 30,349. d 178. 178. All other expenses е 4,533,625. 3,975,221. 140,983. 417,421. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2019)

01210303 794202 94-01993.001

HOUSTON	COMMUNITY	COLLEGE	FOUNDATION

74-1885205 Page 11

		Check if Schedule O contains a response or note to any line in this Part ≯				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		143,650.	1	172,996.
	2	Savings and temporary cash investments	[340,555.	2	274,208.
	3	Pledges and grants receivable, net		356,943.	3	421,776.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
Ś	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		57,313.	9	124,723.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	0.			
	b	Less: accumulated depreciation 10b		0.	10c	
	11	Investments - publicly traded securities		14,558,122.	11	15,248,034.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		15,456,583.	16	16,241,737.
	17	Accounts payable and accrued expenses		177,103.	17	171,130.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
s	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	5			
abil		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		177,103.	26	171,130.
		Organizations that follow FASB ASC 958, check here 🕨 🔀				
sec		and complete lines 27, 28, 32, and 33.				
ano	27	Net assets without donor restrictions		552,523.	27	414,398.
Ba	28	Net assets with donor restrictions		14,726,957.	28	15,656,209.
pu		Organizations that do not follow FASB ASC 958, check here 🕨 🗌				
л, Ц		and complete lines 29 through 33.				
s ol	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
As	31	Retained earnings, endowment, accumulated income, or other funds			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		15,279,480.	32	16,070,607.
	33	Total liabilities and net assets/fund balances		15,456,583.	33	<u>16,241,737.</u>

Form 990 (2019)

F

Form 990 (2019)
Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI [
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 4,666,89	
2 Total expenses (must equal Part IX, column (A), line 25) 2 4,533,62	
3 Revenue less expenses. Subtract line 2 from line 1 333	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,279,48	
5 Net unrealized gains (losses) on investments 5 657,85	9.
6 Donated services and use of facilities	
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))	7.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	<u>X</u>
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?	
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:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2019)

932012 01-20-20

SCHEDULE A	SC	HE	DL	JLE	Α
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2019
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			oformation		Inspection
Nan	ne of t	the organizati		00 to www.ii3.go			ie latest li		Employer	identification numbe
				TON COMMUN	ITY COLLEGE	FOUND	ΔΨΤΟΝ			4-1885205
Pa	rt I	Reason	for Public C	Charity Status	All organizations must co	omplete th	is part.) Se	e instructions	,	1 1005205
					For lines 1 through 12, c					
1					on of churches described			1)(A)(i).		
2	\square				(Attach Schedule E (Forn			·//·		
3	\square				anization described in s			ii).		
4	\square	•	•		njunction with a hospital			•	(iii). Enter	the hospital's name.
•		city, and state	-		,				()-	,
5	X			or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental ur	it describe	ed in
				Complete Part II.)		•				
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7			-	-	intial part of its support f				e general p	oublic described in
		-		omplete Part II.)		Ū			•	
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	and-grant	college
		or university of	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of t	he college	or
		university:								
10		An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from a	contributio	ns, membersh	ip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of its	s support f	rom gross investment
		income and u	Inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
				-	ed in section 509(a)(1) o					Check the box in
		-	-	• •	of supporting organization		-		-	
а				-	supervised, or controlled	•	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or trustee	s of the su	ipporting
		¬ -		complete Part IV, Se						
b				-	d or controlled in connec			-		-
			-		anization vested in the s	ame perso	ns that co	ntroi or manag	e the supp	Joned
~		¬ -		t complete Part IV,	g organization operated	in connoc	tion with	and functional	vintograto	d with
С			-		s). You must complete				y integrate	a with,
d		-	-		porting organization oper				ed organiz	zation(s)
ŭ			-		zation generally must sat				-	
			-		mplete Part IV, Sections	•		-		
е		7			written determination fro				. Type III	
			•		nally integrated supporti			51 5 51	, ,,	
f	Ente	er the number								
g	Prov	vide the followi	ing informatior	about the supporte	ed organization(s).					
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of	•	(vi) Amount of other
		organization	1		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990-EZ) 2019 HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support			-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2356548.	3306545.	3384326.	2755997.	4124255.	<u>15927671.</u>		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	0056540	0000545	2224226	000000	4404055	1 5 0 5 5 5 5 1		
	Total. Add lines 1 through 3	2356548.	3306545.	3384326.	2755997.	4124255.	15927671.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						5292130.		
	Public support. Subtract line 5 from line 4.						10635541.		
	ction B. Total Support			[
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	2356548.	3306545.	3384326.	2755997.	4124255.	15927671.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,			262 501		450 446	1005450		
	and income from similar sources \dots	299,642.	336,265.	362,591.	369,844.	459,116.	1827458.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	211,298.	210,000.	210,000.	210,000.	122,500.			
11	Total support. Add lines 7 through 10					r	<u>18718927.</u>		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)			
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage						
	Public support percentage for 2019 (I			olump (f))		14	56.82 %		
	Public support percentage from 2018		•	.,,		15	53.00 %		
	33 1/3% support test - 2019. If the c								
102	stop here. The organization qualifies						N V		
F	33 1/3% support test - 2018. If the c		•		line 15 is 33 1/3%				
L.	and stop here. The organization qual								
170									
1/8	10% -facts-and-circumstances test								
	and if the organization meets the "fac			-	-	-			
L	meets the "facts-and-circumstances"								
C	10% -facts-and-circumstances test	0							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization								
10	i mate roundation. In the organizatio			a, 100, 17a, 01 17b		dule A (Form 990			
					00000				

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 HOUSTON COMMUNITY COLLEGE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support			-	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
			<u></u>		<u></u>	
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
932023 09-25-19				Sch	edule A (Form 99	0 or 990-EZ) 2019
		16	5			

Schedule A (Form 990 or 990-EZ) 2019 HOUSTON COMMUNITY COLLEGE FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 HOUSTON COMMUNITY COLLEGE FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a h	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b				
с 2	L The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government entity (see inst. Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
ے a			165	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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Sche Pa	edule A (Form 990 or 990-EZ) 2019 HOUSTON COMMUNITY COLLEG			74-1885205 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		a Part VII) See instructions All
•	other Type III non-functionally integrated supporting organizations must con			r Fart VI). See instructions. An
Sect	ion A - Adjusted Net Income	ipiete O	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	[,] integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 HOUSTON COMMUNITY COLLEGE FOUNDATION

Fai	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	I
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	\$	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 20	19 HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205	Page 8
Part VI	Supplemental Info Part IV, Section A, lines	prmation. Provi 1, 2, 3b, 3c, 4b, 4	de the explanations Ic, 5a, 6, 9a, 9b, 9c,	required by Part 11a, 11b, and 11	II, line 10; Part II, line 17 c; Part IV, Section B, lin	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section	C,
	line 1; Part IV, Section I Section D, lines 5, 6, an (See instructions.)	D, lines 2 and 3; Pa Id 8; and Part V, S	art IV, Section E, line ection E, lines 2, 5, a	es 1c, 2a, 2b, 3a, and 6. Also comp	and 3b; Part V, line 1; P lete this part for any ad	Part V, Section B, line 1e; Pa ditional information.	rt V,
	()						
932028 09-25-1	9			0.1	Sch	edule A (Form 990 or 990-	EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

74-1885205

2019

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BARNES AND NOBLE COLLEGE SYSTEM	695,192.	320,813.
DAVID & JEAN WILEY	500,000.	125,621.
GOLDMAN SACHS FOUNDATION	4,518,833.	4,144,454.
JOHN P. MCGOVERN FDN	1,000,000.	625,621.
VOLUNTEERS OF AMERICA TEXAS	450,000.	75,621.
Total Excess Contributions to Schedule A, Part II, Line 5		5,292,130.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Name of the	organization
-------------	--------------

Organization type (check of

HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205
ck one):				

Section:
$\fbox{3}$ 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

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

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

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

HOUSTON COMMUNITY COLLEGE FOUNDATION

Name of organization

Employer identification number

74-1885205

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 BARNES AND NOBLE COLLEGE BOOKSELLERS X Person Payroll 303 BERNBURG LANE 83,528. Noncash (Complete Part II for COLLEGE STATION, TX 77845-3938 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 DEUSTER X Person Payroll 5847 SAN FELIPE STREET STE 2500 132,208. Noncash (Complete Part II for HOUSTON, TX 77057-3015 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 DAVID AND JEAN WILEY FOUNDATION X Person Payroll 1318 WEST VISTAWOOD DRIVE 100,000. Noncash \$ (Complete Part II for HOUSTON, TX 77077 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 GOLDMAN SACHS FOUNDATION X Person Payroll 200 WEST STREET, 29TH FL 943,334. Noncash \$ (Complete Part II for NEW YORK, NY 10282-2198 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 FANUC AMERICA CORPORATION - ROBOTICS Person Payroll 3423 N SAM HOUSTON PKWY W., SUITE 300 321,580. Noncash X (Complete Part II for HOUSTON, TX 77086-1488 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 SCHNEIDER NATIONAL, INC Person Payroll 3101 SOUTH PACKERLAND DR. 197,600. Noncash \$ X (Complete Part II for GREENBAY, WI 54313-6187 noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

01210303 794202 94-01993.001

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

Name of organization

74-1885205

HOUSTON COMMUNITY COLLEGE FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	CAROL L. SABER 25211 HIDEWAY RUN DRIVE SPRING, TX 77389-4004	\$ 160,831.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	TRACY VAUGHT / HUGO ORTEGA 1600 WESTHEIMER RD HOUSTON, TX 77006	\$ <u>100,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	METEOR EDUCATION 4253 KELLWAY CIRCLE ADDISON, TX 75001-4233	\$ <u>93,080.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	HOUSTON LIVESTOCK SHOW & RODEO <u>3 NRG PARK</u> HOUSTON, TX 77054-1574	\$ <u>82,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

74-1885205

HOUSTON COMMUNITY COLLEGE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	ADVANCED MANUFACTURING ROBOTICS EQUIPMENT	_	
		\$ <u>321,580.</u>	10/07/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SEMI TRUCKS	_	
		\$197,600.	04/02/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	ANTIQUE FABRICS AND CLOTHING FOR THE FASHION DESIGN PROGRAM	_	
		\$160,831.	04/02/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	FURNITURE AND FIXTURES FOR WEST HOUSTON INSTITUTE	_	
		\$\$93,080.	05/06/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

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Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)				Page 4		
Name of org	ganization				Employer identification number		
HOUSTO	N COMMUNITY COLLEGE FOU	JNDATION			74-1885205		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ons to organizations describ					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	,000 or less for th	e year. (Enter this info. on			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Des	cription of how gift is held		
Γ		(e) Transfei	r of gift				
	-						
-	Transferee's name, address, a		Ke	elationship of tra	ansferor to transferee		
		.					
(a) No.			[
from Part I	(b) Purpose of gift	of gift (c) Use of gift		(d) Des	cription of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4			lationshin of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift (c) Use of g		gift (d) Description of how gift is h		cription of how gift is held		
Part I							
-		(a) Transfor					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZI P + 4	Re	elationship of tra	ansferor to transferee		
(-) N							
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Des	cription of how gift is held		
Part I							
-	(e) Transfer of gift						
			-				
\vdash	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee		
		·					
	10			0.1 1 1	D (Farma 000, 000, FZ, an 000, BE) (00, 10)		
923454 11-06-*	13			Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

9 0)

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.





Name of the organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer identification number 74-1885205

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	ľ – –			
Der						
Par			Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizati					
	Preservation of land for public use (for example, recrea		f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
•	Preservation of open space	final and the state of the stat	f			
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form	Held at the End of the Tax Year			
•	day of the tax year. Total number of conservation easements					
a h						
5	Number of conservation easements on a certified historic str	ucture included in (a)				
	Number of conservation easements included in (c) acquired a					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
	year ►					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year			
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year			
	►\$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati	-				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the			
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	ther Similar Assets			
i ui	Complete if the organization answered "Yes" on Form					
19	If the organization elected, as permitted under FASB ASC 95		and balance sheet works			
14	of art, historical treasures, or other similar assets held for pul	, ,				
	service, provide in Part XIII the text of the footnote to its final		•			
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1		• \$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019			
932051	1 10-02-19					

		COMMUNITY					85205	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant u	se of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	mpt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" or	n Form 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets not	included		_	
	on Form 990, Part X?					∟	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.					<u></u>		
Par	Tt V Endowment Funds. Complete in						.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			
1a	Beginning of year balance	11,376,908.	11,742,427.			92,781.		336,424.
b	Contributions	210,786.	53,270.	,		23,145.		208,671.
	Net investment earnings, gains, and losses	955,922.	257,111.	635,239.	4	59,564.	-	151,657.
	Grants or scholarships							
е	Other expenditures for facilities		100 507					<u></u>
	and programs	55.000	408,697.	00 540		20,870.		68,733.
f	Administrative expenses	57,008.	267,203.			57,675.		35,238.
g	End of year balance	12,486,608.	11,376,908.		11,05	96,945.	9,:	592,781.
2	Provide the estimated percentage of the curr	ent year end balance) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment $\blacktriangleright 84.00$	%						
С	Term endowment 16.00	-						
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•						
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	he organiza	tion	L.	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	<u>X</u>
	(ii) Related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization						3b	
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		vment funds.					
1 41	Complete if the organization answered		Part IV line 11a S	oo Form 000 Part V	lino 10			
	Description of property	(a) Cost or of			Accumulate	d	(d) Book	valuo
	Description of property	basis (investm	• • •		epreciation	u	(u) BOOK	value
19	Land	· · ·	-,		,			
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must en		(column (P) line 1					0.
1010		<u>quai FUIII 990, Part /</u>		<u></u>			D (Form	990) 2019
					•			, =0.0

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	TID. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line			
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

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HOUSTON COMMUNITY COLLEGE FOUNDATION Schedule D (Form 990) 2019 Other Securities

Part viii investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val
(1) Financial derivatives		

Sche	edule D (Form 990) 2019 HOUSTON COMMUNITY COLLEGE FOUN	DATION	74-	1885205 Page 4	
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	6,706,134.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a	657,859.			
b	Donated services and use of facilities 2b	1,403,950.			
с					
d		38,978.			
е	Add lines 2a through 2d		2e	2,100,787.	
3	Subtract line 2e from line 1		3	4,605,347.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	61,546.			
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c	61,546.	
5	Total revenue Add lines 2 and 40 (This was to a stress of 5 and 0.0 b) (1) (1) (10)		5	4,666,893.	
	Total revenue. Add lines 3 and 40. (This must edual Form 990. Part I. line 12.)			±,000,055.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per l		n.	
	rt XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ith Expenses per l		n.	
	rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per l		n.	
Pa	Image: style="text-align: center;">rt XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ith Expenses per l	Retur	n.	
Pa 1	Image: style="text-align: center;">Image: style: style="text-align: center;"/>Image: style	/ith Expenses per I	Retur	n.	
Pa 1 2	Image: style="text-align: center;">rt XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	/ith Expenses per I	Retur	n.	
Pa 1 2 a	Image: style="text-align: center;">rt XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	/ith Expenses per I	Retur	n.	
Pa 1 2 a	Image: style="text-align: center;">rt XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	/ith Expenses per I		n.	
Pa 1 2 a	Image: Non-Section Provided Financial Statements Image: Non-Section Prov	/ith Expenses per I 1,403,950. 38,978.		n. 5,915,007.	
Pa 1 2 a b c d	Image: Non-Section Section 2016 Image: Non-Section 2016 <th image:="" non-section<="" th=""><th>/ith Expenses per I 1,403,950. 38,978.</th><th>1</th><th>n.</th></th>	<th>/ith Expenses per I 1,403,950. 38,978.</th> <th>1</th> <th>n.</th>	/ith Expenses per I 1,403,950. 38,978.	1	n.
Pa 1 2 a b c d e	Image: Non-Section Provided Financial Statements Image: Non-Section Prov	/ith Expenses per I 1,403,950. 38,978.	1 2e	n. 5,915,007.	
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	/ith Expenses per l	1 2e 3	n. 5,915,007.	
Pa 1 2 a b c d e 3 4	Image: construction of expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	/ith Expenses per l	1 2e 3	n. 5,915,007.	
Pa 1 2 a b c d e 3 4	Image: construction of expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	/ith Expenses per l	1 2e 3	n. 5,915,007. 1,442,928. 4,472,079. 61,546.	
Pa 1 2 b c d e 3 4 b c 5	Image: construction of expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	/ith Expenses per l	Retur	n. 5,915,007. 1,442,928. 4,472,079.	

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

PART V, LINE 4:

THE FOUNDATION HAS A DONOR-RESTRICTED ENDOWMENT FUND WHICH IS MAINTAINED
IN ACCORDANCE WITH EXPLICIT DONOR STIPULATIONS. THE FOUNDATION IS SUBJECT
TO THE TEXAS UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (THE
ACT) WHICH HAS BEEN ENACTED BY THE STATE OF TEXAS. THE BOARD OF DIRECTORS
OF THE FOUNDATION HAS INTERPRETED THE ACT AS REQUIRING A FOCUS ON THE
ENTIRETY OF A DONORRESTRICTED ENDOWMENT FUND, INCLUDING THE ORIGINAL GIFT
AMOUNT AND NET APPRECIATION. THE ACT PROVIDES GUIDELINES ABOUT WHAT
CONSTITUTES PRUDENT SPENDING AND EXPLICITLY REQUIRES CONSIDERATION OF
PRESERVATION OF THE FUND.

<u>AS A RESULT O</u>	F THIS INTERPRETATION,	THE FOUNDATION CLA	SSIFIES THE AMOUNT
932054 10-02-19			Schedule D (Form 990) 2019
		31	
01210303 794202 9	94-01993.001	2019.05060 HOUSTON (COMMUNITY COLLEGE 94-01991

Part XIII Supplemental Information (continued)
SPECIFIED BY EXPLICIT DONOR STIPULATION AS AN ENDOWMENT AS PERMANENTLY
RESTRICTED NET ASSETS. THIS AMOUNT IS NOT REDUCED BY LOSSES ON INVESTMENTS
IN THE ENDOWMENT FUND OR BY APPROVED APPROPRIATIONS FOR EXPENDITURE FROM
THE FUND.
PART X, LINE 2:

HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 5

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS A PUBLICLY SUPPORTED ORGANIZATION AS DEFINED IN THE INTERNAL REVENUE CODE, SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI). ACCORDINGLY, THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE FOUNDATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, WHEN IT IS MORE LIKELY THAN NOT, THAT SUCH AN ASSET OR A LIABILITY WILL BE REALIZED. AS OF AUGUST 31, 2020 AND 2019, MANAGEMENT BELIEVES THERE WERE NO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GALA FUNDRAISING EVENT EXPENSE

Schedule D (Form 990) 2019

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GALA FUNDRAISING EVENT EXPENSE

Schedule D (Form 990) 2019

932055 10-02-19

38,978.

38,978.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				or 19,	or if the	2019
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer id	entification number
		COMMUNITY COLLEGE	FOI	JNDA	ATION		74-1885	
Part I Fundrais		Complete if the organization answe				ine 1		
required to	complete this part	t						
		ed funds through any of the followin						
a Mail solicitat	ions email solicitations			•	overnment grants nment grants			
c Phone solici		g Special						
d In-person so								
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with pr			•		Ye	
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursua	ant to a	agreer	ments under which th	he fui	ndraiser is to b	e
					Γ	1		1
(i) Name and addres	s of individual		(iii) fundr	aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund	draiser)	(ii) Activity	have cr or con contribu	trol of	from activity	Ì	fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
			165	NU				
				<u> </u>				<u> </u>
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 5	Sche	dule G (Form	990 or 990-EZ) 2019
								,

932081 09-11-19

 Schedule G (Form 990 or 990-EZ) 2019
 HOUSTON
 COMMUNITY
 COLLEGE
 FOUNDATION
 74-1885205
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			BLACK	(D) Event #2	NONE	(d) Total events
			HISTORY SCHO		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e				(event type)	(lotal humber)	
Revenue	1	Gross receipts	173,507.			173,507.
٣	•					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	173,507.			173,507.
Τ						
	4	Cash prizes	24,982.			24,982.
	5	Noncash prizes				
ses						
ğ	6	Rent/facility costs	103,497.			103,497
ЩЩ						
Direct Expenses	7	Food and beverages				
ā						
	8	Entertainment				42,040. 41,966.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug	()		►	212,485
_	<u>11</u> rt I	Net income summary. Subtract line 10 from III Gaming. Complete if the organization				-38,978
Iue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Revenue						
۳	1	Gross revenue				
- 1						
SS	2	Cash prizes				
enses						
xpenses		Cash prizes				
ct Expenses		Noncash prizes				
Jirect Expenses						
Direct Expenses	3 4	Noncash prizes Rent/facility costs				
Direct Expenses		Noncash prizes				
Ulrect Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes%	%	%	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs		└────────────────────────────────────	Yes% No	
Direct Expenses	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	No	No	
Direct Expenses	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	Yes %		No	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug		□ No	<u>No</u> No	
Direct Expenses	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		□ No	<u>No</u> No	
	3 4 5 7 8	Noncash prizes	Yes% No 5 in column (d) 7 from line 1, column (d)	No No	<u>No</u> No	
Ð	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	□ No	No ►	
) a	3 4 5 6 7 8 Ent	Noncash prizes	Yes % No 1 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No ►	
9 a	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No 1 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No ►	
9 a	3 4 5 6 7 8 Ent	Noncash prizes	Yes % No 1 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No ►	
a b	3 4 5 6 7 8 Ent Is t If "I	Noncash prizes	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No	YesNo
9 a b	3 4 5 6 7 8 Entt Is t Is t Uf "I We	Noncash prizes	Yes % No 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these s evoked, suspended, or te	states?	No	YesNo
9 a b	3 4 5 6 7 8 Entt Is t Is t Uf "I We	Noncash prizes	Yes % No 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these s evoked, suspended, or te	states?	No	YesNo
a b	3 4 5 6 7 8 Entt Is t Is t Uf "I We	Noncash prizes	Yes % No 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these s evoked, suspended, or te	states?	No	YesNo

Sch	edule G (Form 990 or 990-EZ) 2019 HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1	885205	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	I is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
F	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	t III, lines 9, §	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0000	83 09-11-19 Schedule G (Forr	n 990 or 900	-E7) 2010
9320	83 09-11-19 Schedule G (Forr 35	330 01 330	-2019

	i (Form 990 or 990-EZ) Supplemental Infor	HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205	Page 4
Part IV	Supplemental Infor	mation (contin	ued)				
						Schedule G (Form 990 or	990-EZ)

SCHEDULE I (Form 990)		Gov	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo	m 990. r the latest inform	nation.		Open to Public Inspection
Name of the organization		OMMUNITY (COLLEGE FOUT	NDATION				Employer identification number $74 - 1885205$
Part I General In	formation on Grants a	nd Assistance						
-	ation maintain records t ward the grants or assis		-			-		
	V the organization's pro							
	d Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	at received more than S					(f) Method of		
.,	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) and a section 501(c)(3) and a section	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS GIVEN TO STUDENTS WITH FINANCIAL NEED	1448	2,843,589.	0.		

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

SCHEDULE I, PART I, LINE 2:

THE FOUNDATION USES CRITERIA THAT ARE SET BY SPECIFIC DONORS WHEN

SELECTING THE RECIPIENTS OF SCHOLARSHIPS. SOME OF THE COMMON CRITERIA

ARE MAJOR CONCENTRATION, HOURS COMPLETED, GPA, COMPLETION OF AN ESSAY,

AND SUBJECT TO REVIEW BY A SCHOLARSHIP COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

HOUSTON COMMUNITY COLLE	CE FOIINDATTON

Employer identification number 74 - 1885205

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	x	1	197,600.	FAIR MARKET	VAL	UE	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (IN KIND CONTR)	X	66	951,891.	FAIR MARKET	VAL	υE	
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	gement 29				
					ſ		Yes	No
30a	During the year, did the organization receive by		• • • • •					
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a	_	X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				tions?	31		Х
32a	Does the organization hire or use third parties of		•			20-		x
h	contributions? If "Yes," describe in Part II.					32a		- 11

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2019

932141 09-27-19

describe in Part II.

01210303 794202 94-01993.001

Schedule M	(Form 990) 2019	HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205	Page 2
Part II	Supplemental	I Information t I, column (b), th	 Provide the inform e number of contribution 	nation required I	by Part I, lines 30b, 3	2b, and 33, and whether the orga , or a combination of both. Also o	nization
	this part for any a	dditional informa	tion.				
932142 09-27-1	9					Schedule M (F	orm 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

HOUSTON COMMUNITY COLLEGE FOUNDATION

9 Open to Public Inspection Employer identification number

OMB No. 1545-0047

74-1885205

FORM 990, PART VI, SECTION A, LINE 2:

MARY WILLIAMS AND DAVID ITZ HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

HCCF IS ORGANIZED AS A NON PROFIT CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE PROVIDED TO THE PRESIDENT FOR REVIEW. ONCE THE REVIEW

IS COMPLETED THE PRESIDENT WILL SUPPLY THE 990 TO THE FULL BOARD OF

DIRECTORS DURING THE NORMAL COURSE OF BUSINESS.

FORM 990, PART VI, SECTION B, LINE 12C:

THERE IS AN ANNUAL DISCLOSURE FORM THAT IS REQUIRED TO BE COMPLETED BY ALL

WHO ARE AFFECTED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION DETERMINES COMPENSATION BY USING COMPARISONS OF SIMILARLY

SIZED ORGANIZATIONS TO DETERMINE A GOING MARKET RATE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS ORGANIZING DOCUMENTS AND 990S AVAILABLE THROUGH

WRITTEN REQUESTS TO THE ORGANIZATION. THE 990S ARE ALSO AVAILABLE VIA THE

41

ORGANIZATIONS WEBSITE AS WELL AS THROUGH THIRD PARTY WEBSITES SUCH AS,

GUIDESTAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

HOUSTON COMMUNITY COLLEGE FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

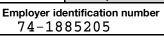
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HOUSTON COMMUNITY COLLEGE SYSTEM							
3100 MAIN ST.							
HOUSTON, TX 77002	EDUCATION	TEXAS	501(C)(3)				х

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

Schedule R (Form 990) 2019



Schedule R (Form 990) 2019 HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205 Page 2

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

	· · · · · · · · · · · · · · · · · · ·	,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
]											
	1											
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	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)						Yes	No

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

Net	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
			Tes	NO
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			37
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a		<u>X</u>
b	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOUSTON COMMUNITY COLLEGE	K	14,400.	FMV
(2) HOUSTON COMMUNITY COLLEGE	Р	1,402,743.	FMV
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

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Schedule R Part VII	

rt	VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

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