			EXTENDED TO JULY 15, 2020		
	0	00	Return of Organization Exempt From	ncome Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		2018
Depa	rtment (of the Treasury	Do not enter social security numbers on this form as it may	be made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the lates	t information.	Inspection
<u>A I</u>	or th	e 2018 calend	ar year, or tax year beginning ${ m SEP}$ 1 , 2018 and ending 2	<u>AUG 31, 2019</u>	
	Check if applicab	le: C Name of	organization	D Employer identifica	tion number
	Addre chang	ess HOUS	TON COMMUNITY COLLEGE FOUNDATION		
	Name	ge Doing b	usiness as	74-18	85205
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	Final return		MAIN STREET	713-7	18-8595
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	18,686,557.
	Amen	поор	TON, TX 77002	H(a) Is this a group retu	
	Applie tion pendi		nd address of principal officer: DR . ROBERT FORD	for subordinates?	Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No
		empt status:			t. (see instructions)
			HCCSFOUNDATION.ORG	H(c) Group exemption r	
	orm o art I	f organization: Summary	Corporation Trust 🔀 Association Other 🕨 🛛 L Yea	r of formation: 1976 M s	State of legal domicile: '1'X
Г					
e	1		e the organization's mission or most significant activities: HCC FOUNDA SUCCESS THROUGH PHILANTHROPIC SUPPORT,		
Governance					
ern	2	Check this bo			s. 24
200	3		ing members of the governing body (Part VI, line 1a)		24
<u>م</u>	4		lependent voting members of the governing body (Part VI, line 1b)		<u> </u>
ties	6		of individuals employed in calendar year 2018 (Part V, line 2a)		10
Activities &			d business revenue from Part VIII, column (C), line 12		0.
A			business taxable income from Form 990-T, line 38		0.
		Not an clated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	3,384,326.	2,755,997.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	362,591.	742,926.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-22,973.	-911.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,723,944.	3,498,012.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	2,654,967.	3,211,515.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,497.	0.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ <u>20,073</u> .	0.	0.
Expenses	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 🕨20 , 073 .		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	691,506.	550,178.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,349,970.	3,761,693.
	19	Revenue less	expenses. Subtract line 18 from line 12	373,974.	-263,681.
tt Assets or od Balances				eginning of Current Year	End of Year
sset	20	Total assets (F		16,537,002.	15,456,583.
etA	21		(Part X, line 26)	287,029.	177,103.
			fund balances. Subtract line 21 from line 20	16,249,973.	15,279,480.
	art II	•		anto and to the bast of	outoday and ballef it is
	-		I declare that I have examined this return, including accompanying schedules and staten		iowieuge and bellet, it is
uue	, corre	ci, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	i nas any knowledge.	
C :	-	Signatur	e of officer	Date	
Sig			ROBERT FORD, TREASURER	Ball	
Her	e		NODERT FORD, TREASURER		

	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN						
Paid	KRISTEN SIMPSON	KRISTEN SIMPSON	12/04/	19 self-employed	P01268482	2					
Preparer	Firm's name CARR, RIGGS & IN	GRAM, LLC		Firm's EIN 🕨	72-1396623	1					
Use Only	Firm's address TWO RIVERWAY , 15	TH FLOOR									
	HOUSTON, TX 7705	6		Phone no.713	-621-8090						
May the IRS discuss this return with the preparer shown above? (see instructions)											
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2018)

	990 (2018) HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 2
Pa	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	HCC FOUNDATION EMPOWERS HCC STUDENT SUCCESS THROUGH PHILANTHROPIC 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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$1,929,229. including grants of \$1,929,229.) (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.
4b	(Code:) (Expenses \$1,638,363. including grants of \$1,282,286.) (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 \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,567,592.
832002	Form 990 (2018)

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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	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	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	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,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		<u> </u>
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	<u> </u>
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	<u> </u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			х
40	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		16		х
47	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,	17		х
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 22
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
832003	12-31-18		990 ((2018)

3

Form **990** (2018)

Form 990 (2					FOUNDATION
Part IV	Checklist of R	equired Sche	edules (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	
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
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
Schedule L, Part I	25b		Х
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
complete Schedule L, Part II	26		Х
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 		Х	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
contributions? If "Yes," complete Schedule M	30		х
31 Did the organization liquidate, terminate, or dissolve and cease operations?			
If "Yes," complete Schedule N, Part I	31		х
 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> 			
Schedule N, Part II	32		х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	33		х
 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 			
	34	х	
Part V, line 1	34 35a		X
 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 	000		
	35b		
wuruu ure meanna a Sechara a Izian air it "Vaa" aamalata Sabadula D. Dart V. lina 9	000		<u> </u>
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			х
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		- 23
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 			x
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 			x
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	37		X
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>		x	<u>X</u>
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	37	x	<u>x</u>
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	37		
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 	37	X Yes	X No
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 	37 38 1		
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 	37		
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 	37 38 1 0	Yes	
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 	37 38 1 0 1c	Yes	

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Form	990 (2018) HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885	205	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a C			
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 $e-file$ (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h		40		- 23
U	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).			
Fa		E.		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	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).			37
а	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?	<u>7a</u>		X X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.0	excess parachute payment(s) during the year?	15		x
	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
10	is the organization an odubational motitution subject to the soution 4000 excise tax of the timestiment mouthe?		I	

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

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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 in Schedule O. See instructions. X

	Check if Schedule O contains a response or note to any line in this Part VI						X	
C	tion A. Governing Body and Management							
						Yes	No	
а	Enter the number of voting members of the governing body at the end of the tax year	1a		24				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		24				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other					
	officer, director, trustee, or key employee?				2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisio	n				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X	
ł	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X	
6	Did the organization have members or stockholders?				6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or					
	more members of the governing body?				7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, or					
	persons other than the governing body?				7b		Х	
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:					
а	The governing body?				8a	Х		
b	Each committee with authority to act on behalf of the governing body?				8b	Х		
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-							
			,			Yes	No	
)a	Did the organization have local chapters, branches, or affiliates?				10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-			10b			
a					11a		Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-					
a	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	Х		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y							
	in Schedule O how this was done	,			12c	Х		
3	Did the organization have a written whistleblower policy?				13	Х		
ŀ	Did the organization have a written document retention and destruction policy?				14	Х		
5	Did the process for determining compensation of the following persons include a review and approval							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.op on a on a					
а	The organization's CEO, Executive Director, or top management official				15a	Х		
ĥ	Other officers or key employees of the organization				15b		Х	
Ň	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100			
.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont wi	th a					
Ja					16a		Х	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				104			
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluat	-	-					
					16b			
20	exempt status with respect to such arrangements?				100			
_								
	· · · · · · · · · · · · · · · · · · ·	4 000 -	Conting	E01(a)(2)a	only)			
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	a 990-	(Section	501(C)(3)S	oniy) a	avallac	bie	
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain		,		1			
)	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and find the second secon							
	statements available to the public during the tax year.							
)	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	▶				
	KAREN L. SCHMIDT - 713-718-8596							
	3100 MAIN STREET, 12TH FLOOR, HOUSTON, TX 77002					000		
					Form	990	(20^{-1})	
)0	5 12-31-18 6				1 0111		· · ·	

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, 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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

	1	l	mzu			iper	Jour			(Г)
(A)					(C) Position			(D)	(E)	(F)
Name and Title			(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direct				5		organization	(W-2/1099-MISC)	from the
	related	se or	stee			Isate		(W-2/1099-MISC)		organization
	organizations	truste	al tru		yee	in pe		(and related
	below	Individual trustee or director	In stitutio nal trustee	5	Key employee	est cc oyee	er			organizations
	line)	Indiv	In stit	Officer	Key e	Highest compensated employee	Former			-
(1) DAVID E. BAKER	0.50									
DIRECTOR		х						0.	0.	0.
(2) KAREN BECERRA	0.50									
DIRECTOR		x						0.	0.	0.
(3) JESSE BROWN	0.50									
DIRECTOR		х						0.	0.	0.
(4) CARLYN BURTON	0.50									
DIRECTOR		x						0.	0.	0.
(5) KENNETH R. BURTON, JR.	0.50									
DIRECTOR		х						0.	0.	0.
(6) ROBERT L. FORD	0.50									
TREASURER		х						0.	0.	0.
(7) JAVED IQBAL	0.50									.
DIRECTOR	0.50	х						0.	0.	0.
(8) CYRUS IRANI	0.50	- 23								U .
VICE CHAIRMAN OF STRATEGIC PLANNING	0.50	х						0.	0.	0.
(9) DAVID ITZ	0.50	- 23								
VICE CHAIRMAN OF GOVERNANCE	0.50	х		x				0.	0.	0.
(10) MARY LAWSON	0.50								0.	<u>0.</u>
DIRECTOR	0.50	х						0.	0.	0.
(11) RYAN MCCAULEY	0.50	Δ							0.	<u>0.</u>
VICE CHAIRMAN OF FUNDRAISING	0.50	x						0.	0.	0.
(12) ARTURO G. MICHEL	0.50	^						0.	0.	<u></u>
DIRECTOR	0.50	x						0.	0.	0.
(13) ROY MONTALBANO	0.50	^			-			0.	0.	<u>0.</u>
DIRECTOR	0.50	x						0.	0.	0.
(14) CHRISTINA MORALES	0.50	^						U •	0.	<u> </u>
	0.50	v						0.	0.	
SECRETARY		Х						0.	0.	0.
(15) JEANNE PERDUE	0.50	v						0.		
DIRECTOR		Х			-	-		0.	0.	0.
(16) DAVID REGENBAUM	0.50			37					<u> </u>	
PRESIDENT		Х		Х				0.	0.	0.
(17) MARIA RIOS	0.50								<u>^</u>	
DIRECTOR		Х						0.	0.	0.
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	I COMMUNIT	'Y	CC)LL	EG	Е	FC	DUNDATION	74-18	852	205	Page 8
Part VII Section A. Officers, Directors, 1	rustees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (C				(D)	(E)			(F)
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable			mated
	hours per week			ss per nd a di				compensation	compensation			ount of
	(list any							_ from the	from related			ther
	hours for	direct				_		organization	organizations (W-2/1099-MISC	3	•	ensation m the
	related	e or (stee			Isated		(W-2/1099-MISC)	(** 2/1000 1/100	″		nization
	organizations	truste	al tru:		yee	mper					•	related
	below	Individual trustee or director	Institutional trustee	ы	ƙey employee	est co oyee	ler				organ	nizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) LINA SABOUNI	0.50											•
DIRECTOR		Х						0.		0.		0.
(19) CHARLENE WHITE	0.50	v										0
DIRECTOR		Х						0.		0.		0.
(20) MARY R. WILLIAMS	0.50	v										0
IMMEDIATE PAST PRESIDENT		Х						0.		0.		0.
(21) CECELIA ALLEN	0.50	v						0		<u> </u>		0
DIRECTOR		Х						0.		0.		0.
(22) ANTRECE L BAGGETT	0.50	x						0.		0.		٥
DIRECTOR (23) ADAM J. DIMMICK	0.50	~						0.		••		0.
DIRECTOR	0.50	x						0.		0.		0.
(24) IRSAN TISNABUDI	0.50											
DIRECTOR		х						0.		0.		0.
								0.		0.		0.
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Par								0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including b								_		•		
compensation from the organization		ose	iiste	u au	ove) 1011	0 16	eceived more than \$100,	000 of reportable			0
compensation from the organization											١	Yes No
3 Did the organization list any former off	icer. director. or tru	ustee	e. ke	v em	olar	vee.	or	highest compensated er	nplovee on	Г		
line 1a? If "Yes," complete Schedule J f				•				-		- 1	3	X
4 For any individual listed on line 1a, is th										F		
and related organizations greater than S										[4	X
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes."	complete Schedule	e J fo	or sı	<u>ich p</u>	bers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highes	•	•							•	nsati	on fron	n
the organization. Report compensation		ear e	endir	ng wi	ith c	or wi	thin		ear.			
(A) Name and busin		NC	ONE	2				(B) Description of s	ervices	Co	(C) ompens	
		110	/111	-			_					
							_					
2 Total number of independent contracto		ot lin	nited	d to t	thos C		ted	above) who received mo	ore than			
\$100,000 of compensation from the org	janization 🗩				U	,						

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Form	990 ((2018) HOUST	ON COMMU	NITY COLI	EGE FOUND	ATION	74-1885	205 Page 9
	rt VII							
		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
lts ts	1 a	Federated campaigns	1a					
iran	b	Membership dues	1b					
Ano S,	с	Fundraising events	1c					
Sift ar /	d	Related organizations	1d					
imi)	е	Government grants (contribut	ions) 1e					
rtion S	f	All other contributions, gifts, grar	nts, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ve 1f	2,755,997.				
ut pu	-	Noncash contributions included in lines	-					
<u>م</u> م	h	Total. Add lines 1a-1f			2,755,997.			
				Business Code				
ice	2 a							
er v	b							
m S ven	C							+
grai	d							+
Program Service Revenue	e f	All other program service reve						<u> </u>
_	a							
	3	Investment income (including						
	-	other similar amounts)			369,844.			369,844
	4	Income from investment of ta						· · · · ·
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss) .		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	15,350,716.					
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· ►	373,082.			373,082
Other Revenue	8 a	Gross income from fundraisin including \$	•					
Seve		contributions reported on line	-					
er F		Part IV, line 18						
Gth		Less: direct expenses			010 011			010 011
-		Net income or (loss) from fund		····· ►	-210,911.			-210,911
	9 a	Gross income from gaming ad						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan		▶				
	iu a	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
ľ	<u> </u>	Miscellaneous Revenu		Business Code				
ľ	11 a	VENDING INCOME		611600	210,000.			210,000.
	b				· · · ·			
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►	210,000.			
	12	Total revenue. See instructions			3,498,012.	0.	0.	742,015.
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Form 990 (2018)

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).

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	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	3,211,515.	3,211,515.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section $4958(f)(1)$) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal	3,034.		3,034.							
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	105,064.		105,064.							
g	Other. (If line 11g amount exceeds 10% of line 25,	10 105		10 105							
	column (A) amount, list line 11g expenses on Sch O.)	12,125.		12,125.							
12	Advertising and promotion	45 405									
13	Office expenses	45,425.		25,352.	20,073.						
14	Information technology										
15	Royalties	14 400		14 400							
16	Occupancy	14,400.		14,400.							
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	3,491.		2 4 0 1							
19 00	Conferences, conventions, and meetings	3,491.		3,491.							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23 24	Insurance Other expenses. Itemize expenses not covered										
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	IN-KIND CONTRIBUTION EX	203,785.	203,785.								
b	STUDENT SERVICES DISTRI	126,000.	126,000.								
c	CHANCELLORS EXCELLENCE	26,292.	26,292.								
d	ADMINSTRATIVE EXPENSES	10,539.		10,539.							
е	All other expenses	23.		23.							
25	Total functional expenses. Add lines 1 through 24e	3,761,693.	3,567,592.	174,028.	20,073.						
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 Figure if following SOP 98-2 (ASC 958-720)										
832010) 12-31-18				Form 990 (2018)						

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2018)	HOUSTON	COMMUNITY	COLLEGE	FOUNI	DATION		1
Balance Sheet							
Check if Schedule	O contains a res	ponse or note to an	y line in this Par	t X			
						(A) ng of year	

	Check if Schedule O contains a response or not	e to any			·····	
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			136,021.	1	143,650.
2	Savings and temporary cash investments			304,753.	2	340,555.
3	Pledges and grants receivable, net			452,264.	3	356,943.
4	Accounts receivable, net				4	
5	Loans and other receivables from current and fo				_	
	trustees, key employees, and highest compensation					
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualit		_			
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sect					
	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net		F		7	
8	Inventories for sale or use				8	
9				55,248.	9	57,313.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	39,650.			
b	Less: accumulated depreciation	10b	39,650.	0.	10c	0.
11	Investments - publicly traded securities			15,588,716.	11	14,558,122.
12	Investments - other securities. See Part IV, line 1	1			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 equa	al line 34	4)	16,537,002.	16	15,456,583.
17	Accounts payable and accrued expenses			287,029.	17	177,103.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee	s, and c	lisqualified persons.			
					22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated		Γ		24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	-			05	
06	Schedule D Total liabilities. Add lines 17 through 25			287,029.	25 26	177,103.
26	Organizations that follow SFAS 117 (ASC 958		hara N X and	207,025.	20	177,105.
	complete lines 27 through 29, and lines 33 an					
27	Unrestricted net assets			667,057.	27	552,523.
28				5,416,394.	28	4,877,342.
29	Permanently restricted net assets	10,166,522.	29	9,849,615.		
20	Organizations that do not follow SFAS 117 (A		20	.,,		
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		30			
31	Paid-in or capital surplus, or land, building, or ec				31	
32	Retained earnings, endowment, accumulated in		Г		32	
33	Total net assets or fund balances			16,249,973.	33	15,279,480.
34	Total liabilities and net assets/fund balances			16,537,002.	34	15,456,583.
				· ·		Earm 990 (2018)

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Part X Bala

Assets

Liabilities

Net Assets or Fund Balances

	1990 (2018) HOUSTON COMMUNITY COLLEGE FOUNDATION	74-	1885	205	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,</u> 76		
3	Revenue less expenses. Subtract line 2 from line 1	3		-26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,24		
5	Net unrealized gains (losses) on investments	5		-70	6,8	12.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	15	,27	9,4	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
					000	

Form **990** (2018)

SCHEDULE A	SC	HE	DL	JLE	Α
------------	----	----	----	-----	---

Department of the Treasury

(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. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

٦

Intern	al Rever	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection		
Nan	ne of t	the organizati	on						Employer	identification numb	e	
_			HOUS	TON COMMUN	ITY COLLEGE I	FOUND	ATION		7	4-1885205		
	rt I				All organizations must co			ee instructions	6.		_	
The	organ				For lines 1 through 12, cl							
1	Ц				n of churches described			1)(A)(i).				
2	Ц				Attach Schedule E (Form							
3					anization described in se							
4				ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state									_	
5	X	-	-		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
				Complete Part II.)								
6			-	-	nental unit described in							
7		-		-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in		
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		-			(1)(A)(vi). (Complete Par							
9		-	-	-	in section 170(b)(1)(A)(-		-	-		
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:										
10					than 33 1/3% of its supp							
					ct to certain exceptions,					-	it.	
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
				mplete Part III.)								
11	\square	-	•	-	vely to test for public sat	•						
12		-	•	-	vely for the benefit of, to				•			
				-	d in section 509(a)(1) o					check the box in		
	_	7	-	• •	f supporting organizatior				-			
а				-	upervised, or controlled	• • • •	-					
			-		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the su	ipporting		
h		¬ -		complete Part IV, Se		ion with it.		d arganizatio	n(a) by bay	ina		
b				-	or controlled in connect anization vested in the sa			-		-		
			-	t complete Part IV,		ane perso	113 11121 00		ge the supp	Jonted		
с		¬ ~		-	g organization operated	in connect	tion with	and functional	lly integrate	d with		
Ŭ	L	••	-	• • •). You must complete I				iy integrate	a with,		
d		7	-		oorting organization oper				ted organiz	ration(s)		
u	L		-		ation generally must sat				-			
			-		nplete Part IV, Sections	•		-	anatonin			
е		7			written determination from				II. Type III			
	-		•		nally integrated supporti			JI , JI	, ,,			
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,							
g	Prov	vide the followi	ing informatior	about the supporte							_	
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount o	f monetary	(vi) Amount of other		
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructior	าร	
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 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	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	3839089.	2356548.	3306545.	3384326.	2755997.	15642505.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3	3839089.	2356548.	3306545.	3384326.	2755997.	15642505.						
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)						5668375.						
	6 Public support. Subtract line 5 from line 4. 9974130.												
See	ction B. Total Support												
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total						
7	Amounts from line 4	3839089.	2356548.	3306545.	3384326.	2755997.	15642505.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources \dots	755,525.	299,642.	336,265.	362,591.	369,844.	2123867.						
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.)	210,000.	211,298.	210,000.	210,000.		1051298.						
11	Total support. Add lines 7 through 10						18817670.						
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	first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)							
	organization, check this box and stop	here											
50	ction C. Computation of Publi	c Support Per	centage			I I							
	Public support percentage for 2018 (I		•			14	53.00 %						
	Public support percentage from 2017					15	50.85 %						
16a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or m	ore, check this bo							
	stop here. The organization qualifies		-										
b	33 1/3% support test - 2017. If the c												
	and stop here. The organization qual												
17a	10% -facts-and-circumstances test												
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	nization						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶∟						
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization												
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b									
					Sche	edule A (Form 990) or 990-EZ) 2018						

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 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.)

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
t	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 See	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
See	ction D. Computation of Inves	stment Income	e Percentage			,	
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19 a	1 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
8320	23 10-11-18				Sch	edule A (Form 99	0 or 990-EZ) 2018
			15	5			

Schedule A (Form 990 or 990-EZ) 2018 HOUSTON COMMUNITY COLLEGE FOUNDATION

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1

Yes No

Part IV Supporting Organizations

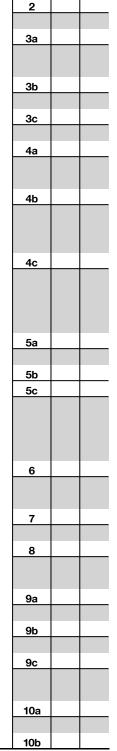
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete 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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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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		
	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		
Sec	ction 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	ction 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			
<u> </u>	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
	Did the superior the second of the super-standard superior time, but the first stars of the Cities and software		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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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			
		3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a		•		
b				
c		ructions)	
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
a				
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 HOUSTON COMMUNITY COLLE			74-1885205 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		in Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1 a		
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-functional	ly integra	ted Type III supporting	organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 HOUSTON COMMUNITY COLLEGE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin

Type in Non-Functionally integrated 509	a)(5) Supporting Orga	(continued)	
ion D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exe	mpt purposes		
Amounts paid to perform activity that directly furthers exemp			
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpose			
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the	ne organization is responsive)	
(provide details in Part VI). See instructions.			
Distributable amount for 2018 from Section C, line 6			
Line 8 amount divided by line 9 amount			
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.			
Excess distributions carryover, if any, to 2018			
From 2013			
From 2014			
From 2015			
From 2016			
From 2017			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2018 distributable amount			
Carryover from 2013 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2018 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
Applied to 2018 distributable amount			
Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
Excess distributions carryover to 2019. Add lines 3j and 4c.			
Excess from 2018			
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemplorganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which th (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which th (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount ion E - Distribution Allocations (see instructions) Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions)	Image: Control of the second structure of the s	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations. In excess of income from activity Addiment yith that directly thruthers exempt purposes of supported organizations. Amounts paid to acquire exemptive assets and the organization is responsive (provide details in Part VI). See instructions. Total annual distributions and dimes 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to responsive for 2018 from Section C, line 6 (i) (ii) Underdistributions and tor 2018 from Section C, line 6 (ii) Excess Distributions and tor 2018 from Section C, line 6 (iii) Underdistributions and tor 2018 from Section C, line 6 (iii) Excess Distributions and tor 2018 from Section C, line 6 (iii) (iii) Underdistributions (see instructions) (iii) Excess Distributions (acquire exemption via to 2018 (reasonable cause required explain in Part VI). See instructions. Excess distributions arroyover, if any, to 2018 (reasonable cause required explain in Part VI). See instructions. Excess distributions of prior years Applied to 2018 of the section D, line 7: \$ Applied to 2018 of thore and the form 2019 from 2011 (iii) Distributions of prior years Applied to 2018 distributions of prior years Applied to 2018 distributions of prior years (Applied to 2018 di

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018	HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provid 2, 3b, 3c, 4b, 4d	le the explanations c, 5a, 6, 9a, 9b, 9c,	required by Part 11a, 11b, and 11	II, line 10; Part II, line 1 Ic; Part IV, Section B, lir	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	ıC,
	Section D, lines 5, 6, and 8 (See instructions.)	3; and Part V, Se	ction E, lines 2, 5, a	and 6. Also comp	blete this part for any ad	ditional information.	
832028 10-11-1	8			20	Sch	edule A (Form 990 or 990-	EZ) 2018

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

74-1885205

2018

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

Contributor's Name	Total Contributions	Excess Contributions
BARNES AND NOBLE COLLEGE SYSTEM	716,664.	340,311.
DAVID & JEAN WILEY	500,000.	123,647.
GOLDMAN SACHS FOUNDATION	3,704,199.	3,327,846.
H-E-B	1,543,483.	1,167,130.
HOUSTON LIVESTOCK SHOW & RODEO	388,500.	12,147.
JOHN P. MCGOVERN FDN	1,000,000.	623,647.
VOLUNTEERS OF AMERICA TEXAS	450,000.	73,647.
Total Excess Contributions to Schedule A, Part II, Line 5		5,668,375.

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

2018

Employer identification number

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

Organization type (check or

HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205
ck one):				

Filers of:	Section:			
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

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

Special Rules

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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 164,842. 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 83,309. 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) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 GOLDMAN SACHS FOUNDATION X Person Payroll 29TH FL 200 WEST STREET, 952,230. 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 REBUILD TEXAS FUND X Person Payroll 301 TARROW ST. 300,000. Noncash (Complete Part II for COLLEGE STATION, TX 77840-7896 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 KARYA PROPERTY MANAGEMENT X Person Payroll 5847 SAN FELIPE STREET 92,105. Noncash \$ (Complete Part II for TX 77057 HOUSTON, noncash contributions.) 823452 11-08-18

11421204 794202 94-01993.001

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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	LEE COLLEGE P. O. BOX 818 BAYTOWN, TX 77522-0818	\$ <u>60,393.</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
8	KINDER FOUNDATION 2229 SAN FELIPE ST., #1700 HOUSTON, TX 77019	\$ <u>100,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	APPLE INC 12545 RIATA VISTA CIRCLE AUSTIN, TX 78727	\$ <u>92,300.</u>	Person X Payroll
(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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

Name of organization

Dort II

Employer identification number

HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205

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		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - \$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_ _ _ _ \$			
823453 11-08-	-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		

25

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)				Page 4
Name of o	organization			Employer identifica	ition number
HOUST	ON COMMUNITY COLLEGE FO	UNDATION		74-188520)5
Part III		ions to organizations describe		, (8), or (10) that total more than \$1,0	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	00 or less for the year	(Enter this info. once.) S	
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
		. <u></u>			
·		e) Transfer			
			Signt		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	;
		_			
		-			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
Part I					
		(-) T urne for	- (: ()		
		(e) Transfer	or gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee)
		_			
		-			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	beld
Part I		(0) 000 01 gill			
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relatic	nship of transferor to transferee)
				•	
		_			
		-			
(a) No. from	(h) Dumpers of sift			(d) Description of how rift is	hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	
		(e) Transfer	of gift		
	Transferee's name, address, a	nd 7I P + 4	Belatic	nship of transferor to transferee	`
					:
		-			
823454 11-08	l R-18			Schedule B (Form 990, 990-FZ, o	r 990-PF\ (2012)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer identification number 74-1885205

Pa	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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 advised t	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	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose con	ferring
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Parl	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	ally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic str		<u>2c</u>
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the org	panization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	ation easements during the year
7	Amount of ownerses incurred in monitoring increasing hore	lling of violations, and enforcing concernation	accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ang of violations, and enforcing conservation	easements during the year
0	Does each conservation easement reported on line 2(d) abov	a action the requirements of eaction 170/b)//	
8		• • • • • • • • • • • • • • • • • • • •	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.		organization's accounting for
Pa		f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	··· · · · · · · · · · · · · · · · · ·		N N
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued. a Using the organization sequestion, accession, and other records, check any of the following that are a significant use of its collection items (exist at apply): a IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			COMMUNITY				74-18		
clineck all that apply: □ Police exhibition □ Construction □ Construction	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Simila	· Assets	(continu	ued)
a Public exhibition d lan or exchange programs b Scholary reserved on the organization is collections and explain how they further the organization's exempt purpose in Part XIII. C During they are, dd the organization societ or receive donations of art, historical treasures, or other similar assets to be sold or raise funds; rather than to be maintained as part of the organization's collection? Perfixe I Scrow and CutoSciolal Arrangements. Complete the organization answerd "Yes" on Form 990, Part X, line 8. The solution or agent, trustee, custofian or other intermediary tor contributions or other assets not included on Form 990, Part X, line 21. The structure custofian or other intermediary tor contributions or other assets not included on Form 990, Part X, line 21. The structure custofian or other intermediary tor contributions or other assets not included on Form 990, Part X, line 21. The organization nargent rule assets not included on Form 990, Part X, line 21. The organization anagent rule assets not include an amount on Form 990, Part X, line 21. The explanation asset on the intermediary tor contributions or other assets not included on Form 990, Part X, line 21. The explanation asset on the intermediary tor explanation anaswerd "Yes" on Form 990, Part X, line 10. The asset on the organization analytic the organization answerd "Yes" on Form 990, Part X, line 10. The asset on the intermediary tor explanation answerd "Yes" on Form 990, Part X, line 10. The organization analytic the arganization answered "Yes" on Form 990, Part X, line 10. The organization analytic the arganization answerd "Yes" on Form 990, Part X, line 10. The organization analytic the organization answered "Yes" on Form 990, Part X, line 10. The organization analytic the arganization answered "Yes" on Form 990, Part X, line 10. The organization analytic the arganization answered "Yes" on Form 990, Part X, line 10. The organization analytic the arganization answered "Yes" on Form 990, Part X, line 10. The organizatine answered "Yes" on	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a	a significant u	se of its c	ollection i	items
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's event that no be maintained as part of the organization answered "Yes" on Form 990, Part XIII. Scholarly research Yes No Part I Escrow and Custodial Arrangements. Complete fithe organization answered "Yes" on Form 990, Part X, line 9. or resported an amount on form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anglet, trustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anglet, trustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anglet, trustee, custodian or other intermediaty for some or custodial account liability Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Is the organization include an amount on Form 990, Part X, line 21, for sorrow or custodial account liability Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Is the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 10. Is the organization include anamount on Form 990, Part		(check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of att, historical treasures, or other similar assets	а	a Public exhibition d Loan or exchange programs							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be add to raise funds further than to be maintained as part of the organization's collection? Part W ESCOW and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or reported an amount on Form 980, PArt X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Is a list organization angement in Part XIII and complete the following table: Cending balance Anount tel tel Anount	b	Scholarly research	e	Other					
5 During the year, did the organization activity of receive donations of art, historical treasures, or other similar assets No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Tele State organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediary for the assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? No b If 'Yes', explain the arrangement in Part XIII and complete the following table: Intermediary Intermediary Intermediary Intermediary No b If Yes', explain the arrangement in Part XIII on Point 990, Part X, line 21, for escrow or custodial account liability? Intermediary Intermediary <td>с</td> <td>Preservation for future generations</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	с	Preservation for future generations							
tobe rold to raise funds rather than to be maintained as part of the organization a collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. It is diations during the year Image: Complete intermediary for contributions or outstodial account liability? Image: Complete intermediary for escrow or custodial account liability? Image: Complete intermediary for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Image: Complete intermediary for year back (d) Three years back (e) four years bac	4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt purpo	se in Part	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d e Additions during the year 1d 1d e Distributions during the year 1e 1f 1e 1e<td>5</td><td>During the year, did the organization solicit o</td><td>r receive donations o</td><td>f art, historical treas</td><td>sures, or other sim</td><td>ilar assets</td><td></td><td></td><td></td>	5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other sim	ilar assets			
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 10 c Beginning balance 10 10 10 10 10 10 d Additions during the year 10 <td></td> <td>to be sold to raise funds rather than to be ma</td> <td>aintained as part of th</td> <td>e organization's co</td> <td>llection?</td> <td></td> <td></td> <td>Yes</td> <td>No</td>		to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X	Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes"	on Form 990	, Part IV, I	ine 9, or	
on Form 990, Part X2		reported an amount on Form 990, Par	t X, line 21.						
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance a Distributions during the year f Ending balance a Distributions during the year f Ending balance a Distributions during the year f Ending balance b If 'te'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Four years back. 1a Beginning of year balance 11, 74, 24, 71, 10, 96, 945, 9, 592, 781, 7, 336, 424, 6, 6420, 809. (c) Onthisutions 53, 230, 239, 943, 151, 657, -319, 750, 246, 733, 573, 743, 743, 574, 743, 743, 945, 944, 945, 765, 35, 238, 233, 026, 74, 20, 870, 68, 733, 573, 74, 20, 870, 68, 733, 573, 74, 20, 870, 68, 733, 573, 74, 20, 870, 68, 733, 573, 74, 20, 870, 68, 733, 573, 74, 20, 870, 68, 733, 573, 74, 20, 870, 68, 733, 573, 74, 20, 870, 68, 733, 573, 74, 20, 870, 75, 35, 238, 230, 264, 424, 20, 800, 96, 76, 765, 35, 238, 230, 264, 444, 20, 76, 96, 95, 95, 92, 781, 7, 7, 336, 424, 20, 96, 90, 90, 90, 90, 90, 90, 90, 90, 90, 90	1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other assets n	ot included			
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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					,	/ •			
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			quari unii 330, Fdil A				Schedule	D (Form	

Complete if the organization answered "Yes" c (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
Financial derivatives	.,	(,,		,
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (1)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ art VIII Investments - Program Related.				
Complete if the organization answered "Yes" of the organization of investment				d of yoor market yolyo
(a) Description of investment	(b) Book value		aluation. Cost of en	d-of-year market value
(1)				
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)				
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets.	n Form 000, Port IV, line	11d See Form 000 J	Dart V, line 15	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" co (a) [n Form 990, Part IV, line Description	11d. See Form 990, I	Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) [(a) [11d. See Form 990, I	Part X, line 15.	(b) Book value
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(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, I	Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" co (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, I	Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, I	Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" co (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, I	Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, 1	Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (a) [(2) (a) [(3) (b) [(4) (c) [(5) (c) [(6) (c) [(7) (a) [(b) must equal Form 990, Part X, col. (B) line [(c) form (b) must equal Form 990, Part X, col. (B) line [art X Other Liabilities.	Description			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	Description	11e or 11f. See Form		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) (a) (2) (a) (3) (b) (4) (c) (5) (c) (6) (c) (7) (a) (a) (c) (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) (a) Description of liability (1) Federal income taxes	Description	11e or 11f. See Form		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	Description	11e or 11f. See Form		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) :al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description	11e or 11f. See Form		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" of (a) [0] (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) [1] (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11e or 11f. See Form		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" of (a) [0] (1) (a) [1] (2) (a) [1] (3) (4) (5) (6) (7) (8) (9) (a) [2] (a) (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	11e or 11f. See Form		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (6) (1) (2) (3) (4) (4) (5) (6) (1) (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description	11e or 11f. See Form		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) (a) (2) (a) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	11e or 11f. See Form		
(9) art IX Other Assets. Complete if the organization answered "Yes" or (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description	11e or 11f. See Form		

Schedule D (Form 990) 2018

832053 10-29-18

11421204 794202 94-01993.001

HOUSTON COMMUNITY COLLEGE FOUNDATION Schedule D (Form 990) 2018 Part VII Investments - Other Securities

74-1885205 Page 3

Sche	edule D (Form 990) 2018 HOUSTON COMMUNITY COLLEGE F	OUND.	ATION	74-	1885205 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts With	n Revenue per Re	turn.	
	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	4,133,318.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-706,812.		
b	Donated services and use of facilities	2b	1,236,271.		
с					
d			210,911.		
е	Add lines 2a through 2d			2e	740,370.
3	Subtract line 2e from line 1			3	3,392,948.
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	105,064.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	105,064.
E	Total revenue Add lines 2 and 4 Tri i I To and 5 I I I I A			5	3,498,012.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,490,012.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Retur	n.
	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wit	th Expenses per F	Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Retur	5,103,811.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per F		n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme 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:	ents Wi	th Expenses per F		n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme 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	ents Wit	th Expenses per F		n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme 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	ents Wit	th Expenses per F		n.
Pa 1 2 a b c	Reconciliation of Expenses per Audited Financial Stateme 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	ents Wit	th Expenses per F		n.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stateme 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.)	ents Wit 2a 2b 2c 2d	th Expenses per F 1,236,271. 210,911.		n. 5,103,811.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stateme 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	2a 2b 2c 2d	th Expenses per F	1	n.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Stateme 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.)	2a 2b 2c 2d	th Expenses per F	1 2e	n. 5,103,811.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Stateme 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:	2a 2b 2c 2d	th Expenses per F	1 2e	n. 5,103,811.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Stateme 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	ents Wit	th Expenses per F	1 2e	n. 5,103,811. 1,447,182. 3,656,629.
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Stateme 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	ents Wit	th Expenses per F	1 2e	n. 5,103,811. 1,447,182. 3,656,629. 105,064.
Pa 1 2 b c d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Stateme 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 Other (Describe in Part XIII.)	ents Wit	th Expenses per F	1 2e 3	n. 5,103,811. 1,447,182. 3,656,629.

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 (</u>	OF THIS INTERPRETATION,	THE FOUNDATION CLASS	FIES THE AMOUNT
832054 10-29-18			Schedule D (Form 990) 2018
		30	
11421204 794202	94-01993.001	2018.05000 HOUSTON COM	MUNITY COLLEGE 94-01991

F XI, LINE 2D - OTHER ADJUSTMENTS:	
ECT EXPENSES FROM GALA	210,911.
F XII, LINE 2D - OTHER ADJUSTMENTS:	
ECT EXPENSES FROM GALA	210,911.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

HOUSTON COMMUNITY COLLEGE FOUNDATION Part XIII Supplemental Information (continued)

74-1885205 Page 5

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:

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, 2019 AND 2018, MANAGEMENT BELIEVES THERE WERE NO UNCERTAIN TAX POSITIONS.

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832055 10-29-18

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Trea				Attach to For				Open to Public
Internal Revenue Servio	ce		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the orga		OMMUNITY (COLLEGE FOUI	NDATION				Employer identification number $74 - 1885205$
Part I Gene	eral Information on Grants a	nd Assistance						
	rganization maintain records t ed to award the grants or assis							
2 Describe in	Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Gran	nts and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments.	Complete if the orga	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a) Name a	ient that received more than and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total	number of section 501(c)(3) an number of other organizations	s listed in the line 1	table					

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

Schedule I (Form 990) (2018) HOUSTON COMMUNITY COLLEGE FOUNDATION

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
 (f) Description of noncash assistance

 scholarships GIVEN TO STUDENTS WITH FINANCIAL NEED
 1518
 3, 211, 515.
 0.
 Image: cash grant cash gr

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.

Part III

74-1885205

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

18

Department of the Treasury Internal Revenue Service

Devit

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

Employer identification number 74-1885205

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COMMUNITY	COLLEGE	FOUNDATION	

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	-
		applicable		Form 990, Part VIII, line 1g	noncash continbu	lion an	lounts	>
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							
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 -							
	Historic structures							
14	Qualified conservation contribution - Other							
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 (<u>IN KIND CONTR</u>)	X	61	203,785.	FAIR MARKET	VAI	JUE	
26	Other ()							
27	Other ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	ement 29				
					1		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	•				
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	•	-	•	ons?	31		<u>X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	it, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

Schedule M	(Form 990) 2018				FOUNDATION	74-1885205	Page 2
Part II	Supplemental	Information	 Provide the inform e number of contribution 	nation required b	ov Part I. lines 30b. 32b	o, and 33, and whether the organization or a combination of both. Also comple	on
832142 10-18-1	8					Schedule M (Form 9	90) 2018

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.



74-1885205

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSTON COMMUNITY COLLEGE FOUNDATION

INSTITUTIONAL INITIATIVES.

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

36

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. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

De	partmer	nt of the	Treasury
Int	ernal Re	evenue S	ervice

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 74 - 1885205

Name of the organization

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) 2018

Schedule R (Form 990) 2018 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)		j)	(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	eral or aging tner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
										+		
	1											
	{											
	{											

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.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
			Yes	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		X			
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		Х			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
				l			
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		X			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X			
	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	1,236,271.	FMV
(3)			
(4)			
(5)			
<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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Concado II			
Part VII	Supple	mental	Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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