			EXTENDED TO JULY 17, 2023		
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	except private foundations)	2021
Den	ortmont o	of the Treasury	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Inter	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
				AUG 31, 2022	
В	Check if applicabl	e: <b>C</b> Name o	forganization	D Employer identifica	tion number
	Addre chang Name	e HOUS	TON COMMUNITY COLLEGE FOUNDATION		-
	chang	e Doing b	usiness as	74-188520	2
	return Final return	3100	and street (or P.O. box if mail is not delivered to street address) Room/s MAIN STREET	uite E Telephone number 713-718-8	596
	termin ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	15,142,297.
	Amen return		TON, TX 77002	H(a) Is this a group retu	Im
	Applic tion	<sup>a-</sup> <b>F</b> Name a	nd address of principal officer: KAREN L. SCHMIDT	for subordinates?	Yes X No
	pendir	SAME	AS C ABOVE	H(b) Are all subordinates inclu	Ided? Yes No
		empt status:		527 If "No," attach a lis	t. See instructions
			HCCSFOUNDATION.ORG	H(c) Group exemption	
			X Corporation Trust Association Other 🕨 📘	/ear of formation: 1976 M	State of legal domicile: <b>TX</b>
P	art I	Summary			
e	1		e the organization's mission or most significant activities: <b>EMPOWERS</b>		
Governance			PHILANTHROPIC SUPPORT, ALIGNED WITH H		
ern	2	Check this bo			
Ň	3				<u>25</u> 25
			lependent voting members of the governing body (Part VI, line 1b)		
ies	5		of individuals employed in calendar year 2021 (Part V, line 2a)		0
Activities &	6		of volunteers (estimate if necessary)		0
Act	7 a		d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
		<b>A A H H</b>		Prior Year 6,049,379.	Current Year 6,392,747.
an	8		and grants (Part VIII, line 1h)	0,049,379	0,392,747.
Revenue	9	•	ce revenue (Part VIII, line 2g)	1,226,589.	442,256.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	56,178.	73,548.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,332,146.	6,908,551.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,609,553.	4,118,069.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>
	40	Colorian other	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ses	15	Brofossional f	undraising foos (Part IX, column (A), line 11a)	0.	0.
Expenses	l lua	Total fundrais	undraising fees (Part IX, column (A), line 11e) $508,002.$		
ĔĂ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,143,798.	1,663,018.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,753,351.	5,781,087.
			expenses. Subtract line 18 from line 12	1,578,795.	1,127,464.
-r				Beginning of Current Year	End of Year
Assets or	20	Total assets (F	Part X, line 16)	19,733,211.	18,955,466.
Ass	21		(Part X, line 26)	413,391.	1,156,671.
Net			fund balances. Subtract line 21 from line 20	19,319,820.	17,798,795.
	art II	Signature			
Unc	ler pena	lties of perjurv.	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of mv ki	nowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which prep		<b>o ()</b>
Sig	n	Signatur	e of officer	Date	
He		KARE	N L. SCHMIDT, PRESIDENT		

	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	KRISTEN SIMPSON	KRISTEN SIMPSON	07/11/23	ir self-employed	P0126848:	2		
Preparer	Firm's name 🕒 CARR, RIGGS & IN	GRAM, LLC	Firm's	s EIN ▶ 72	-1396621			
Use Only	Firm's address 🕨 TWO RIVERWAY, 15	TH FLOOR						
	HOUSTON, TX 7705	6	Phone	e no.713-	621-8090			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
100001 10 0	2001 to 20 of the Person of th							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 2 t III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,706,868. including grants of \$1,706,869. (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 \$ 3,386,089. including grants of \$ 2,411,201. ) (Revenue \$)
10	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 \$ )
<b>A</b> !	Other program convises (Deservice on Schedule Q.)
40	Other program services (Describe on Schedule O.)
<b>A</b> ::	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 5,092,957.
40	Total program service expenses ► 5,092,957. Form <b>990</b> (2021)
132001	Form 990 (2021)
.52002	

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? See instructions	2	Х	<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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b></b>
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		X
132003	12-09-21	Form	<b>990</b> (	(2021)

132003 12-09-21

10540711 794202 94-01993.001

3 2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		_	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
<b>1</b> a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
132004	¥ 12-09-21	Form	990	(2021)

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4 2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

021)				FOUNDATION	
Statements	s Regarding Otl	ner IRS Filings a	and Tax Con	npliance (continued)	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
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 on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.		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?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Vu		<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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/	<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds. $N/\lambda$	0.		
a L	Did the sponsoring organization make any taxable distributions under section 4966?       N/A         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A	9a		<u> </u>
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	9b		<u> </u>
10 а	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> <u>10a</u>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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 yearN/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 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├──
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			
00000	5	Form	990	(2021)

Form 990 (2021)

Part V

5 Form **990** (2021) 2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

Form 990	(2021)
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## HOUSTON COMMUNITY COLLEGE FOUNDATION

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

				_	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any ot	her	]		
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		Х
6	Did the organization have members or stockholders?			6	Х	
				L.		
14	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			<u>1a</u>		2.
D				76		Х
~				7b		- 23
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•	0.	х	
a ⊾	The governing body?			8a 05	x X	
	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					•
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue Code</u>	.)			
					Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affilia	ates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing	g the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	on Schedule O how this was done	,		12c	х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	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			<u> </u>		
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macpor				
2	The organization's CEO, Executive Director, or top management official			15a	х	
				15a	- 23	Х
D	Other officers or key employees of the organization			150		- 23
<b>.</b>						
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			40-		Ţ
	taxable entity during the year?			<u>16a</u>		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •	Dation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's				
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (se	ction 501(c)(3)s	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	on Schedu	le O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of inte	rest policy, and	l finano	cial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's book KAREN L. SCHMIDT - 713-718-8596	ks and reco	ords 🕨			
	3100 MAIN STREET, 12TH FLOOR, HOUSTON, TX 77002					
005	3 12-09-21			Form	990	(00

Form 990 (2		205 Page /
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organ	ization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title         Average hours per week (ist any nour soft organization below         Depotable compension from organization from from organization (%2/1098-MISC/ 1098-NEC)         Estimated and compension from organization (%2/1098-MISC/ 1098-NEC)           (1)         EDMARD FIERRO         0.50         X         0.         0.           (1)         EDMARD FIERRO         0.50         X         0.         0.         0.           DIRECTOR         0.50         X         0.         0.         0.         0.           (2)         DESKETRO         0.50         X         0.         0.         0.           (3)         CALLIN BURTON         0.50         X         0.         0.         0.           (4)         KENNETH R. BURTON, JR.         0.50         X         0.         0.         0.           (5)         DE RECTOR         X         0.         0.         0.         0.           (6)         JAVED CIRB         0.50         X         0.         0.         0.           TRESTOR         X         0.         0.         0.         0.         0.           (1)         REMORENANCE         X         0.         0.         0.         0.           (10)         TEXTOR<	(A)	(A) (B)				C)			(D)	(E)	(F)
hours per week (list any nurs for elated organizations         compensation tree (list any line)         compensation tree (list any line) <thcompensation tree (list any line)         compensation t</thcompensation 	Name and title	Average	(do					ane	Reportable	Reportable	Estimated
Week (ist ary burs for elated organizations below line)         Work and burst and below line)         Inom and burst and burst and below burst and below below line)         Inom and burst and bur		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
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(1)         EDWARD FIERRO         0.50         x         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			or di	ee			ated				
(1)         EDWARD FIERRO         0.50         x         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			ustee	trust		ee	bens		-	1099-NEC)	•
(1)         EDWARD FIERRO         0.50         x         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			ual tr	tional		yolqr	t con	_	1099-1420)		
(1)         EDWARD FIERRO         0.50         x         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			ndivic	nstitu	Officer	(ey en	Highes	orme			organizationo
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(4)         KENNETH R. BURTON, JR.         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.         0.           (5)         DR. EDDIE L. FATTON, JR.         0.50         X         0.         0.         0.         0.           (6)         JAVEED GIRE         0.50         X         0.         0.         0.         0.           (7)         CYRUS IRANI         0.50         X         0.         0.         0.         0.           (7)         CYRUS IRANI         0.50         X         0.         0.         0.         0.           (8)         DAVID ITZ         0.50         X         X         0.         0.         0.           (9)         DR. MARY LAWSON         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.         0.           (10)         RYAM MCCAULEY         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X         0. <td< td=""><td>(3) CARLYN BURTON</td><td>0.50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(3) CARLYN BURTON	0.50									
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(12) ARTURO G. MICHEL       0.50       X       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00         (13) JEANNE PERDUE       0.50       X       X       0.00       0.00         SECRETARY       X       X       0.00       0.00       0.00         (14) DAVID REGENBAUM       0.50       X       X       0.00       0.00         BOARD CHAIR       X       X       X       0.00       0.00       0.00         (15) LINA SABOUNI       0.500       X       X       0.00       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00       0.00         (16) CHARLENE WHITE       0.50       X       0.00       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00         (17) CECELIA ALLEN       0.50       X       0.00       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00	(11) ROY MONTALBANO	0.50									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(13) JEANNE PERDUE       0.50       X       X       0.       0.       0.         SECRETARY       0.40       0.50       X       X       0.       0.       0.         (14) DAVID REGENBAUM       0.50       X       X       0.       0.       0.         BOARD CHAIR       0.50       X       X       0.       0.       0.         (15) LINA SABOUNI       0.50       X       0.       0.       0.         DIRECTOR       X       0.50       0.       0.       0.         (16) CHARLENE WHITE       0.50       X       0.       0.       0.         DIRECTOR       X       0.50       0.       0.       0.       0.	(12) ARTURO G. MICHEL	0.50									
SECRETARY         X         X         X         X         0.			Х						0.	0.	0.
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(15) LINA SABOUNI       0.50       X       0.       0.       0.         DIRECTOR       X       0.50       0.       0.       0.       0.         (16) CHARLENE WHITE       0.50       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       0.       0.       0.       0.       0.         U17) CECELIA ALLEN       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.		0.50									_
DIRECTOR         X         0.         0.         0.           (16) CHARLENE WHITE         0.50 <td></td> <td></td> <td>Х</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х		X				0.	0.	0.
(16) CHARLENE WHITE0.50X0.0.DIRECTORX0.0.0.0.(17) CECELIA ALLEN0.50X0.0.0.DIRECTORX0.0.0.0.		0.50									_
DIRECTORX0.0.0.(17) CECELIA ALLEN0.50X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(17) CECELIA ALLEN DIRECTOR X 0. 0. 0. 0.		0.50									-
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		0.50								_	•
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132007 12-09-21

Form **990** (2021)

## 10540711 794202 94-01993.001

2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

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	COMMUNI	ĽΥ	CO	DLL	ιEG	Ε	FC	DUNDATION	74-18	8852	205	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offi	not c , unles cer an	Pos heck i ss per	more rson i	than o s both	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		am	(F) stimate nount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr orga and	pensa om the anizati d relate anizatio	e ion ed
(18) DR. ANTRECE L BAGGETT DIRECTOR	0.50	x						0.		0.			0.
(19) IRSAN TISNABUDI DIRECTOR	0.50	x						0.		0.			0.
(20) COURTNEY TAYLOR DIRECTOR	0.50	x						0.		0.			0.
(21) FESTUS ADELEKE AMOYE DIRECTOR	0.50	x						0.		0.			0.
(22) TRACY JANDA	0.50			v									
VICE CHAIR OF BOARD RELATIONS (23) NICOLE RILEY	0.50	X		X				0.		0.			0.
DIRECTOR (24) MARY W. MURRIN	0.50	X						0.		0.			0.
DIRECTOR (25) KIM SHELTON-BROWN	0.50	X						0.		0.			0.
DIRECTOR		X						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							► ►	0.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				0
										Г		Yes	No
3 Did the organization list any former office				•					•		3		Х
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4		X
rendered to the organization? <i>If</i> "Yes." <i>col</i> Section B. Independent Contractors	mplete Schedul	e J f	or sı	ich i	oers	on .					5		X
1 Complete this table for your five highest of the organization. Report compensation for										ensati	on fro	m	
(A) Name and busines			ONE					(B) Description of s		Сс	(C omper	<b>;)</b> nsatior	n
				_									
2 Total number of independent contractors	-	ot lir	nitec	d to t	thos (		ted	above) who received mo	ore than				

Form **990** (2021)

132008 12-09-21

Build of Construction         Tunction revenue         builtiess revenue         Item tax adder sections 512 - 61: builtiess           1	Pa	rt \	711	Statement of Rev	veni	ue						
Total revenue         Predeto a comparison         Predetocomparison         Predetocomparison         Predetocomparison         Predetocomparison         Predetocomparison         Predetocomparison         Predetocomparison         Predetocomparison         Predetocomparison         Prede				Check if Schedule O c	conta	ins a respo	onse	or note to any line	in this Part VIII	(B)		
Borney with dass         Ib         Strate           c         How and sing events         Ib         Strate           d         Heided organizations         Id         Id           f         All there and sing events         Id         Id           g         Borney and Strate         Id         Id           g         Id         Id         Id         Id           g         Id         Id         Id         Id         Id           g         Id         Id         Id									~ ~ ~	Related or exempt	Unrelated	Revenue excluded
gas         2 a	ts ts	1	а	Federated campaigns		1a						
Business Code         Business Code         Image: Code <thimage: code<="" th=""></thimage:>	ran un		b	Membership dues		1b						
Business Code         Business Code         Image: Code <thimage: code<="" th=""></thimage:>	S, G		с	Fundraising events		1c		572,613.				
Business Code         Business Code         Image: Code set of the se	Sifts ar /											
Business Code         Business Code         Image: Code <thimage: code<="" th=""></thimage:>	imil		е	Government grants (contri	ibutic	ons) <b>1e</b>						
Business Code         Business Code         Image: Code <thimage: code<="" th=""></thimage:>	tion sr S		f	All other contributions, gifts,	grants	s, and						
Business Code         Business Code         Image: Code <thimage: code<="" th=""></thimage:>	ibu			similar amounts not included	abov							
Business Code         Duminess Code         Image: Code <thimage: code<="" th=""></thimage:>	ontr od O		•									
2 a b	<u>a Č</u>		h	Total. Add lines 1a-1f					6,392,747.			
9       Total. Add lines 2a 21         3       Investment income (including dividends, interest, and other similar amounts)								Business Code				
g       Total. Add lines 2a:21         3       Investment income (including dividends, interest, and other similar amounts)	ice	2										
g       Total. Add lines 2a:21         a       Investment income (including dividends, interest, and other similar amounts)       470,969         4       income from investment of tax-exempt bond proceeds       470,969         5       Royalities       6a         6       a       Gross rents       6a         6       a       Gross rents       6a         7       a Gross rents       6a       a         7       a Gross amount from sales of assets other than inventory       7a       0.9 Eacurities       a         7       a Gross income from fundraising events (not including \$       7z - 28,713.       28,713       28,713         c       Gain or (loss)       7a	erv ue											
g       Total. Add lines 2a:21         a       Investment income (including dividends, interest, and other similar amounts)       470,969         4       Income from investment of tax exempt bond proceeds       470,969         5       Royatiles       6         6       a       Gross rents       6         6       a       Gross rents       6         6       a       Gross rents       6         7       a       Gross rents       6         6       a       Gross rents       6         7       a       Gross rents       6         6       0       Net rental income or (loss)          7       a       Gross mount from sales of assets other than inventory       8         7       b       0.904, 332.        28,713         7       d       9.040, 332.        28,713         7       d       9.040, 332.        28,713         7       a       Gross income from fundraising events (not including \$       572,613. of contributions reported on ine 1c). See          9       Gross income from gaming activities            9       Gross income from gaming activities	m S ven											
g       Total. Add lines 2a21         a       Investment income (including dividends, Interest, and other similar amounts)       470,969         4       Income from investment of tax exempt bond proceeds       470,969         5       Royalties       6         6       a       Gross rents       6         6       a       Gross rents       6         6       a       Gross rents       6         7       a       Gross rents       6         6       a       Gross rents       6         7       a       Gross rents       6         6       0       Network       10         7       a       Gross mount from sals of assets other than inventory       7         a       Gross income from fundraising events (not including \$       72, 26,713.       28,713         7       a       Gross income from fundraising events (not including \$       572,613. of contributions reported on line 1c). See       30       115,963.         9       Gross income from fundraising events       -77,445.       -77,445.       -77,445.         9       Gross income from gaming activities       10a       10a       10a         b       Less: cost of goods sold       10b       10a	gra Re											
g       Total. Add lines 2a21         a       Investment income (including dividends, interest, and other similar arounds)       470,969         4       Income from investment of tax-exempt bond proceeds       470,969         5       Royalties       6         6       a       Gross rents       6         6       a       Gross rents       6         7       a       Gross rents       6         6       a       Gross rents       6         7       a       Gross mount from sales of assits other than inventory       10         7       a       Gross income from fundraising events (not including S       572, 613. of contributions reported on in to? See Part IV, line 18       28, 713.       28, 713         8       a       Gross income from fundraising events (not including S       572, 613. of contributions reported on in to? See Part IV, line 18       9       115, 965.         9       Gross income from gaming activities. See Part IV, line 19       9       9       -77, 445.         9       Gross sinceme from fundraising events income or (loss) from gaming activities       10a       0         0       A       a fores sales of inventory.       0         9       Gross income from gaming activities       10a       0	Pro			All other program service	rovor							
3         Investment income (including dividends, interest, and other similar amounts)         470,959.         470,959.           4         Income from investment of tax-exempt bond proceeds         >         470,959.         470,959.           5         Royaties         >         >         >         >           6 a         Gross rents         6a         0         0         0         0           6 a         Gross rents         6a         0	_											
other similar amounts)       ↓       470,969.       470,969.         4       income from investment of tax exempt bond proceeds       ↓		3										
4       income from investment of tax-exempt bond proceeds <ul> <li>Royatties</li> <li>Royatties&lt;</li></ul>				-	-				470,969.			470,969.
6 a Gross rents       (a) Real       (b) Personal         b Less: rental expenses       (c) Real       (c) Personal         c Rental income or (loss)       (c) Securities       (c) Other         7 a Gross amout from sales of assets other than inventory       (c) Securities       (c) Other         a disles expenses       (c) Securities       (c) Other         a Gross income from fundraising events (not including \$		4										
6 a Gross rents       6a       (i) Real       (ii) Personal         b Less: rental expenses       6a       6a         c Rental income or (loss)       6c       6c         7 a Gross amout from sales of assets other than inventory       7a       8, 040, 332.       7c         c Gain or (loss)       7b       8, 040, 332.       7c       7c         c Gain or (loss)       7b       8, 040, 332.       7c       -28, 713.         c Gain or (loss)       7c       -28, 713.       -28, 713.         d Net gain or (loss)       7c       -28, 713.       -28, 713.         d Net gain or (loss)       572, 613. of contributions reported on line 10. See Part IV, line 18       572, 613. of contributions reported on line 10. See Part IV, line 19       9a         9 a Gross income from gaming activities. See Part IV, line 19       9a       -77, 445.       -77, 445.         9 a Gross since of nemetrory. Jess returns and allowances       9b       0a       0a       0a         10 a Gross sales of inventory. Jess returns and allowances       10a       10a       10a       10a       10a         11 a VENDING INCOME       1160       150, 993.       150, 993.       150, 993.       164, 811.         12       Total Acid lines 11a-11d       150, 993.       150, 993.		5		Royalties	. <u></u>			►				
b       Less: rental expenses       66       66         c       Rental income or (loss)       0       80         7       a Gross amount from sales of assets other than inventory       1       1       1       1         b       Less: cost or other basis       0       90       90       1												
geoget       c       Rental income or (loss)       Gc       Image: construction of (loss)       Image: construction of (loss		6	а	Gross rents	6a							
a       Net rental income or (loss) <ul> <li>a</li> <li>a</li> <li>a</li> <li>a</li> <li>a</li> <li>a</li> <li>b</li> <li>c</li> <li>a</li> <li>b</li> <li>a</li> <li>c</li> <li>a</li> <li>b</li> <li>a</li> <li>a</li></ul>			b	Less: rental expenses $\dots$	6b							
7 a Gross amount from sales of assets other than inventory       7a       (i) Securities       (ii) Other         b Less: cost or other basis       7b       8, 011, 619.			С	Rental income or (loss)	6c							
assets other than inventory       7a       8,011,619.				( )	)		<u></u>					
B         Less: cost or other basis and sales expenses         Th         8, 040, 332. Te         -28, 713.           c         Gain or (loss)         Te         -28, 713.         -28, 713.           d         Net gain or (loss)         Te         -28, 713.         -28, 713.           8         Gross income from fundraising events (not including \$		7	а			.,		(ii) Other				
and sales expenses         Th         8, 040, 332.         -28, 713.         -28, 713.           c         Gain or (loss)         To         -28, 713.         -28, 713.         -28, 713.           d         Net gain or (loss)         572, 613.         of         -28, 713.         -28, 713.           8         a         Gross income from fundraising events (not including \$ 572, 613.         of         -28, 713.         -28, 713.           b         Less: direct expenses         Ba         115, 969.         -28, 713.         -28, 713.           b         Less: direct expenses         Ba         115, 969.         -77, 445.         -77, 445.           9         Gross income from gaming activities. See Part IV, line 19         9a         -77, 445.         -77, 445.           9         Gross income form gaming activities. See Part IV, line 19         9a         9b         -77, 445.           10         a Gross alse of inventory, less returns and allowances         10a         10a         -77, 445.           11         VENDING INCOME         10b         -         -         -           c				•	7a	8,011,6	519.					
c       Gain or (loss)       Tc       -28,713.         d       Net gain or (loss)       572,613. of including \$_572,613. of contributions reported on line 1c). See       -28,713.       -28,713.         8       a       Gross income from fundraising events (not including \$_572,613. of contributions reported on line 1c). See       -28,713.       -28,713.         9       a       115,969.       8a       115,969.         b       Less: direct expenses       8b       193,414.         c       Net income or (loss) from fundraising events       -77,445.       -77,445.         9       a       Gross income from gaming activities. See Part IV, line 19       9a       -9b         b       Less: cirect expenses       9b       -77,445.       -77,445.         10 a       Gross sales of inventory, less returns and allowances       10a       10a			b			0 040						
B a       Gross income from fundraising events (not including \$572,613. of contributions reported on line 1c). See Part IV, line 188b _ 193,414.      8b _ 193,414.         b       Less: direct expenses8b _ 193,414.      8b _ 193,414.         c       Net income or (loss) from fundraising events	nue											
B a Gross income from fundraising events (not including \$572,613. of contributions reported on line 1c). See Part IV, line 188a 115,969.       Ba 115,969.         b Less: direct expenses8b 193,414.       C Net income or (loss) from fundraising events       -77,445.         9 a Gross income from gaming activities. See Part IV, line 198a       9a       9a         b Less: direct expenses       9b       -77,445.       -77,445.         9 a Gross income from gaming activities. See Part IV, line 19       9a	eve				· · · ·				_ 28 713			_28 713
B       including \$572, 613. of contributions reported on line 1c). See Part IV, line 188a 115, 969. Bb 193,414.         b       Less: direct expenses8b 193,414.         c       Net income or (loss) from fundraising events         part IV, line 199a       -77,445.         part IV, line 19       -77,445.         b       Less: direct expenses         b       Less: cost of goods sold	5	~							-20,713.			-20,713.
contributions reported on line 1c). See       Ba       115,969.         b       Less: direct expenses       Bb       193,414.         c       Net income or (loss) from fundraising events       -77,445.       -77,445.         9       a       Gross income from gaming activities. See Part IV, line 19       9a       -77,445.       -77,445.         9       a       Gross income or (loss) from gaming activities. See Part IV, line 19       9a       -77,445.       -77,445.         10       a       Gross sales of inventory, less returns and allowances       10a       -       -         10       a       Gross from sales of inventory.       Image: Code       -       -         11       ventore or (loss) from sales of inventory       -       -       -         11       ventore or (loss) from sales of inventory       -       -       -         12       Ventore or (loss) from sales of inventory       -       -       -       -         12       Total revenue. See instructions       -	the	8	a									
Part IV, line 18       8a       115,969.         b       Less: direct expenses       8b       193,414.         c       Net income or (loss) from fundraising events       -77,445.       -77,445.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -77,445.       -77,445.         9 b       Less: direct expenses       9b       9b       -77,445.       -77,445.         10 a       Gross sales of inventory, less returns and allowances       9b       -       -         b       Less: cost of goods sold       10a       -       -         c       Net income or (loss) from sales of inventory       -       -       -         b       Less: cost of goods sold       10b       -       -       -         c       Net income or (loss) from sales of inventory       -       -       -       -         c       Net income or (loss) from sales of inventory       -       -       -       -       -         b	0											
b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9 b Less: direct expenses   9 c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Method   d All other revenue   e Total revenue   e Total revenue. See instructions   12 Total revenue. See instructions						-	82	115,969.				
c       Net income or (loss) from fundraising events       -77,445.       -77,445.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities       -77,445.         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       -         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       -         b       C       -       -         c       d       110b       -         c       -       -       -         d       IVENDING INCOME       511600       150,993.         c       -       -       -         d       All other revenue       -       -         e       Total revenue. See instructions       6,908,551.       150,993.       0.         12       Total revenue. See instructions       -       -       -			b									
9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities and allowances       >          b       Less: cost of goods sold       10a          b       Less: cost of goods sold       10b          c       Net income or (loss) from sales of inventory       >          b       Less: cost of goods sold       10b          c       Net income or (loss) from sales of inventory       >          b       Less: cost of goods sold       10b           c       Net income or (loss) from sales of inventory       >           b							nts		-77,445.			-77,445.
Part IV, line 19       9a       9b       9b         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities and allowances       Image: Construction of the second of the se		9										
b       Less: direct expenses       9b												
10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       00         c Net income or (loss) from sales of inventory       Image: state			b				9b					
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         Indext       Business Code         Business Code       100         b       611600       150,993.         c       All other revenue       100         e       Total. Add lines 11a-11d       150,993.         12       Total revenue. See instructions       100,993.			с	Net income or (loss) from	gamii	ng activitie	s	<b>&gt;</b>				
b Less: cost of goods sold 10b		10	а	Gross sales of inventory, I	ess r	eturns						
Business Code       Business Code         11 a       VENDING INCOME       611600       150,993.       150,993.         b				and allowances			10a					
Business Code         Image: Code												
11 a       VENDING INCOME       611600       150,993.       150,993.         b			С	Net income or (loss) from	sales	of invento	ry	····· •				
e Total. Add lines 11a-11d       ▶       150,993.         12 Total revenue. See instructions       ▶       6,908,551.       150,993.       0.       364,811	s											
e Total. Add lines 11a-11d       ▶       150,993.         12 Total revenue. See instructions       ▶       6,908,551.       150,993.       0.       364,811	eor	11		VENDING INCOME				011000	150,993.	150,993.		
e Total. Add lines 11a-11d       ▶       150,993.         12 Total revenue. See instructions       ▶       6,908,551.       150,993.       0.       364,811	llan 'ent											
e Total. Add lines 11a-11d       ▶       150,993.         12 Total revenue. See instructions       ▶       6,908,551.       150,993.       0.       364,811	Bev			All all an end								
12         Total revenue. See instructions         6,908,551.         150,993.         0.         364,811	Mi							L	150 003			
- 000		10								150 993	0	364 811
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HOUSTON COMMUNITY COLLEGE FOUNDATION

Form 990 (2021)

9

Page **9** 

74-1885205

Form 990	(2021)
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HOUSTON COMMUNITY COLLEGE FOUNDATION Part IX Statement of Functional Expenses

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

#### Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 4,118,069. 4,118,069. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 11 Management а 14,556. 14,556. b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 78,916. 78,916. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 35,440. 35,440 column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 57,386. 28,882 28,504 Office expenses 13 55,247. 55,247 Information technology 14 Royalties 15 14,400. 14,400. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 1,068,481. 133,508. 934,973. IN-KIND CONTRIBUTION EX а FUNDRAISING EXPENSES 290,743. 290,743. h 39,915. 39,915. STUDENT SERVICES DISTRI С d ADMINSTRATIVE EXPENSES 7,934. 7,934. e All other expenses 5,781,087. 5,092,957. 180,128. 508,002. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

### 10540711 794202 94-01993.001

Form 990 (2021)

10540711 794202 94-01993.001

Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net

	3	Pledges and grants receivable, net		351,247.	3	553,814.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		69,804.	9	79,976.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		18,347,830.	11	16,581,829.
	12	Investments - other securities. See Part IV, line -	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		19,733,211.	16	18,955,466.
	17	Accounts payable and accrued expenses		413,391.	17	1,156,671.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete		21		
es	22	Loans and other payables to any current or form				
iliti		trustee, key employee, creator or founder, subst				
Liabilities	~~	controlled entity or family member of any of the			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24 05	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines				
					25	
	26	of Schedule D Total liabilities. Add lines 17 through 25		413,391.	26	1,156,671.
	23	Organizations that follow FASB ASC 958, che			20	_,,,
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		586,636.	27	326,663.
Balances	28	Net assets with donor restrictions		18,733,184.	28	17,472,132.
		Organizations that do not follow FASB ASC 9				
Fu		and complete lines 29 through 33.	, <u> </u>			
s or	29	Capital stock or trust principal, or current funds		29		
Net Assets or Fund	30	Paid-in or capital surplus, or land, building, or ed			30	
As	31	Retained earnings, endowment, accumulated in			31	
Net	32	Total net assets or fund balances	19,319,820.	32	17,798,795.	
-	33	Total liabilities and net assets/fund balances		19,733,211.	33	18,955,466.
						Form <b>990</b> (2021)

74-1885205 Page 11

**(B)** End of year

702,159.

1,037,688.

**(A)** Beginning of year

152,176.

812,154.

1

2

Form 990 (2021) Part X Balance Sheet

1

2

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       6,908,551         2       Total expenses (must equal Part IX, column (A), line 25)       2       5,781,085         3       Revenue less expenses. Subtract line 2 from line 1       3       1,127,464         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       19,319,820         5       Net unrealized gains (losses) on investments       5       -2,648,489         6       7       Investment expenses       7	, <b>12</b>
1Total revenue (must equal Part VIII, column (A), line 12)16,908,5522Total expenses (must equal Part IX, column (A), line 25)25,781,0873Revenue less expenses. Subtract line 2 from line 131,127,4644Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))419,319,8205Net unrealized gains (losses) on investments5-2,648,48966	
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         5       Net unrealized gains (losses) on investments         6       6	
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         5       Net unrealized gains (losses) on investments         6       6	
3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         5       Net unrealized gains (losses) on investments         6       6	
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       19,319,820         5       Net unrealized gains (losses) on investments       5       -2,648,489         6       6	
5       Net unrealized gains (losses) on investments         6       5         6       6	
6 Donated services and use of facilities 6	
	9.
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B)) 10   17,798,795	5.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Yes N	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a    2a	<u>X</u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Total

# 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.

l	OMB No. 1545-0047
	2021
	Open to Public Inspection

Intern	al Revei	nue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Nan	ne of t	the organizati	on						Employer	identification number
					ITY COLLEGE H					4-1885205
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	a private found	lation because it is: (	For lines 1 through 12, cl	neck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990).)				
3		-	-		anization described in <b>se</b>			-		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat								
5	X	0	-		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6			-	-	nental unit described in a					
7		-		-	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general j	oublic described in
_		-		omplete Part II.)						
8	$\square$	-			(1)(A)(vi). (Complete Parl					
9		•	-		in section 170(b)(1)(A)(i	• •			-	•
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
10		university:	on that narma	Illy receives (1) more	than 33 1/3% of its supp	ort from o	ontributior	na mambarak	in face on	d aroos rossists from
10					tt to certain exceptions; a					
					(less section 511 tax) fro					
				mplete Part III.)		in busines	sses acqui	ieu by the oli	yan nzation a	
11					ively to test for public sat	etv. See	section 50	)9(a)(4).		
12	$\square$	-	-	-	ively for the benefit of, to	•			rrv out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o	-			•	
				-	f supporting organization					
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С			-		g organization operated				lly integrate	ed with,
	_	-	-		). You must complete F					
d			-	• • •	porting organization oper				°.	.,
				•	zation generally must sati	•		•	an attentiv	/eness
	_		-		nplete Part IV, Sections					
е			•		written determination from			турет, туре	II, Type III	
f	Ent	er the number			nally integrated supportir		ation.			
י מ				n about the supporte	ad organization(s)					
9		(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions
_										

# Schedule A (Form 990) 2021 HOUSTON COMMUNITY COLLEGE FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and

74-1885205 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3384326.	2755997.	4124255.	6049379.	6468161.	22782118.		
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	2204226	2755997.	4104055	6040270	6460161	00700110		
	Total. Add lines 1 through 3	3384326.	2/5599/.	4124255.	6049379.	0400101.	22782118.		
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)						5961996.		
~	•••••••••••••••••••••••••••••••••••••••						16820122.		
	Public support. Subtract line 5 from line 4.						<u>µ0020122.</u>		
	ndar year (or fiscal year beginning in)	(2) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	(a) 2017 3384326.	2755997.	4124255.	6049379.	6468161	(f) Total 22782118.		
	Gross income from interest,	5504520.	2755557.	1121255.	00493790	0400101.			
0	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	362,591.	369,844.	459,116.	1226589.	442,256.	2860396.		
9	Net income from unrelated business	50275510	30370110	13571100	1000000	112/2300	20003501		
3	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	210,000.	210.000.	122,500.	9,505.	66,993.	618,998.		
11	<b>Total support.</b> Add lines 7 through 10						26261512.		
	Gross receipts from related activities,	etc. (see instructio	ons)			12			
	First 5 years. If the Form 990 is for th		,						
	organization, check this box and <b>stor</b>	0							
Sec	ction C. Computation of Publi								
	Public support percentage for 2021 (I			column (f))		14	64.05 %		
	Public support percentage from 2020					15	60.75 %		
	33 1/3% support test - 2021. If the c						x and		
	stop here. The organization qualifies						N V		
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2020. 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								
	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	, check this box a	nd see instruction	s ►		
						Schedule A	(Form 990) 2021		

	(Form 990) 2021				FOUNDATION	74-1885205	Page 3
Part III	Support Schedule fo	r Organizatio	ons Described i	n Section 50	)9(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.)

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgar	nization,
<u> </u>	check this box and stop here						
	•					45	
	Public support percentage for 2021 (I			.,,		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17 18	Investment income percentage for <b>20</b> Investment income percentage from					17 18	<u>%</u> %
19a	<b>33 1/3% support tests - 2021.</b> If the					3 1/3%, and I	
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2020.</b> If the	-	•				3%, and
	line 18 is not more than 33 1/3%, che	-					
20	<b>Private foundation.</b> If the organization			-		•	
	23 01-04-22		,	,			lule A (Form 990) 2021
_ ,			15				· · · · · · · · · · · · · · · · · · ·

2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205 Page 4

No Yes

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

16

Schedule A (Form 990) 2021 2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

1	
2	
3a	
3b	
3c	
-	
4a	
4b	
4c	
10	
5-	
5a	
5b	
5c	
•	
6	
7	
8	
9a	
9b	
9c	
10a	
10b	

#### 74-1885205 Page 5 HOUSTON COMMUNITY COLLEGE FOUNDATION Schedule A (Form 990) 2021 Part IV Supporting Organiz

Iu	Continuea)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>					
	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				

### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

## Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions	:).
---	--	---	---	-----

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

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.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

132025 01-04-22

2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

	HOUSTON COMMUNITY COLLI			74-1885205 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	1
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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-functiona	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

HOUSTON	COMMUNITY	COLLEGE	FOUNDATION
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Par	rt V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purp	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result great	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020 Excess from 2021			
e				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	HOUS	STON COL	MMUNITY	COLLEGE	FOUNDA	ATION	74-188520	5 Page 8
Part VI	Supplemental Part IV, Section A,	Information lines 1, 2, 3b, 3 tion D, lines 2 ar 6, and 8; and Pa	<ul> <li>Provide the</li> <li>c, 4b, 4c, 5a,</li> <li>d 3; Part IV, 5</li> </ul>	explanations 6, 9a, 9b, 9c, Section E, line	required by Par 11a, 11b, and 1 s 1c, 2a, 2b, 3a	t II, line 10; P 1c; Part IV, S , and 3b; Par	art II, line 17a d ection B, lines t V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Sect V, Section B, line 1e;	on C,
								0.1.1.1.1.7	000) 000
132028 01-04-2	2				20			Schedule A (Forr	n 990) 2021

## Identification of Excess Contributions Included on Part II, Line 5

74-1885205

## 2021

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

Contributor's Name	Total Contributions	Excess Contributions
BARNES AND NOBLE COLLEGE SYSTEM	926,199.	400,969.
GOLDMAN SACHS FOUNDATION	4,767,296.	4,242,066.
APPLE INC	1,481,573.	956,343.
WELLS FARGO BANK	810,000.	284,770.
PEPSI CO FOUNDATION/PEPSI CO	603,078.	77,848.
Total Excess Contributions to Schedule A, Part II, Line 5		5,961,996.

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

n number

Name of the organization	n	Employer identification n
	HOUSTON COMMUNITY COLLEGE FOUNDATION	74-1885205
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i -EZ, line 1. Complete Parts I and II.	and that received from any one
For an organiza	ation described in section 501(c)(7). (8), or (10) filing Form 990 or 990-FZ that received from	anv one

section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

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 131,007. Noncash Χ (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 GOLDMAN SACHS FOUNDATION X Person Payroll 200 WEST STREET, 29TH FL 971,402. Noncash (Complete Part II for NEW YORK, NY 10282-2198 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 APPLE INC X Person Payroll ONE APPLE PARK WAY, MS 104-1BEN 1,115,853. Noncash X \$ (Complete Part II for CUPERTINO, CA 77002 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 PEPSI CO FOUNDATION / PEPSI CO X Person Payroll 7701 LEGACY DRIVE 303,078. Noncash X \$ (Complete Part II for PLANO, TX 75024 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 THE MARVY FINGER FAMILY FOUNDATION X Person Payroll 99 DETERING, SUITE 200 219,461. Noncash (Complete Part II for HOUSTON, TX 77007-8259 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NATIONAL ASSOCIATION FOR COMMUNITY COLLEGE ENTREPRENEURSHIP 6 X Person Payroll 200,000. 3100 MAIN STREET Noncash \$ (Complete Part II for TX 77002 HOUSTON, noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

10540711 794202 94-01993.001

23

Schedule B (Form 990) (2021)

Name of organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer identification number

74-1885205

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HARRIS COUNTY PUBLIC LIBRARY 3100 MAIN STREET HOUSTON, TX 77002	\$195,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

10540711 794202 94-01993.001

Schedule B (Form 990) (2021)

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il 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
	DONATED BOOKS AND OTHER MATERIAL		
			00/01/00
		\$31,007.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	APPLE PRODUCTS (LAPTOPS, IPAD, AND KEYBOARDS)	—	
		\$\$448,649.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	SUPPLIES		
		\$3,078.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	INKIND		
		\$\$\$\$	08/31/22
(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
		\$	
123453 11-11	-21		Schedule B (Form 990) (2021)

HOUSTON COMMUNITY COLLEGE FOUNDATION

Name of organization

Employer identification number

74-1885205

Schedule B (Form 990) (2021)

10540711 794202 94-01993.001

2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

25

Schedule I	B (Form 990) (2021)				Page 4
Name of o	rganization				Employer identification number
HOUST	ON COMMUNITY COLLEGE FOU	JNDATION			74-1885205
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described	in section 50	1(c)(7), (8), or (10) 1	
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	1e entry. ⊢or or <b>)0 or less</b> for th	ganizations e year. (Enter this info. on	nce.) <b>&gt; \$</b>
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee
(a) No.		[			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(e) Transfer o	-		
·	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee
		[			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd <b>ZIP</b> + 4	Re	elationship of tra	ansferor to transferee
		_   _   _   _   _   _   _			
123454 11-11	1-21				Schedule B (Form 990) (2021)

26 2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

(Form 990)	)
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization		Em	ployer ide		
Dee	HOUSTON COMMUNITY (				18852	
Pa			r Accou	nts. Con	nplete if th	ne
	organization answered "Yes" on Form 990, Part IV, lin		(1) =			
		(a) Donor advised funds	(b) Fu	nds and ot	her accou	nts
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 v	-		_	٦	<b>—</b>
	are the organization's property, subject to the organization's of			L	Yes	└── No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of		•		٦	<b>—</b>
Pa	impermissible private benefit?				Yes	No
			rt IV, line 7			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation			-		l
	Protection of natural habitat	Preservation of a	certified h	istoric stru	cture	
~	Preservation of open space	te de la companya de				
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form of	a conserva			e Tax Year
-			0-	inclu at th		
a L	Total number of conservation easements					
b						
C L	Number of conservation easements on a certified historic structure					
d	Number of conservation easements included in (c) acquired a	-				
•	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the of	rganization	during the	etax	
	year	and the last of N				
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 it				_ Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conser	valion eas	ements du	ring the ye	ear
7	Amount of expenses incurred in monitoring, increating, hand	ling of violations, and enforcing concernatio		to during t	havaar	
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ling of violations, and enforcing conservatio	neasemer	its during t	ne year	
0		a action the requirements of acction 170/b)				
8	Does each conservation easement reported on line $2(d)$ above and eastion $170(h)(4)(D)(ii)$ ?	, , , , , , , , , , , , , , , , , , , ,			Yes	No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation					
9						
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.		is mai des	cribes trie		
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Othe	er Simila	r Assets	s.	
	Complete if the organization answered "Yes" on Form					
10	If the organization elected, as permitted under FASB ASC 95		l halance s	hoot works	-	
Ia	of art, historical treasures, or other similar assets held for pub				5	
	service, provide in Part XIII the text of the footnote to its finar		lerance of	public		
b	If the organization elected, as permitted under FASB ASC 95		anco shoo	tworks of		
D	art, historical treasures, or other similar assets held for public	•			0	
	provide the following amounts relating to these items:		ance of po		с,	
				¢		
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	asuras, or other similar assets for financial a				
2			aiii, provid	6		
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	-	▶	\$		
a h	Revenue included on Form 990, Part VIII, line 1			-		
	For Paperwork Reduction Act Notice, see the Instructions		····· 🚩		D /Form	990) 2021
				Schedule		200, 2021
10200		27				

2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

		COMMUNITY				74-18			<sub>age</sub> 2
Par	t III Organizations Maintaining Co						s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	e following that make	significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further	the organization's ex	empt pur	pose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical tre	asures, or other simil	ar assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizat	ion answered "Yes" o	on Form §	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributic	ns or other assets no	t include	d			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
		·	C				Amount		
с	Beginning balance				10	c			
	Additions during the year					d			
	Distributions during the year					e			
f	Ending balance					f			
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on Part XI	II				
Par									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thr	ee years back	(e) Four	years	back
1a	Beginning of year balance	15,270,382.	12,486,608	. 11,376,908	. 11	,742,427.	11,	096,	945.
	Contributions	259,779.	124,477	210,786		53,270.		99,	992.
	Net investment earnings, gains, and losses	-1,809,516.	2,718,682	955,922		257,111.		635,	239.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs					408,697.			
f	Administrative expenses	64,906.	59,385	57,008		267,203.		89,	749.
g	End of year balance	13,655,739.	15,270,382	. 12,486,608	. 11	,376,908.	11,	742,	427.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column	(a)) held as:	•				
а	Board designated or quasi-endowment	,	%						
	Permanent endowment ► 79.0000	%	_^_						
c	Term endowment ▶ _ 21.0000 g								
	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	•	tion that are held	and administered for	the orgar	nization			
	by:						Γ	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R	?					
4	Describe in Part XIII the intended uses of the								
Par	t VI   Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part 2	K, line 10				
	Description of property	(a) Cost or o	ther (b) Co	st or other (c)	Accumu	lated	(d) Bool	k valu	e
		basis (investr	nent) basi	s (other)	lepreciati	on	.,		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line	10c.)	<u></u>	🕨			0.
				_,		Schedule	D (Form	990)	2021

132052 10-28-21

(a) Description	omplete if the organization answered "Yes' of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
			(c) Method of Valdation. Cost of end	-or-year market value
Financial de	d equity interests			
Other				
(A)				
(B)				
(C)				
( <u>)</u>				
(E)				
(F)				
(G)				
(H)				
<b>al</b> . (Col. (b) m	ust equal Form 990, Part X, col. (B) line 12.) 🕨			
	vestments - Program Related.			
	omplete if the organization answered "Yes'			
(	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
art IX   O	ust equal Form 990, Part X, col. (B) line 13.) <b>&gt;</b>			
	omplete if the organization answered "Yes'	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description		(b) Book value
(1)				(1) 20011 101010
(2)				
(3)				
(4)				
(5)				
(6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)	(b) must equal Form 990, Part X, col. (B) lir.	e 15.)	<b>&gt;</b>	
(6) (7) (8) (9) tal. (Column	(b) must equal Form 990, Part X, col. (B) lin ther Liabilities.	e 15.)		
(6) (7) (8) (9) tal. (Column art X O	(b) must equal Form 990, Part X, col. (B) lin ther Liabilities. omplete if the organization answered "Yes'			
(6) (7) (8) (9) al. <u>(Column</u> art X O	ther Liabilities.			
(6) (7) (8) (9) al. <u>(Column</u> art X O Co	ther Liabilities. omplete if the organization answered "Yes'			
(6) (7) (8) (9) art X O Co (1) Federal	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			(b) Book value
(6) (7) (8) (9) al. (Column art X O Co (1) Federal (2)	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			
(6) (7) (8) (9) al. (Column art X O Cc (1) Federal (2) (3)	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			
(6) (7) (8) (9) al. (Column art X O Co (1) Federal (2) (3) (4)	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			
(6)         (7)         (8)         (9)         al. (Column         art X       O         (1)       Federal         (2)         (3)         (4)         (5)	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			
(6) (7) (8) (9) (al. (Column art X O Co (1) Federal (2) (3) (4) (5) (6)	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			
(6) (7) (8) (9) ant (Column art X O Co	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			
(6) (7) (8) (9) al. (Column art X O Cc (1) Federal (2) (3) (4) (5) (6) (7)	ther Liabilities. omplete if the organization answered "Yes' (a) Description of liability			

HOUSTON COMMUNITY COLLEGE FOUNDATION

Schedule D (Form 990) 2021

74-1885205 Page 3

132053 10-28-21

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 HOUSTON COMMUNITY COLLEGE FOUNDATION	74-	1885205 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	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	5,626,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	39.	
b	Donated services and use of facilities 2b 1,368,14	1.	
с			
d		15.	
е	Add lines <b>2a</b> through <b>2d</b>	2e	-1,202,903.
3	Subtract line <b>2e</b> from line <b>1</b>		6,829,635.
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	.6.	
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	78,916.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,908,551.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n.
<b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	
	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses p         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:	er Retur	n.
1	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses p         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:	er Retur	n.
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per 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       2a       1,368,14	er Retur	n.
1 2 a	Image: Network State in the state of th	er Retur	n.
1 2 a	Image: Network State in the state of th	er Retur	n.
1 2 a	Image: Network State in Part XIII.)       Reconciliation of Expenses per Audited Financial Statements With Expenses per 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       2a       1,368,14         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       77,44	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n. 7,147,757.
1 2 b c d	Image: Network State in Part XIII.)       Reconciliation of Expenses per Audited Financial Statements With Expenses per 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       2a       1,368,14         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       77,44         Add lines 2a through 2d       2d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n.
1 2 b c d e	Image: Network State in Part XIII.)       Reconciliation of Expenses per Audited Financial Statements With Expenses per 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       2a       1,368,14         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       77,44	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n. 7,147,757.
1 2 2 6 0 2 3	Image: scalar structure       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1,368,14         Donated services and use of facilities       2a       1,368,14         Prior year adjustments       2b       2c         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       77,44         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:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n. 7,147,757.
1 2 a b c d e 3 4	Image: scalar stress       Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per 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       2a       1,368,14         Prior year adjustments       2b       2c         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       77,44         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:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n. 7,147,757.
1 2 a b c d e 3 4	It XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1,368,14         Donated services and use of facilities       2a       1,368,14         Prior year adjustments       2b       2c         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       77,44         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b       4a	er Retur	n. 7,147,757.
1 2 d e 3 4 b c 5	It XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per 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       2a       1,368,14         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       77,44         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:       4a       78,91         Other (Describe in Part XIII.)       4b       4a       78,91	er Retur 1 1 1 1 1 1 1 2 3 .6. 4 4 c	n. 7,147,757. 1,445,586. 5,702,171.

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 DONOR RESTRICTED 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 CLASSI	FIES THE AMOUNT
132054 10-28-21			Schedule D (Form 990) 2021
		30	
10540711 794202	94-01993.001	2021.06000 HOUSTON COMM	UNITY COLLEGE 94-01991

Part XIII Supplemental Information (continued)	
SPECIFIED BY EXPLICIT DONOR STIPULATION AS AN ENDOWMENT AS PERMANENTLY	7
RESTRICTED NET ASSETS. THIS AMOUNT IS NOT REDUCED BY LOSSES ON INVEST	IENTS
IN THE ENDOWMENT FUND OR BY APPROVED APPROPRIATIONS FOR EXPENDITURE F	ROM
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, 2022 AND 2021, MANAGEMENT BELIEVES THERE WERE NO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GALA EXPENSES REPORTED ON SCHEDULE G

77,445.

77,445.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GALA EXPENSES REPORTED ON SCHEDULE G

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021	
		Attach to Form 990			-			Open to Public	
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection	
Name of the organization		COMMUNITY COLLEGE	FO	JND	ATION		Employer ide 74-1885	entification number	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
<ul> <li>Indicate whether th</li> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	e organization rais tions email solicitations tations licitations on have a written c	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual	tion of tion of fundra (incluc	non-g gover aising ling of	overnment grants nment grants events ficers, directors, trus	tees,			
	highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursu- organization.			U U	ne fui	ndraiser is to b		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total				►					
		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedule	e G (Form 990) 2021	

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				S greater than \$5,000.
			(a) Event #1	( <b>b)</b> Event #2	(c) Other events NONE	<b>(d)</b> Total events (add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	688,582.			688,582.
-	2	Less: Contributions	572,613.			572,613.
	3	Gross income (line 1 minus line 2)	115,969.			115,969.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	193,414.			193,414.
		, , , , , , , , , , , , , , , , , , , ,			►	193,414.
Pa	11 rt	Net income summary. Subtract line 10 from line <b>Gaming.</b> Complete if the organization a				-77,445.
14		\$15,000 on Form 990-EZ, line 6a.	answered tes offronn	990, Fait IV, line 19, 011	eponeu more man	
enue		• · · · · · · · · · · · · · · · · · · ·	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		▶	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
		Yes," explain:		,		
13208	2 10	J-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205 Page 3
11	Does the organization conduct ga	aming activities w	vith nonmembers?			Yes No
	Is the organization a grantor, ben					
	to administer charitable gaming?					Yes No
13	Indicate the percentage of gaming	g activity conduc	ted in:			
а	The organization's facility					<b>13a</b> %
	An outside facility					
14	Enter the name and address of th	e person who pre	epares the organizat	tion's gaming/sp	pecial events books and reco	rds:
	Name 🕨					
	Address 🕨					
15a	Does the organization have a con	tract with a third	party from whom th	e organization r	receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gam				and the am	nount
	of gaming revenue retained by the					
С	If "Yes," enter name and address	of the third party	r:			
	Name					
	Address ►					
16	Coming manager information:					
10	Gaming manager information:					
	Name					
	Gaming manager compensation	▶ \$				
	Description of services provided	▶				
		<b>—</b> .	<u> </u>			
	Director/officer	Employee	L In	dependent cont	tractor	
47	Mandatan distributional					
	Mandatory distributions: Is the organization required under	r stato law to mal	o charitable distribu	itions from the	arming procoods to	
d	retain the state gaming license?					Yes No
b	Enter the amount of distributions				xempt organizations or spent	
	organization's own exempt activit	•				
Pa				required by Part	t I, line 2b, columns (iii) and (v	/); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as					
_						
						A
13208	33 10-21-21			34		Schedule G (Form 990) 2021

Schedule G	(Form 990) Supplemental Inform	HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205	Page 4
Part IV	Supplemental Inform	nation <sub>(contin</sub>	ued)				
,							
						Schedule G (F	orm 990)
132084 11-18-	21						

132084 11-18-21

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 Treas	-	·	Ū	Attach to For				Open to Public Inspection			
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the orga		OMMUNITY	COLLEGE FOU	NDATION				Employer identification number $74 - 1885205$			
Part I Gene	ral Information on Grants a	nd Assistance						•			
	ganization maintain records		-			-					
	d to award the grants or assis							X Yes No			
	Part IV the organization's pro										
	ts and Other Assistance to ent that received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any			
<b>1 (a)</b> Name a	nd address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
	number of section 501(c)(3) a										
3 Enter total r	number of section 501(c)(3) a number of other organization	s listed in the line 1	I table								

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

### Schedule I (Form 990) 2021

### HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS GIVEN TO STUDENTS WITH FINANCIAL NEED	991	4,118,069.	0.		

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

SCHEDULE I, PART I, LINE 2:

THE FOUNDATION USES CRITERIA THAT ARE SET BY SPECIFIC DONORS WHEN

SELECTING THE RECIPIENTS OF SCHOLARSHIPS. SOME OF THE COMMON CRITERIA

ARE MAJOR CONCENTRATION, HOURS ENROLLED AND/OR COMPLETED, GPA AND MAY

BE SUBJECT TO REVIEW BY A SCHOLARSHIP COMMITTEE.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

ZUZ

**Open to Public** 

Inspection

1

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

## F

Employer identification number 74-1885205

ſ

				_
HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	

Par	ιı	Types of Property							
			<b>(a)</b> Check if	<b>(b)</b> Number of	<b>(c)</b> Noncash contribution	<b>(d)</b> Method of de	termin	ing	
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		•	S
1	Art	- Works of art							
2		- Historical treasures							
3		- Fractional interests							
4		oks and publications							
5		thing and household goods							
6		s and other vehicles							
7		its and planes							
8		llectual property							
9	Sec	urities - Publicly traded							
10		urities - Closely held stock							
11		urities - Partnership, LLC, or							
	trus	t interests							
12	Sec	urities - Miscellaneous							
13		alified conservation contribution -							
	Hist	oric structures							
14	Qua	alified conservation contribution - Other $\dots$							
15	Rea	Il estate - Residential							
16	Rea	I estate - Commercial							
17		I estate - Other							
18		ectibles							
19		d inventory							
20		gs and medical supplies							
21	Тах	idermy							
22		orical artifacts							
23	Scie	entific specimens							
24	Arc	heological artifacts							
25	Oth	er 🕨 ( <u>IN KIND CONTR</u> )	Х	194	1,068,481.	FAIR MARKET	VA	LUE	
26	Oth	er 🕨 ()							
27	Oth	er 🕨 ()							
28	Oth	er 🕨 ( )							
29		nber of Forms 8283 received by the organiz							
	for	which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	Dur	ing the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	mus	st hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	ed for			
		mpt purposes for the entire holding period?					30a		X
b		es," describe the arrangement in Part II.							
31		es the organization have a gift acceptance p				ions?	31		X
32a	Doe	es the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell noncash				
		tributions?					32a		X
b		′es," describe in Part II.							
33		e organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is chec	ked,			
	des	cribe in Part II							1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M	(Form 990) 2021	HOUSTON	COMMUNITY	COLLEGE	FOUNDATION	74-1885205	Page <b>2</b>
Part II	Supplemental	Information	<ul> <li>Provide the inform in number of contribution</li> </ul>	nation required I	oy Part I, lines 30b, 321	o, and 33, and whether the organizati or a combination of both. Also compl	on
132142 11-17-2	21					Schedule M (Form S	990) 2021
				20			

SCHEDULE O (Form 990)

# 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

HOUSTON COMMUNITY COLLEGE FOUNDATION



Employer identification number 74-1885205

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

HCCF IS ORGANIZED AS A NON PROFIT CORPORATION.

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

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

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

DIRECTORS DURING THE NORMAL COURSE OF BUSINESS.

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

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

WHO ARE AFFECTED.

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

THE ORGANIZATION DETERMINES COMPENSATION BY USING COMPARISONS OF SIMILARLY

SIZED ORGANIZATIONS TO DETERMINE A GOING MARKET RATE.

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

THE ORGANIZATION MAKES ITS ORGANIZING DOCUMENTS AND 990S AVAILABLE THROUGH

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

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. 132211 11-11-21

Schedule O (Form 990) 2021

40 2021.06000 HOUSTON COMMUNITY COLLEGE 94-01991

## 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.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 74 - 1885205

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

### HOUSTON COMMUNITY COLLEGE FOUNDATION

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 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) 2021

## Schedule R (Form 990) 2021 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											
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	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.

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

## Schedule R (Form 990) 2021 HOUSTON COMMUNITY COLLEGE FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	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		Х
o	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		Х
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.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) HOUSTON COMMUNITY COLLEGE	ĸ	14,400.	FMV
(2) HOUSTON COMMUNITY COLLEGE	Р	1,368,141.	FMV
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

## Schedule R (Form 990) 2021 HOUSTON COMMUNITY COLLEGE FOUNDATION

### 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>(b)</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	<b>(g)</b> 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

Schedule R (Form 990) 2021

	(Form 990) 2021
Part VII	Supplementa

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

Schedule R (Form 990) 2021

132165 11-17-21