	_		EXTENDED TO JULY 15, 202 Return of Organization Exempt Fror	4 n Income Tax	OMB No. 1545-0047				
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2022				
			Do not enter social security numbers on this form as it ma	,	Open to Public				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
AI	or the	e 2022 calend	ar year, or tax year beginning ${ m SEP}1$, 2022 and endin	g <u>A</u> UG 31, 2023					
	Check if	C Name of	organization	D Employer identificat	ion number				
-	Addre								
	chang Name		TON COMMUNITY COLLEGE FOUNDATION	74-1885205	:				
	chang Initial		and street (or P.O. box if mail is not delivered to street address))				
	return Final	3100	MAIN STREET	713-718-85	596				
	return, termin ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	38,123,260.				
	Amen return	ded HOUS	TON, TX 77002	H(a) Is this a group retu	rn				
	Applic tion		nd address of principal officer: KAREN L. SCHMIDT	for subordinates?	Yes X No				
	pendir	SAME	AS C ABOVE	H(b) Are all subordinates inclue	ded? Yes No				
<u> </u>	ax-ex	empt status:		527 If "No," attach a lis					
	Nebsi		HCCSFOUNDATION.ORG	H(c) Group exemption r					
	orm of art I	f organization: Summarv	X Corporation Trust Association Other L	Year of formation: 1976 M S	tate of legal domicile: TX				
F			EMPONED						
e			e the organization's mission or most significant activities: EMPOWER: PHILANTHROPIC SUPPORT, ALIGNED WITH						
Jan		Check this bo							
veri									
ĝ			ependent voting members of the governing body (Part VI, line 1b)		<u>25</u> 25				
ې م			of individuals employed in calendar year 2022 (Part V, line 2a)		0				
/itie			of volunteers (estimate if necessary)		0				
Activities & Governance			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.				
				Prior Year	Current Year				
e			and grants (Part VIII, line 1h)	6,392,747.	<u>7,181,356.</u> 0.				
Revenue		•	ce revenue (Part VIII, line 2g)	110 056	470,247.				
Be			ome (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,618.				
			• add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,908,551.	7,772,221.				
			nilar amounts paid (Part IX, column (A), lines 1-3)	4,118,069.	4,451,404.				
			o or for members (Part IX, column (A), line 4)	0.	0.				
S	40	Salarias other	compensation employee benefits (Part IX column (A) lines 5-10)	0.	0.				
nse	16a	Professional fu	indraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 367,964.						
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,663,018.	2,163,945.				
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,781,087.	6,615,349.				
		Revenue less	expenses. Subtract line 18 from line 12	1,127,464.	1,156,872.				
Assets or				Beginning of Current Year	End of Year				
Sset	20	Total assets (F		18,955,466.	20,394,884.				
let A			(Part X, line 26) und balances. Subtract line 21 from line 20	<u>1,156,671.</u> 17,798,795.	711,494. 19,683,390.				
	art II	Signature		1,1,0,1,0,0	±,005,590•				
		-	declare that I have examined this return, including accompanying schedules and s	atements, and to the best of my kn	owledge and belief, it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer						Date			
Here	KAREN L. SCHMIDT, PRESIDENT									
	Type or print na	ime and title								
	Print/Type prepa	arer's name	Preparer's signature	Date		Check	PTIN			
Paid	KRISTEN	SIMPSON	KRISTEN SIMPSON	07/02	/24	if self-employed	P0126848	2		
Preparer	Firm's name	CARR, RIGGS & ING	RAM, LLC		Firm's	EIN 72-	1396621			
Use Only	Firm's address	TWO RIVERWAY, 15T	'H FLOOR							
HOUSTON, TX 77056 Phone no.713-621-8							621-8090			
May the I	May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No									
232001 12-1	X32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

	990 (2022) HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 2 t III Statement of Program Service Accomplishments
Fai	
	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 \$ 2,283,205. including grants of \$ 2,283,205.) (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 \$ 3,806,351. including grants of \$ 2,168,199.) (Revenue \$)
	CAPITAL PROJECTS AND PROGRAM SUPPORT:
	THE HCC FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO SELECTED HCC
	PROGRAMS AND CAPITAL PROJECTS.
	FACULTY GRANTS AND AWARDS:
	THE HCC FOUNDATION RECOGNIZES OUR FACULTY MEMBERS' KEY ROLE IN
	ACHIEVING HCC'S MISSION. WE SUPPORT THEIR EFFORTS BY PROVIDING GRANTS
	FOR PROJECTS THAT HAVE THE POTENTIAL TO ADVANCE STUDENT LEARNING AT
	HCC. MANY FACULTY PROPOSALS REQUEST THE FOUNDATION'S FINANCIAL SUPPORT
	FOR PROFESSIONAL ENRICHMENT OPPORTUNITIES AND PROJECTS TO ENHANCE HCC
	LEARNING ENVIRONMENTS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
ти	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6,089,556.
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232002	Porm 330 (2022)

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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	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	
44	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,			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> 11a</u>		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		<u>X</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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	<u>X</u>
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Form 990 (2					FOUNDATION
Part IV	Checklist of Re	quired 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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	~		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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
С	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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	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	~	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	<u> </u>	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	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?	555		<u> </u>
00	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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
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		77	
	(gambling) winnings to prize winners?	1c		 /00000
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Form	990 (2022) HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885	205	Pa	age 5
			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		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
6a		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
5	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
•	to file Form 8282?	7c		х
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
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	-		
C	Enter the amount of reserves on hand	140		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u></u>
ь 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		х
	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		х
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			
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X

 Form 990 (2022)
 HOUSTON
 COMMUNITY
 COLLEGE
 FOUNDATION
 74-1885205
 Page

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			F		Yes	NO
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	o with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	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 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6	X	
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· –	•		
74	more members of the governing body?	-		7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, si		······ -	10		
U				7b		х
•			······ -	10		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?		F	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		[1	0a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the fo	orm?	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		1	2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "		F			
-	on Schedule O how this was done	,	-	2c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	x	
15			······ –			
15	Did the process for determining compensation of the following persons include a review and approva	a by independent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				х	
	The organization's CEO, Executive Director, or top management official			5a		x
b	Other officers or key employees of the organization		····· 1	5b		Λ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				
	taxable entity during the year?		[1	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 5	01(c)(3)s o	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	licy, and fi	nanc	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
	KAREN L. SCHMIDT - 713-718-8596	and records				
20						
LU						
	3100 MAIN STREET, 12TH FLOOR, HOUSTON, TX 77002			Eor~	990	()00

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Part VII	Compensation of	of Officers, D	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and	Independer	nt Contrac	tors		

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

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

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

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

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DIRECTOR X 0. 0. 0. (14) DR. EDDIE L. PATTON, JR. 0.50 0. 0. 0. DIRECTOR X 0. 0. 0. (15) DR. MARY LAWSON 0.50 0. 0. 0. DIRECTOR X 0. 0. 0. (16) FESTUS ADELEKE AMOYE 0.50 0. 0. 0. DIRECTOR X 0. 0. 0. (16) FESTUS ADELEKE AMOYE 0.50 0. 0. 0. DIRECTOR X 0. 0. 0. (17) JAVEED GIRE 0.50 0. 0. 0.		0 50								0.	
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DIRECTORX0.0.0.(15) DR. MARY LAWSON0.50X0.0.DIRECTORX0.0.0.(16) FESTUS ADELEKE AMOYE0.500.0.DIRECTORX0.0.0.(17) JAVEED GIRE0.500.0.		0.50							``		U
(15) DR. MARY LAWSON0.50X0.00.0DIRECTORX0.00.00.(16) FESTUS ADELEKE AMOYE0.500.00.00.DIRECTORX0.00.00.(17) JAVEED GIRE0.500.00.0			x						0.	0.	0.
DIRECTORX0.0.0.(16) FESTUS ADELEKE AMOYE0.500.0.0.DIRECTORX0.0.0.0.(17) JAVEED GIRE0.500.0.0.0.		0.50									
(16) FESTUS ADELEKE AMOYE0.50X0.0.DIRECTORX0.0.0.(17) JAVEED GIRE0.500.0.0.			x						0.	0.	0.
DIRECTOR X 0. <t< td=""><td></td><td>0.50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		0.50									
(17) JAVEED GIRE 0.50	DIRECTOR		x						0.	0.	0.
		0.50									<u>. </u>
			х						0.	0.	0.
232007 12-13-22 Form 990 (2022)	232007 12-13-22		-			•					

14160715 794202 94-01993.001

2022.06000 HOUSTON COMMUNITY COLLEGE 94-01991

Form 990 (2022) HOUSTON (COMMUNIT	.'Υ	CC	요.	EG	ΕE	FC	DUNDATION	74-18	852	205	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	erage Position				than o s both	n an	(D) Reportable compensation	(E) Reportable compensation			(F) timate	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated shark.u		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)		com fro orga anc	other pensat om the anizati I relate nizatio	e ion ed
(18) JENNIFER WALDNER GRANT	0.50	-											
DIRECTOR		Х						0.		0.			0.
(19) JOSEPH AVILA DIRECTOR	0.50	x						0.		0.			Ο.
(20) KENNETH R. BURTON, JR.	0.50												
DIRECTOR		Х						0.		0.			0.
(21) KIM SHELTON-BROWN	0.50												
DIRECTOR		Х						0.		0.			0.
(22) LINA SABOUNI	0.50												
DIRECTOR		Х						0.		0.			0.
(23) NICOLE RILEY	0.50												
DIRECTOR		Х						0.		0.			0.
(24) ROY MONTALBANO	0.50												
DIRECTOR		х						0.		0.			0.
(25) VANESSA CARTER DIRECTOR	0.50	x						0.		0.			0.
										-			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	I			
compensation from the organization													0
										Г		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-			•	•			• • •			3		Х
4 For any individual listed on line 1a, is the su										··· -	Ŭ		
and related organizations greater than \$150	-		-						-	- F	4		Х
5 Did any person listed on line 1a receive or a										···· F	-		
rendered to the organization? If "Yes." com										[5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensati	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	Co	(C omper	;) nsatior	า
				-									
							╡						
2 Total number of independent contractors (ii	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					(,					

Form **990** (2022)

232008 12-13-22

				MMU	NITY COLI	LEGE FOUNDA	ATION	74-1885	205 Page
Part V	VIII	Statement of Re	venue						
		Check if Schedule O o	contains a res	oonse	or note to any lin		(-)	(2)	
						(A) Totol rovenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclude
						Total revenue	function revenue		from tax under
									sections 512 - 51
<u>းက</u> ု 1	1 a	Federated campaigns	1a						
contributions, Girts, Grants and Other Similar Amounts			1b						
5 G		Fundraising events							
E A E		Related organizations							
5 <u>19</u>		Government grants (contri							
ŝis		All other contributions, gifts,	,						
Jer		similar amounts not included			7,181,356.				
ΞÐ		Noncash contributions included in			1,653,014.				
	-	Total. Add lines 1a-1f				7,181,356.			
<u>_ 0</u>					Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					Dusiness Coue				
2 2	2 a								
er v	b								
n n G	С								
e a	d								
Program Service Revenue N	е								
L		All other program service							
		Total. Add lines 2a-2f							
3	3	Investment income (includ	ding dividends	, intere	st, and				
						537,096.			537,09
4	4	Income from investment of	of tax-exempt I	oond p	roceeds				
5	5	Royalties	. <u></u>	<u></u>					
			(i) Re	eal	(ii) Personal				
6	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss))						
7		Gross amount from sales of	(i) Secu	rities	(ii) Other				
-		assets other than inventory	7a 30,284						
	h	Less: cost or other basis	, <u>, , , , , , , , , , , , , , , , , , </u>	,					
Ð		and sales expenses	7b 30,351	039.					
evenue		Gain or (loss)	7c -66						
eve						-66,849.			-66,849
ž s		Net gain or (loss)							
Other 8		Gross income from fundraisir including \$							
0		÷	of						
		contributions reported on	-						
		Part IV, line 18							
		Less: direct expenses							<u> </u>
		Net income or (loss) from							
9	Эа	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
	С	Net income or (loss) from	gaming activit	ies					
10) a	Gross sales of inventory, I	ess returns						
		and allowances							
	b	Less: cost of goods sold		. 10b					
	с	Net income or (loss) from	sales of inven	tory					
<i>"</i>					Business Code				
ő 🚽 11	1 a	VENDING INCOME			611600	120,618.	120,618.		
scellaneo <u>Revenue</u>	b								
elle	с								
Miscellaneous <u>Revenue</u> LT		All other revenue							
- 1		Total. Add lines 11a-11d				120,618.			
2									
2 12		Total revenue. See instruction	ons			7,772,221.	120,618.	0.	470,247

Form 990	(2022)
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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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 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 4,451,404. 4,451,404. 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 8,998. 8,998. b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 80,537. 80,537. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 131,729 43,335. 88,394. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 12,120. 4,079. 4,080. 3,961. Office expenses 13 55,247. 55,247. Information technology 14 15 Royalties 4,706. 14,400. 4,847. 4,847. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,975. 49,975. 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.) 1,653,014. 1,627,148. 25,866. IN-KIND CONTRIBUTION EX а FUNDRAISING EXPENSES 137,797. 137,797. b 16,032. 20,128. 2,078. 2,018. BANK & CREDIT CARD FEES С d All other expenses е 6,615,349. 6,089,556. 157,829. 367,964. 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)

10

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Form 990 (2022)

14160715 794202 94-01993.001

	n 990 (/ rt X	2022) HOUSTON COMMUNITY COLLEGE FOU Balance Sheet	74-1885205 Page 11			
Fa						
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	(B)	
			(A) Beginning of year		End of year	
	1	Cash - non-interest-bearing	702 150	1	272,158.	
	2	Cash - non-interest-bearing Savings and temporary cash investments			1,603,556.	
	3	Pledges and grants receivable, net			1,003,226.	
	4	Accounts receivable, net		4	1,000,2200	
	5	Loans and other receivables from any current or former officer, director,		-		
	J	trustee, key employee, creator or founder, substantial contributor, or 35%				
				5		
	6	controlled entity or family member of any of these persons				
	ľ	χ		6		
	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
Ass	9	Prepaid expenses and deferred charges	70 076		126,546.	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	Ь	Less: accumulated depreciation 10b		10c		
	11	Investments - publicly traded securities	16,581,829.		17,389,398.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	20,394,884.	
	17	Accounts payable and accrued expenses	1,156,671.	17	711,494.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
Se	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
iab		controlled entity or family member of any of these persons		22		
-	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D		25	711 404	
	26	Total liabilities. Add lines 17 through 25	. 1,156,671.	26	711,494.	
ŝ		Organizations that follow FASB ASC 958, check here				
nce	07	and complete lines 27, 28, 32, and 33.	326,663.	07	281,516.	
ala	27	Net assets without donor restrictions			19,401,874.	
Net Assets or Fund Balances	28	Net assets with donor restrictionsOrganizations that do not follow FASB ASC 958, check here		20	1, 101, 0, 4.	
'n		and complete lines 29 through 33.				
م.	29	Capital stock or trust principal, or current funds		29		
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31		
let /	32	Total net assets or fund balances			19,683,390.	
Z	33	Total liabilities and net assets/fund balances		33	20,394,884.	

Form **990** (2022)

HOUSTON COMMUNITY COLLEGE FOUNDATION

	990 (2022) HOUSTON COMMUNITY COLLEGE FOUNDATION	74-	- <u>1885</u>	205	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,77		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,61		
3	Revenue less expenses. Subtract line 2 from line 1	3		,15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,79		
5	Net unrealized gains (losses) on investments	5		72	7 , 7:	23.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> 19</u>	,68	3,3	<u>90.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	1_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A

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.

OMB No. 1545-0047
2022
Open to Public

ntern	al Reve	enue Service		Go to www.irs.gov/	/Form990 for instructior	is and the	e latest inf	ormation.		Inspection	
Nam	ne of	the organizat								identification numb	Je
De		Decen			ITY COLLEGE I					4-1885205	
	rt I				(All organizations must c			ee instructior	18.		
	orgai		•		(For lines 1 through 12, cl		,				
1					on of churches described		on 170(b)(1	I)(A)(i).			
2					(Attach Schedule E (Form						
3		·	•		anization described in se						
4			-	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	-	-		ollege or university owned	or operat	ed by a go	overnmental u	init describe	ed in	
				Complete Part II.)							
6				-	mental unit described in						
7		•		•	antial part of its support fr	om a gove	ernmental	unit or from tl	he general	public described in	
				complete Part II.)							
8		-			(1)(A)(vi). (Complete Par						
9		-	-	-	l in section 170(b)(1)(A)(-		-	-	
		-	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	eor	
		university: _									
10		-		• • • •	than 33 1/3% of its supp						
					ct to certain exceptions; a	. ,					t
					e (less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
				mplete Part III.)							
11	\square	Ũ	•		ively to test for public sat	•					
12		•	-		sively for the benefit of, to				•		
		-	• • • •	-	ed in section 509(a)(1) o						
~			÷	• •	of supporting organization		-		-	aivina	
а				• •	supervised, or controlled		Ũ			0 0	
			-		gularly appoint or elect a	majority c				ipporting	
h		~		complete Part IV, So		ion with it	o ou poorto	d organizatio	n(a) by ba	lina	
b				-	d or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	Introl of Inalia	ge me sup	Joned	
с		_ ~		st complete Part IV,	ng organization operated	in connoci	tion with a	and functions	lly intograte	od with	
U			-		s). You must complete f				iny integrate	ia with,	
d			•		porting organization oper	-	-		rted organi:	zation(s)	
u			-		zation generally must sat				-		
			-		mplete Part IV, Sections	-		-			
е					written determination from				II. Type III		
Ū			•		nally integrated supportin			19901, 1990	n, 19po m		
f	Ent		of supported of			3 - 3					-
				n about the supporte	ed organization(s).					-	
		(i) Name of supp	ported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	r
		organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructio	ns

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Schedule A (Form 990) 2022 HOUSTON COMMUNITY COLLEGE FOUNDATION 74 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2755997.	4124255.	6049379.	6468161.	7181356.	26579148.
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	2755997.	4124255.	6049379.	6468161.	7101256	26579148.
	Total. Add lines 1 through 3	2755997.	4124255.	0049379.	0400101.	/101350.	205/9140.
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)						5894202.
6	Public support. Subtract line 5 from line 4.						20684946.
	tion B. Total Support						200019100
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2755997.	4124255.	6049379.	6468161.		26579148.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	369,844.	459,116.	1226589.	442,256.	537,096.	3034901.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	210,000.	122,500.	9,505.	66,993.		529,616.
11	Total support. Add lines 7 through 10						30143665.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	-					
-	organization, check this box and stop						
	ction C. Computation of Publi						<u> </u>
	Public support percentage for 2022 (I			())		14	<u>68.62 %</u>
	Public support percentage from 2021					15	64.05 %
16a	33 1/3% support test - 2022. If the o						77
h	stop here. The organization qualifies		-		line 15 is 22 1/20/		
D	33 1/3% support test - 2021. If the c						
17-	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test and if the organization meets the fact	-					
	meets the facts-and-circumstances te					•	
h	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is	
	more, and if the organization meets the	-					1070 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
	¥						(Form 990) 2022

232022 12-09-22

			OLLEGE FO		74-188	5205 Page
Part III Support Schedule for Or	•		.,	.,		
(Complete only if you checked t			organization failed	to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed bel	low, please comp	lete Part II.)				
Section A. Public Support		I	1	1	,	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from 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.)						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						

с	Add lines 10a and 10b
11	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.)	

13	i otai support.	(Add lines 9,	10c,	11, and	12

14	st 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	
	eck this box and stop here	

Section C. Computation of Pul	blic Support Percentage		
15 Public support percentage for 2022	? (line 8, column (f), divided by line 13, column (f))		%
16 Public support percentage from 20	21 Schedule A, Part III, line 15	16	%
Section D. Computation of Inv	estment Income Percentage		
17 Investment income percentage for	2022 (line 10c, column (f), divided by line 13, column (f))		%
18 Investment income percentage from	n 2021 Schedule A, Part III, line 17		%
19a 33 1/3% support tests - 2022. If t	he organization did not check the box on line 14, and line 15 is	more than 33 1/3	%, and line 17 is not
more than 33 1/3%, check this box	and stop here. The organization qualifies as a publicly suppor	ted organization	
b 33 1/3% support tests - 2021. If t	he organization did not check a box on line 14 or line 19a, and	line 16 is more th	an 33 1/3%, and
line 18 is not more than 33 1/3%, c	neck this box and stop here. The organization qualifies as a p	ublicly supported	organization
20 Private foundation. If the organiza	tion did not check a box on line 14, 19a, or 19b, check this box	and see instruct	ons

15

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Schedule A (Form 990) 2022

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2022.06000 HOUSTON COMMUNITY COLLEGE 94-01991

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Schedule A (Form 990) 2022 Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 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.)

9b 9c 10a 10b Schedule A (Form 990) 2022

HOUSTON COMMUNITY COLLEGE FOUNDATION

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a

Schedule A (Form 990) 2022 HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 5

га	Supporting Organizations (continued)		
		Ye	s 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?	1	
b	A family member of a person described on line 11a above? 11)	
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.	;	
Sec	tion B. Type I Supporting Organizations		
		Ye	s 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 "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervi	sea. or contro	ollea the suppo	<u>organization.</u>	
Section C.	Type II S	upporting C	Drganizations	

 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 Typ	e III Sup	porting	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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> '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 organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

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.*232025 12-09-22

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

2

No

Schedule A (Form 990) 2022

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_	HOUSTON COMMUNITY COLLE			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 qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 org	anization (see

Schedule A (Form 990) 2022

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instructions).

HOUSTON C	COMMUNITY	COLLEGE	FOUNDATION
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	6	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u> i </u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			NITY COLL			74-1885205	Page 8
Part VI	Part IV, Section A,	tines 1, 2, 3b, 3c, tion D, lines 2 and	, 4b, 4c, 5a, 6, 9a d 3; Part IV, Secti	, 9b, 9c, 11a, 11b, on E, lines 1c, 2a,	and 11c; Part I 2b, 3a, and 3b;	V, Section B, line Part V, line 1; Pa	a or 17b; Part III, line 12; s 1 and 2; Part IV, Sectior rt V, Section B, line 1e; Pa itional information.	n C, art V,
32028 12-09-2	2						Schedule A (Form S	990) 202
	-			20				

Identification of Excess Contributions Included on Part II, Line 5

74-1885205

2022

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

Contributor's Name	Total Contributions	Excess Contributions
APPLE INC	1,880,887.	1,278,014.
BARNES AND NOBLE COLLEGE SYSTEM	679,377.	76,504.
GOLDMAN SACHS FOUNDATION	4,848,825.	4,245,952.
PEPSI CO FOUNDATION/PEPSI CO	603,078.	205.
WELLS FARGO BANK	896,400.	293,527.
Total Excess Contributions to Schedule A, Part II, Line 5	· · · · · · · · · · · · · · · · · · ·	5,894,202.

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2022

Employer identification number

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-		1 / 1 100				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

HOUSTON COMMUNITY COLLEGE FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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.

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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 GOLDMAN SACHS FOUNDATION X Person Payroll 200 WEST STREET, 29TH FL 1,132,108. Noncash \$ (Complete Part II for NEW YORK, NY 10282-2198 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 APPLE INC X Person Payroll ONE APPLE PARK WAY, MS 104-1BEN 399,314. Noncash (Complete Part II for CUPERTINO, CA 77002 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 NATIONAL ASSOCIATION FOR COMMUNITY 3 COLLEGE ENTREPRENEURSHIP X Person Payroll 3100 MAIN STREET 145,000. Noncash \$ (Complete Part II for HOUSTON, TX 77002 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 JPMORGAN CHASE FOUNDATION X Person Payroll Noncash 383 MADISON AVENUE 41ST FLOOR \$ 150,000. (Complete Part II for NEW YORK, NY 10005 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 WORKCRED, INC X Person Payroll 1899 L ST NW FL 11 149,791. Noncash (Complete Part II for WASHINGTON, DC 20036 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 UNIVERSITY OF FLORIDA X Person Payroll 153,088. 3100 MAIN STREET Noncash \$ (Complete Part II for HOUSTON, TX 77002 noncash contributions.)

HOUSTON COMMUNITY COLLEGE FOUNDATION

Name of organization

Page **2**

Schedule B (Form 990) (2022)

N COMMUNITY COLLEGE 94-01991

23

223453 11-15-22

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Employer identification number

74-1885205

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	<u> </u>

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Name of organization

	B (Form 990) (2022)			Page 4			
Name of o	organization			Employer identification number			
HOUST	ON COMMUNITY COLLEGE FOU	JNDATION		74-1885205			
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations				
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info	b. once.) \$			
(a) No.		·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of gif	ť				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee			
	-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4		ransferor to transferee			
(a) No.		(),	() =				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(a) Transfer of sit	•				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee			
	,,, _,, _						
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223454 11-15	5-22			Schedule B (Form 990) (2022)			
		25					

2022.06000 HOUSTON COMMUNITY COLLEGE 94-01991

Department of the Treasury

Internal Revenue Service

(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.



Name of the organization

Employer identification number

-	HOUSTON COMMUNITY (
Par			nds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor	advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds ca	n be used o	nly
	for charitable purposes and not for the benefit of the donor o	^r donor advisor, or for any other purp	oose conferr	ing
	impermissible private benefit?	-		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form s	990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	· · · · · ·	on of a histo	prically important land area
	Protection of natural habitat	·		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the	form of a co	nservation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			20
u	historic structure listed in the National Register	, , ,		2d
3	Number of conservation easements modified, transferred, rel			
3		eased, extinguished, or terminated b	y the organi	
4	year	amont in located		
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			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing	conservatio	n easements during the year
-	Amount of company in company in the interview in the state of the stat			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing cons	servation eas	sements during the year
•			170/b)/4)/D)	(1)
8	Does each conservation easement reported on line 2(d) abov			
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial sta	atements that	at describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures	r Othor S	imilar Assots
Fai				initial Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treat	asures, or other similar assets for fina	ancial gain, p	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022
	09-01-22			

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets:			COMMUNITY					74-18				
collecton lems (check all that apply): Collecton lems (check all that apply): Provide a control througe percentations: Collecton lems (check all that apply): Provide a control the organization solution or excite donations of art, historical ressures, or other similar assets: Los and the organization answered "Yes" on Form 980, Part IV, line 8, or resported an amount on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Collidions during the year Intermediary for second or other assets not included an amount on Form 990, Part X, line 21. No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Distributions during the year Intermediary for second or part XIII. No Distributions during the year Intermediary for second or part XIII. No Distributions during the year Intermediary for second or part XIII. No Distributions during the year Intermediary for second or part XIII. No Distributions during the year Interminitian second or part XIII.	Par	•							contin	ued)		
a Public exhibition d Clams or exchange program b Scholary research e Otter	3	Using the organization's acquisition, accession	on, and other records	s, check any of	the fol	lowing that make	signific	ant use of its				
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Diming the year, did the organization's collection? Yes No Part I Escrow and Custodial Arrangements. Complete if the organization's collection? Yes No b If the organization answered 'Yes' on Form 990, Part X, line 21. Amount 1 1a Is the organization answered 'Yes' on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1 c Beginning balance It It It It 20 Did the organization include an amount on Form 990, Part X, line 21. for secrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No D Part V Endowment Funds. Contrologin State (It in the organization schoolar part State (It in the provement Yes' on Form 990. Part XIII. No D												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an anount on Form 990, Part X, line 21. Ta is the organization answered 'Yes' on Form 990, Part X, line 21. 1a Is the organization and part, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Truste, custodian the arrangement in Part XIII and complete the following table: c Beginning balance 14 Total Additions during the year 14 2a Dut the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Wes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII Part XIII. Part XIIII. Part XIII. Part XIII.	а											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds inter than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21. Is the organization angenet in Part XIII and complete the following table: Cardidinons during the year Eding balance Amount te d Additions during the year Ending balance Bignining balance If the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No H Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Bagnining of year balance If the organization answerd "Yes" on Form 900, Part X, line 21, for secrow or custodial account liability? Yes No H Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Bart V Endowment Funds. Complete if the organization answerd "Yes" on Form 900, Part X, line 21, 406, 608, 11, 376, 908, 11, 742, 427, C28, 414, 259, 779, 134, 477, 223, 048, 11, 976, 958, 120, 742, 122, 426, 608, 11, 376, 908, 11, 742, 427, C28, 414, 259, 779, 134, 477, 223, 048, 147, 742, 742, 742, 742, 742, 742, 742, 7	b	b Scholarly research e Other										
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete the following table: Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the organization answered 'Yes' on Form 990, Part XIII. Image: Complete the organization answered 'Yes' on Form 990, Part XIII. Image: Complete the organization answered 'Yes' on Form 990, Part XIII. Image: Complete the organization answered 'Yes' on Form 990, Part XIII. Image: Complete the organization answered 'Yes' on Form 990, Part XIII. Image: Complete the organization answered 'Yes' on Form 990, Part XIII. Image: Complete the organization answered 'Yes' on Form 990, Part XIII. Image: Complete the organization answered 'Yes' on Form 990, Part XIII. <t< td=""><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td></t<>	5								_			
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on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id d Additions during the year Id d Distributions during the year Id e Distributions If 'Yes,' explain the arrangement in Part XII. Check here if the escapanation has been provided on Part XIII Part V End Owment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Contributions 258, 713, 15, 270, 382, 124, 477, 20, 821, 124, 456, 608, 11, 376, 908, 11, 742, 427, cor. c Not investment earnings, gains, and losses 1, 120, 204, -1, 809, 516, 2, 718, 682, 955, 922, 257, 710, 111, 120, 786, 592, 373, 15, 270, 082, 12, 486, 608, 111, 376, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 756, 908, 114, 750, 927, 108, 657, 739, 115, 270, 382, 124, 486, 608, 111, 376, 908, 124, 486, 608, 114, 376, 908, 124												
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1a Beginning of year balance 13,655,739. 15,270,382. 12,486,608. 11,376,908. 11,742,427. b Contributions 258,441. 259,779. 124,477. 210,786. 53,270. c Net investment earnings, gains, and losses 1,120,204. -1,809,516. 2,718,682. 955,922. 257,111. e Other expenditures for facilities and programs 408,697. 283,557. 64,906. 59,385. 57,008. 267,203. g End of year balance 14,750,827. 13,655,739. 15,270,382. 12,486,608. 11,376,908. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 9 Permanent endowment 75.0000 % % Yean No 3a(0) X a Board designated or ganizations 96 Yean No 3a(0) X X 9 Permanent endowment 75.0000 % Yean No 3a(0) X 9 Permanent endowment 25.0000 % Yean No 3a(0) X 3a(0) X	Par	t V Endowment Funds. Complete i						<u> </u>		<u> </u>		
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d Grants or scholarships 408,697. e Other expenditures for facilities 408,697. and programs 408,697. f Administrative expenses 283,557. 64,906. 59,385. 57,008. 267,203. g End of year balance 96 14,750,827. 13,655,739. 15,270,382. 12,486,608. 11,376,908. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 8 8 a Board designated or quasi-endowment 96 96 96 7 7 b Permanent endowment 25.0000 % 96 7	b											
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b Permanent endowment 75.0000 % c Term endowment 25.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organization is endowment funds. 4 Describe in Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land (a) Cost or other basis (investment) b (b) Buildings (c) Leasehold improvements (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Cost or 990, Part X, column (B), line 10c	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colum	nn (a)) h	held as:						
c Term endowment 25.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) b Buildings	а			_%								
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(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X (iii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X (iii) Related organizations 3b 3b (iii) Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Cost or other (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (other) depreciation 4 b Buildings 5 5 5 5 5 c Leasehold improvements 5 5 5 5 5 5 5 5 6 6 5	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are he	ld and	administered for t	the		-			
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation a Land b b (d) Book value b Buildings a a a c Leasehold improvements a a a d Equipment a a a a e Other a b a a a b Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0. 0.		organization by:										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1 1 Land 1 b Buildings 1 1 1 c Leasehold improvements 1 1 1 d Equipment 1 1 1 1 1 c Leasehold improvements 1 <td< td=""><td></td><td>(i) Unrelated organizations</td><td></td><td></td><td></td><td></td><td></td><td></td><td>3a(i)</td><td></td></td<>		(i) Unrelated organizations							3a(i)			
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements (d) Equipment e Other (d) Book part X, line 10.										<u> </u>		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b				•R?				3b			
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par							-				
basis (investment) basis (other) depreciation 1a Land		· · ·					(, line 1	0.				
b Buildings		Description of property		()					(d) Book	value		
b Buildings	1 a	Land										
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.												
d Equipment												
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
				X column (R) li	ine 10c	2)				0.		
		s ···· (osianin (g/musi o							D (Form			

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	Complete if the organization answered "Yes" on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
				Id-of-year market value
	derivatives eld equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 000 Part V line 15	
		Description	The See Form 390, Fart A, line 13.	(b) Book value
(4)	(a)	Description		
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X	Other Liabilities.			•
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
	(a) Description of liability			(b) Book value
(1) Fede	ral income taxes			
(0)				
(2)				
(3)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				

HOUSTON COMMUNITY COLLEGE FOUNDATION

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 HOUSTON COMMUNITY COLLEGE				1885205 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,865,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	727,72		
b	Donated services and use of facilities	2b	1,446,24	48.	
с					
d					
е	Add lines 2a through 2d			2e	2,173,971.
3	Subtract line 2e from line 1			3	7,691,684.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,53	37.	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	80,537. 7,772,221.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wi	th Expenses p		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wi	th Expenses p		1.
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wi ^{2a.}	th Expenses p	ber Return	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wi ^{2a.}	th Expenses p	ber Return	1.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi ^{2a.}	th Expenses p	ber Return	1.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	nents Wi 2a. 2a	th Expenses p	ber Return	1.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wi 2a. 2a 2b	th Expenses p	ber Return	1.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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. 2a. 2a. 2a. 2b. 2c.	th Expenses p	ber Return	1.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2a 2b 2c 2d	th Expenses p	1 1 1 1 1 1 1 1 1 1 1 1 1 1	n. 7,981,060. 1,446,248.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2c 2d	th Expenses r	1 48. 2e	n. 7,981,060.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d	th Expenses r	1 48. 2e	n. 7,981,060. 1,446,248.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	th Expenses r	1 48. 	n. 7,981,060. 1,446,248.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	th Expenses r	1 48. 	n. 7,981,060. 1,446,248.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d	th Expenses p	2e 37.	n. 7,981,060. 1,446,248. 6,534,812. 80,537.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d	th Expenses p	2e 37. 4c	n. 7,981,060. 1,446,248. 6,534,812.

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.						

AS A	RESULT	OF T	HIS INTER	PRETATION,	THE [FOUNDA	TION CL	ASSIFIES	THE	AMOUN	Т	
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					29							
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 Schedule D (Form 990) 2022
 HOUSTON COMMUNITY COLLEGE FOUNDATION
 74-1885205
 Page 5

 Part XIII
 Supplemental Information (continued)
 SPECIFIED BY EXPLICIT DONOR STIPULATION AS AN ENDOWMENT AS PERMANENTLY

 RESTRICTED NET ASSETS. THIS AMOUNT IS NOT REDUCED BY LOSSES ON INVESTMENTS

 IN THE ENDOWMENT FUND OR BY APPROVED APPROPRIATIONS FOR EXPENDITURE FROM

 THE FUND.

PART X, LINE 2:

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, 2023 AND 2022, MANAGEMENT BELIEVES THERE WERE NO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2022

232055 09-01-22

(Form 990) Covernments, and Individuals in the United States 20222 Complexe the organization answered 'Ves' on form 990, Part N, line 21 or 22. Attach to form 990. Covernments, and Undividuals in the United States Employer identification number 74-1885205 Pert General Information on Grants and Assistance Employer identification number 74-1885205 Employer identification number 74-1885205 Pert General Information on Grants and Assistance Employer identification number 74-1885205 Imployer identification number 74-1885205 Pert General Information on Grants and Assistance to Benefity of the grants or assistance, and the selector criteria used to award the grants or assistance to Complexity of the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the United States. Imployer identification Proceedores for monitoring the use of grant funds in the	SCHEDULE I		G	Grants and Other Assistance to Organizations,						
Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection Name of the organization HOUSTON COMMUNITY COLLEGE FOUNDATION Employer identification number 74 – 1885205 Part I General Information on Grants and Assistance Image: Communication on Grants and Assistance Image: Communication on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Communication on Grants and Communication on Grants and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, or cash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance	(Form 990)								20	22
Name of the organization Employer identification number 74-1885205 Part I General Information on Grants and Assistance X Yes No 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Employer identification number 74-1885205 Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, FMV, appraisal, (g) Description of noncash assistance (h) Purpose of grant or assistance	Department of the Treasury		Comp						Open to	Public
HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Part I General Information on Grants and Assistance Image: Community of the grants or assistance in the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Community of the grants or assistance in the amount of the grants or assistance, the grant funds in the United States. Image: Community of the grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Community of the grant o	Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									ction
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Criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash grant and the section of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance				amount of the grants	or assistance. the	grantees' eligibility	for the grants or assis	tance, and the selecti	ion	
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or government (if applicable) cash grant or esistance or assistance or assistance or assistance				· ·			(f) Method of	(a) Description of	(h) Durrage of a	ront
			(b) EIN			noncash	valuation (book, FMV, appraisal,			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS GIVEN TO STUDENTS WITH FINANCIAL NEED	790	4,451,404.	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.

SCHEDU	LE	Μ
(Form 99	0)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

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

Employer identification number

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	HOUSTON COMM	UNITY	COLLEGE FO	DUNDATION	74-	188520	5
Pa	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d) determining bution amou	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \ldots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (<u>IN KIND CONTRIB</u>)	X	145	1,653,014.	FAIR MARKE	T VALUI	3
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	-					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			
						Ye	s No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used f	or		v
	exempt purposes for the entire holding period?	?				30a	<u> </u>
	If "Yes," describe the arrangement in Part II.	l' 4		f and a state day of a set 2 - 2			v
31	Does the organization have a gift acceptance p				ons?	. 31	<u> </u>
32a	Does the organization hire or use third parties		•	· · ·		202	v
	contributions?					32a	<u> </u>
b	If "Yes," describe in Part II.						

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

<u>Schedu</u> le M	(Form 990) 2022				FOUNDATION	74-1885205	Page 2
Part II	Supplemental	I Information t I, column (b), th	 Provide the inform e number of contribution 	nation required I	ov Part I, lines 30b, 32b, a	and 33, and whether the organizati a combination of both. Also compl	on
232142 09-09-2	22					Schedule M (Form S	990) 2022
							,

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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

HOUSTON COMMUNITY COLLEGE FOUNDATION

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

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

35

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. 232211 10-28-22

Schedule O (Form 990) 2022

14160715 794202 94-01993.001

2022.06000 HOUSTON COMMUNITY COLLEGE 94-01991

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 74 - 1885205

Department of the Treasury Internal Revenue Service

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

Name of the organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

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

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

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

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

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 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.

	<i>a</i> >		())		(2)	()			(1)	—	.	<u> </u>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or F	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	iging her?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Vac	No		Yes		
		country)		00010110 012 011)			res			res		
										-		

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

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

Schedule R (Form 990) 2022 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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOUSTON COMMUNITY COLLEGE	ĸ	14,400.	FMV
(2) HOUSTON COMMUNITY COLLEGE	P	1,446,248.	FMV
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 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) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022

Schedule R		
Part VII	Supple	menta

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

Schedule R (Form 990) 2022

232165 09-14-22