	Return_of_Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Rev Internal Rev	enue Code (except black lung	2008
legischeren in the State Nerst Residue Berris	u)		Open to Public Inspection
For the 2008 o		ending AUG 31, 2005	
		D Employer identit	
2007 94H		74-1	885205
Network Dev	the second s	Room/suite E Telephone number	
Tanan Boat	A 3100 MATH COPPERS		718-8595
Anandad Sola		G tirest means a	4,458,297
Contra-	HOUSTON, TX 77002	Heat is this a proup r	et.m
pandop F.N	ame and address of principal officer MICHAEL PARMET ME AS C ABOVE	for attiliates? H(b) Are all attilates in	Ves XIN
Tax-exempt sta	itus: X 501(c) ( 3 ) 4 (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
	TTP://WWW.HCCSFOUNDATION.ORG	H(s) Group exemption	
Type of organizati	ten: X Corporation Trust Association Other	L Year of formation: 1976	W State of legal dominist T
Part I Sumr	nary		
2 Oneckt	tescribe the organization's mission or most significant activities: TO PE IFIED NEEDY STUDENTS his box > If the organization discontinued its operations or dispos	sed of more than 25% of its asset	1
<li>a Number</li>	of voting members of the governing body (Part VI, Ion 1a)	3	3
a 4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	3
5 Total nu	mber of employees (Part V, line 2a)	5	
5 Total nu 6 Total nu 7a Total gr	mber of volunteers (estimate if necessary)	6	5
7a Total go	oss unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unes	slated business taxable income from Form B90-T, line 34	7b	0
1995 - 7.70777	utions and grants (Part VIII, line 1h)	Prior Year 2,828,953.	Current Year 4,378,306
10 investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	85,583.	72,171
11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-87,310.	7,820
12 Total rev	renue - add lines & through 11 (must equal Part VIII, column (A), line 12)	2,827,226.	4,458,297
13 Granta a	end similar amounts paid (Part IX, column (A), lines 1-3)	656,123.	2,124,507
14 Benefits	paid to or for members (Part IX, column (A), line 4)		and the second design of the second se
15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16.a Professe	onal fundralating fees (Part IX, column (A), line 11e)		
the second second second second	straising expenses (Part IX, column (D), Ine 25)	and a second second	Transaction of the
17 Other ex	genats (Part IX, column (A), lines 11a-11d, 1112-45	85,852.	109,807
	penses, Add Irres 13-17 (must equal Part IX, column (A), line 25)	741,975.	2,234,314
	a leas expenses. Subtract line 18 from line 12	2.085.251.	2,223,983
		Beginning of Year	End of Year
20 Total au	tets (Part X, line 16)	4,451,750.	6.523.245
2 21 Total int			65,190
22 Not see		The second s	6,458,055
and the second secon			
21 Total lat 22 Net asse Part II Signa	bitties (Part X, line 26) its or fund balances. Subtract line 21 from line 20 ature Block when of process, United in these examples for Part and a second process whether and instruction of process intro their chart of process of enclosing of enclosing the second process of UNICE	98,987. 4,352,763. Management, and to the best of my knowed y knowed opt. 1,4/5/ Date	65,19
id Preparer	Villiam & Theador 03/12	110 employed >	P00947402
e Only Tours 7 Seff ample Sciences, 4 29 + 4	5847 SAN FELIPE. SUITE 1100		0355510 13-621-8090
the second se			

	and the second	nt of Program Service Ac	conspiration and the constructions		_
	TO PROVID	he organization's massion: DE SCHOLARSHIPS TO	O QUALIFIED NEEDY STUD	ENTS	
6.0	the prior Form 99		rem services during the year which were not		es 🔀 No
3	Did the organizati	남자, 동안 방법이 집안하지 않는 것은 것을 많이 많이 가지 않는 것이 없다.	philicant changes in how it conducts, any pro	ogram services? 🔤 Y	es 🕅 No
	Describe the exer Sectors 501(c)(3)	npt purpose achievements for eal and SO1(c)(4) organizations and s	ch of the organization's three largest program ection 4947(a)(1) trusts are required to report ue, if any, for each program service reported	t the amount of grants and	
4a	IMPROVE A	YAND OF OUR FELLO	4,507. Including grants of \$ 2,12 LEGE FOUNDATION ENHANCE DW CITIZENS THROUGH FU EDUCATION, SUPPORT CARE ENT LEARNING AT HOUSTON	NDRAISING EFFORTS 7 EER AND TECHNOLOGY	DUR THAT
					_
					_
					_
45	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
					_
					_
	_				-
Le .	(Code:	) @xpenses \$	including grants of \$	)(Revenue S	)
60	(Code:	) (Expenses \$	including grants of \$	)(Flevenue S	,
ła	(Code:	) (Expenses \$	including grants of \$	)(flevenue S	,
6	(Code:	) @xpenses \$	including grants of \$	)(Flevenue S	,
6	(Code:	) @xpenses \$	including grants of \$	)(Flovenue S	,
La La		) (Expenses \$	including grants of \$	)(Flovenue S	,

# Form 990 (2006) HOUSTON COMMUNITY COLLEGE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private toundation)?		E	-
	If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B. Schedule of Contributors?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1.51		1422
	public offen 1 / "Yea," complete Schedule D, Pert /	3	-	X
- 43	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Ves," complete Schedule C, Part II	4	-	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C. Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	1000		
- 83	on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part /	6		X
2	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			-
	Schodule D. Part III	100		X
<b>6</b>	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit regair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	. 6		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? // "Yes, " complete Schedule D, Part V	10	X	1111
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257			
	If "Yes," complete Schedule D. Partz W. WI, WI, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			_
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	is the organization a school as described in section 170(b)(1)(A)(i)7 // "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have appregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.1.1		1.1
	and program service activities outside the U.S.7 // "Yes," complete Schedule F. Part I	145		X
15	Did the organization report on Part IX, column (A), Ine 3, more than \$5,000 of grants or assistance to any organization or writhy	( in the local data		
	located outside the United States? If "Yes, I complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (4), ine 3, more than \$5,000 of appregate grants or assistance to individuals	1		100-0
0.555	located outside the United States? If "Yes," complete Schedule F. Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11 e? // "Yes, " complete Schedule G, Part /	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? // "Yes," complete Schedule G. Part //	18	-	X
10	Did the organization report more than \$15,000 on Part VIII, line 9a7# "riss," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? // "Yes," complete Schedule H	20	100	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 // "Yes," complete Schedule I, Parts I and III	22	X	-
23	Did the organization answer "Yes" to Part VF. Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	1-1	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		-	1.00
2.22	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	Il "No", go to question 25	244		X
5	Did the srganization invest any proceeds of tax exampt bonds beyond a temporary period exception?	245		
1000	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
- 225	any tax exempt bonds?	246		
100	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	244	12	
0.000	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an expess benefit transaction with a			
6235	discualified person during the year? If "Yes," complete Schedule L. Part I	254		X
18	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	-		
	prior year? If "Yes," complete Schedule L. Part I	256		X
26	Was a wan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disputified			1.1
(354)	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27		X

Form 990 (2008):

852905 32-18-08

# Form 990 (2008) HOUSTON COMMUNITY COLLEGE FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee;			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	1		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
te-	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	265		X
c.	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? // "Yes," complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? // "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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701 2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a contrôlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х

Form	190	(2008)	

# Form WIG (2008) HOUSTON COMMUNITY COLLEGE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

14	Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of	1.1	-	Yes	No
57	U.S. information Returns. Enter O if not applicable	16	2		
16	Enter the number of Forms W2G included in line 1a. Enter -0- if not applicable	tib	2		
0	Dd the organization comply with backup withholding rules for reportable payments to vendors and	And and a second s	Ϋ́		
1	(gambing) wrongs to provident?	reportes gaming	10	x	
20	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	24	0		5
12	If at least one is reported on line 2a, did the organization file all required federal employment tax net	And the second second second second	-		-
- 20	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (se	UNICE STOLEN	20	-	-
-	Did the organization have unrelated tusiness prose provide of \$1,000 or more during the very cover	7.1.7.9.1.0.2.9.7.	3a	-	x
	If "Yes," has it filed a Form 190 T for this year? If "No." provide an explanation in Schedule O	red by this resum r.	36	-	- 0
	At any time during the calendar year, did the organization have an interest in, or a signature or othe	e a dheatha easer is			-
	financial account in a foreign country lowsh as a bank account, securities account, or other financial		44		x
1.	If "Yes," enter the name of the foreign country IP	i accounty?	40	_	<u> </u>
10	Eee the instructions for exceptions and filing requirements for Form TD F 90/22.1, Report of Foreign	Danis and	-		
	Lee the instructions for exceptions and hing requirements for Form (1) F 90.22, 1, report of Foreign Financial Accounts.	1 bank and			
	Virances Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		54		X
HG 32	Did any taxable party notify the provident that it was or is a party to a prohibited tax shelter trans		56	_	X
	If "Yes," to question 5a or 5b, dist the organization file Form 8886 T, Disclosure by True Exempt Entit		00		~
6	Tes, to question ball or bo, dia the organization file Form about 1, Libologue by File Exempt Crite Tax Shelter Transaction?	A wedationd hatered	50		Π.
1914 -	Did the organization solicit any contributions that were not tax deductible?		64		X
10.000	If "Yes," did the organization include with every solicitation an express statement that such contribu	diam' to othe			
	If The, do the organization include with every solicitation an express statement that such contriol were not tax deductible?	utional or ginal	65		
,	Organizations that may receive deductible contributions under section 170(c).		00	-	1
- C. L.	Did the organization provide goods or services in exchange for any guid pro guo contribution of mo	- 18-10 B 78-9	7.	-	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	remenarar	76	-	a
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it o	0.000.000	100		-
	to the organization set, exchange, or otherwise dispose or bangole personal property for which it is to file Form 82827		70		X
al.	If "Yes," indicate the number of Forms 8282 fied during the year	74			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	And the second s	1221		
	benefit contract?	persona	70		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	learned 2	71	-	X
	For all contributions of qualified interlectual property, did the organization file Form 8809 as required		70	-	X
- 22	For contributions of cars, boats, arbianes, and other vehicles, did the organization life a Form 1098		76		X
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se		10		
Č.,	supporting organizations. Did the supporting organization, or a fund maintained by a scensoring or				
	excess business holdings at any time during the year?	- Barrenerer Linne	8	-	
60	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			-	-
	Did the organization make any laxable distributions under section 49667		50		-
- 626	Did the organization make a distribution to a donor, donor advisor, or related person?		56	-	-
	Section 501(c)(7) organizations. Enter: N/A				-
970 J. C	Initiation fees and capital contributions included on Part VIII, line 12	104			
	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	105	1000		
	Section 501(c)(12) organizations. Enter: N/A	100	-		
	Gross income from members or shareholders	1110			
100					
- 62.4	General income from other sources (Do not exit accounts due or out) to other sources account				1000
b	Gross income from other sources (Do not net amounts due or paid to other sources against	195			
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 I99C in lieu of Form	195	12a		_

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Part VI	Governance, Management, and Disclosure (Sections A, B, and C request information about	antes	the state		d have these
	Internal Revenue Code.)	proseco	ere sour	redramer	x wy wee

Section A.	Governing	Body	/ and	Management	

CPUT-L	addition of the second se			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	· · · · · · ·		-
	processes, or changes in Schedule O. See instructions.			
10	Enter the number of voting members of the governing body 1a 3	6		
b	Enter the number of voting members that are independent 1b 3	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1.00	
	officer, director, trustee, or key employee?	2		Х
а	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7.a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	70		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		125	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	99		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	125	X	
.0	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	120	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	The organization's CEO, Executive Director, or top management official?	15a	Х	
ь	Other officers or key employees of the organization?	15b		Х
	Describe the process in Schedule O. (see instructions)		1.000	-

16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
	taxable entity during the year?	16a
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	
	to take some some some some some some some forskete for dense hand and an one of a some some dense some some so	

in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

### Section 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 F	Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for
	public inspection. Ind	icate how you make these av-	allable. Check all that apply.
	X Own website	X Another's website	X Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► WOOD ANTHONY - 713-718-8786

310	0	MAIN	STREET	MC	1148,	HOUSTON,	TX	77002

165

x

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

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

Ta Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours	(C) Position Icheck al that apply)					64	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Petrolog Bacheol Breth:	PERMIT AND A	1Mar	New amplitudes	Number of Augmentation of Augmentation	funder	trom the organization (W-2/1099-MISC)	from related organications (W-2/1099-MISC)	compensation from the organization and related organizations	
GINGER RENFROE BLANTON PRESIDENT	0.50	x		x				0.	0.	0.	
CHARLES R. BELLOMY, AIA SECRETARY	0.50	x		x				0.	0.	0.	
PENNY BUTLER 1ST VICE PRESIDENT	0.50	x		x				0.	0.	0.	
MICHAEL S. PARMET TREASURER SHARON M. ADAMS	0.50	X		x				0.	0.	0.	
DIRECTOR MARC E. GROSSBERG	0.50	x		L				0.	0.	0.	
DIRECTOR GIGI LEE	0.50	x						0.	0.	0.	
DIRECTOR CHRISTOPHER ASHBY	0.50	x						0.	0.	0.	
JOHN L. GUESS, III	0.50	x						0.	0.	0.	
DIRECTOR HERMANN LITT	0.50	X						0,	0.	0.	
DIRECTOR TRAVIS C. BROESCHE	0.50	x		_		H	_	0.	0.	0.	
DIRECTOR ALAN HELFMAN	0.50	X				H	_	0.	0.	0.	
DIRECTOR ARTURO G. MICHEL	0.50	X		_		H	-	0.	0.	0.	
DIRECTOR JESSE BROWN	0.50			_		Η		0.	0.	0.	
DIRECTOR DR. HARRY D. HOLMES	0.50	X		_		H	-	0.	0.	0.	
DIRECTOR RAO RATNALA	0.50			_		Η		0.	0.	<u> </u>	
DIRECTOR JUDGE ALFRED J. CALLOWAY		X		_				0.	0.	0.	
DIRECTOR	0.50	Х						0.	0.	0.	

832007 12-18-08

HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205 Page 8

Part VII Section A. Officers, Directors, Tru		mpl	оучен			High	Yest	Compensated Employ	ees (continued)	
(A)	(8)			0	C)			(D)	(E)	(P)
Name and title	Average	Ι.			tion			Reportable	Reportable	Estimated
	hours	(0	heci	c all	that	apy.	893	compensation	compensation.	amount of
	per	ACM 0						from	from related	other
	week	1				2		organization	organizations (W-2/1099-MISC)	compensation from the
		1 ŝ	÷.			12		(W2/1099 MISC)	(W-2/1000 MIGO)	organization
		1	9		8	18.		(me rearinged)		and related
		Problem on Thermore and	hthrow hype	ã	Ali en pope	Referance	1			organizations
		2	10	8	5	34	12			-
SUEWAN JOHNSON			<u> </u>			t				
DIRECTOR	0.50	X						0.	0.	0.
TONY CHASE			-			$\square$				
DIRECTOR	0.50	Х						0.	0.	0.
DR. NICOLAS KANELLOS										
DIRECTOR	0.50	Х						0.	0.	0.
SCOTT E. ROZZELL										
DIRECTOR	0.50	Х						0.	0.	0.
WILLIAM M. COATS										
DIRECTOR	0.50	Х						0.	0.	0.
DEBORAH KEARNS										
DIRECTOR	0.50	Х	L			L		0.	0.	0.
ALI A. SABERIOON	~ ~ ~ ~									
DIRECTOR	0.50	Х				L		0.	0.	0.
HANK COLEMAN										
DIRECTOR	0.50	Х						0.	0.	0.
DR. STEPHEN L. KLINEBERG	0 50									0
DIRECTOR	0.50	Х		_				0.	0.	0.
LINA SABOUNI	6 E 6								~	0
DIRECTOR	0.50	K				<u> </u>		0.	0.	0.
1b Total							darka di		Ų.	V.
<ol> <li>Total number of individuals (including those</li> </ol>	in 1a) who re	CIERN	ed n	IONE	that	0.31	00,0	200 in reportable	►	0
compensation from the organization					10100		-			Yes No
3 Did the organization list any former officer,	disactor or to -	a tawa	. Kenn				ener he	inhest operanded on		
line 1a? If "Yes," complete Schedule J for su			e meg		and a	grane.	with	rgi tear, compensaties en	solution and a solution of the	3 X
4 For any individual listed on line 1a, is the su							i osti	ter componention fame t	the meansiontion	3 1
and related organizations greater than \$150									ne organization	4 X
5 Did any person listed on line 1a receive or a									ces reachered to	
the organization? If "Yes," complete Schedu				- <b>W</b>	- and a	100		to other pression of the second		6 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	npensated inc	Secre	nde	nt o	ontr	acto	es ti	hait received more than t	\$100,000 of compensi	ation from
the organization. NONE										
(A)							Т	(8)		(C)
Name and business a	3001055							Description of si	ervices C	ompensation
		_					_			
		_	_			_	4			
			here in							
<ol> <li>Total number of independent contractors (in from the supplication b)</li> </ol>	cluding those 0	10.1	ywa	0.16	CBN	ed i	nore	s than \$100,000 in comp	rensation	
from the organization ► SEE SCHEDULE J-2 FOR	Ŷ	T	e	<b>D</b> ./**		100		COMPTXITING	SM .	000
ADS SCREDULE U-2 20K	ENGL VI	the g	- 6	251	1.4	网络	( <i>1</i>	<ul> <li>COMITMONITIC</li> </ul>	,404 I	Form 990 (2008)

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## HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205 Page 9

Mail         Mail         Bit State         Bit Stat	Po	irt VII	Statement of Revenue				
Portscheinig overs     Portscheinig over					Related or exempt function	Unrelated business	Revenue excluded from tax under
Business Code     Business Code       2 a	29	1 0	Fodorated campaigns 1a	102502.5.c.C.		Strange Parks	
Business Code     Business Code       2 a		b		100000		1.0	Real Property in
Business Code     Business Code       2 a	21	c			1. The Real Property is	4. A	
Business Code     Business Code       2 a	53	d			122.2		-
Business Code     Business Code       2 a     Business Code       4 a     Business Code       4 a     Business Code       9 Total. Add lines 2h:2d     Total. Add lines 2h:2d       9 Total. Add lines 2h:2d     Business Code       9 Total. Add lines 3h:2d     Business Code       9 Total. Add l	ξĘ.	0		100 C C C C C C C C C C C C C C C C C C	100000000000000000000000000000000000000		
Business Code     Business Code       2 a     Business Code       4 a     Business Code       4 a     Business Code       9 Total. Add lines 2h:2d     Total. Add lines 2h:2d       9 Total. Add lines 2h:2d     Business Code       9 Total. Add lines 3h:2d     Business Code       9 Total. Add l	올림	ſ			1120-1211	PLANES,	1.1.1.1.1.1.1
Business Code     Business Code       2 a     Business Code       4 a     Business Code       4 a     Business Code       9 Total. Add lines 2h:2d     Total. Add lines 2h:2d       9 Total. Add lines 2h:2d     Business Code       9 Total. Add lines 3h:2d     Business Code       9 Total. Add l	<b>꽃</b> 뒹		similar amounts not included above 11 4, 378	,306.	Section Section		
Business Code     Business Code       2 a     Business Code       4 a     Business Code       4 a     Business Code       9 Total. Add lines 2h:2d     Total. Add lines 2h:2d       9 Total. Add lines 2h:2d     Business Code       9 Total. Add lines 3h:2d     Business Code       9 Total. Add l	25	9					
90       2 a	-	h					
Year <ul> <li>All other program service revenue</li> <li>F All other program service revenue</li> <li>F Total. Add lines 2x-3f</li> <li>Investment income (including dividends, interest, and other similar amounts)</li> <li>Add lines 2x-3f</li> <li>Investment income (including dividends, interest, and other similar amounts)</li> <li>F Royakes</li> <li>F Royakes</li></ul>		2.4					
And any set of the first former of the set of the	£.]	Б					
And any set of the first former of the set of the	88	6					
And any set of the first former of the set of the	55	d					
And any set of the first former of the set of the	M	•					
3       Investment income (including dividends, interest, and other similar amounts).       72,171.       72,171.         4       Income from investment of tax-exempt bond proceeds        72,171.       72,171.         5       Reyaties       (i) Personal           6 a       Gross filents       (ii) Personal           6 b Less: notifie expenses       (iii) Personal            7 a       Gross anount from sales of (loss)       (ii) Securities            7 a       Gross anount from sales of (loss)       (iii) Securities       (iii) Securities            8 a       Gross income from fundhaling events (not contributions reported on line 1c). See       (iii) Securities            9 Dess income from fundhaling events (not contributions reported on line 1c). See              9 A Gross alke of invertory. Iss in turbularing ovents               9 A Gross alke of invertory. Iss in turbularing events               9 A Gross income from garning activities. See <th>۲ ۵</th> <th>f</th> <td></td> <td></td> <td></td> <td></td> <td></td>	۲ ۵	f					
	_	- 9					
4       Income from investment of tax-exempt bond proceeds         5       Royaties         6 a       Gross Rents         b       Lass: rents expenses         c       Rental income or (loss)         d       Net rents income or (loss)         d       Net second or other taxis         add sales expenses		3					
S       Royaties       (8 Real       (9) Personal         6 a       Gross Rents       (9) Real       (9) Personal         b       Less: rental expenses       (9) Other         c       Rental income or (loss)       (9) Securces       (10) Other         7 a       Gross amount from sales of assess other than inventory       (10) Securces       (10) Other         a data       assess other than inventory       (10) Securces       (10) Other         a data       asses expenses       (10) Other       (10) Securces         c       Gain or (loss)       (10) Securces       (10) Other         a data       asses expenses       (10) Securces       (10) Other         a data       Goss income from fundralating events (not including f       (10) Securces       (10) Other         b       Less: direct expenses       (10) Securces       (10) Securces       (10) Securces         b       Less: direct expenses       (10) Securces       (10) Securces       (10) Securces       (10) Securces         c       Net income or (loss) from gaming activities       (10) Securces       (10) Securces       (10) Securces       (10) Securces         10 a       Gross from sales of inventory, less returns and allowances       (10) Securces       (10) Securces       (10) Sec							16,1/1.
6 a Gross Rents       (i) Rest       (i) Personal         b Less: nental income of (loss)       (ii) Other         a Gross about from sales of and allowances       (ii) Other         a Gross about from sales of and allowances       (iii) Other         b Less: cost or other basis and allowances       (iii) Other         a Gross income from fundataling events (not inothibution seported on line tc). See       (iii) Other         b Less: cost or other basis and sales expenses       (iii) Other         a Gross income from fundataling events (not inothibution seported on line tc). See       (iii) Other         b Less: conce from gaming activities. See       (iii) Other         a Gross income from gaming activities. See       (iiii) Other         a datase of inventory, less returns and allowances       (iiii) Other         b Less: conce of goods sold       (iiii) Other         iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							
6 a Gross Rents       0       0       0       0         b Less: rents expenses       0       0       0       0       0       0         7 a Gross amount from sales of assess corer than inventory       0 <t< td=""><th>5</th><td></td><td> F</td><td></td><td></td><td></td></t<>		5		F			
B       Less: rental expenses				rsonal		C	
c       Rental income or (loss)		e a B		-			
d Net rental income or (loss)       (i) Securities       (ii) Other         7 a Gross amount from askes of assets other than inventory       (ii) Securities       (iii) Other         b Less: cost or other basis and sake sequences       (iii) Securities       (iii) Other         a Gross income from fundualing events (not including \$							
7 a Gross amount from sales of assess coner than inventory       0) Securbes       0) Other         assess coner than inventory       0       0         b Lest: cost of other basis and sales expenses       0       0         c Gain or (oss)       0       0         d Net gain or (loss)       0       0         a Gross income from fundhalsing events       0         a Gross income from gaming activities. See Part IV, line 19       0         b Less: drotet expenses       0         c Net income or (loss) from gaming activities       0         a dialowances       0       0         b Less: cost of goods sold       0         c Net income or (loss) from sales of inventory       0         d Net income or (loss) from sales of inventory       0         Mactelemous Reverse       0		đ		Þ			
assets other than inventory		7.8		xher			
and sales expenses			assets other than inventory				
Gain or (loss)     d     Net gain or (loss)     a     Gross income from fundralising events (not     including \$of     contributions reported on line 1c). See     Part IV, line 18     b Less: direct expanses     b     c Net income or (loss) from fundralising events     9 a Gross income from gaming activities. See     Part IV, line 10     b Less: direct expanses     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     b     c Not income or (loss) from gaming activities     c     d All other revenue     e Total. Add lines 11a11d     F 7, 820.		Þ	Less: cost or other basis				
a Net gain or (loss) <ul> <li>a Gross income from fundraising events (not including \$</li></ul>			and sales expenses				
8 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       a         b       Less: dract expanses       b         c       Net income or (loss) from fundraising events       b         9 a       Gross income from gaming activities. See Part IV, line 19       b         b       Less: dract expanses       b         e       Net income or (loss) from gaming activities. See Part IV, line 19       b         a       b       Less: dract expanses       b         e       Net income or (loss) from gaming activities       b       c         10 a       Gross takes of inventory, less Ntums and allowances       a       c         b       Less: cost of goods sold       b       c         c       Net income or (loss) from sales of inventory       b       c         Miscelaneous Revenue       Business Code       7,820.         b							
including \$		d	Net gain or (loss)	•			
c       Net income or (loss) from fundhaising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         b       b         c       Net income or (loss) from gaming activities         0 a       Gross sales of inventory, less returns and allowances         a       b         b       Less: cost of goods sold         b       b         Miscelaneous Revenue       Business Code         11 a       OTHER INCOME       611600         c       d       All other revenue         e       Total. Add lines 11a-11d	3	8 a					
c       Net income or (loss) from fundhaising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         b       b         c       Net income or (loss) from gaming activities         0 a       Gross sales of inventory, less returns and allowances         a       b         b       Less: cost of goods sold         b       b         Miscelaneous Revenue       Business Code         11 a       OTHER INCOME       611600         c       d       All other revenue         e       Total. Add lines 11a-11d	2						
c       Net income or (loss) from fundhaising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         b       b         c       Net income or (loss) from gaming activities         0 a       Gross sales of inventory, less returns and allowances         a       b         b       Less: cost of goods sold         b       b         Miscelaneous Revenue       Business Code         11 a       OTHER INCOME       611600         c       d       All other revenue         e       Total. Add lines 11a-11d	ê						
c       Net income or (loss) from fundhaising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         b       b         c       Net income or (loss) from gaming activities         0 a       Gross sales of inventory, less returns and allowances         a       b         b       Less: cost of goods sold         b       b         Miscelaneous Revenue       Business Code         11 a       OTHER INCOME       611600         c       d       All other revenue         e       Total. Add lines 11a-11d	2		Part IV, Ine 16	_			
9 a Gross income from gaming activities. See       a         Part IV, Ine 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       >         10 a Gross sales of inventory, less returns and allowances       a         a b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       >         Miscellaneous Revenue       Business Code         11 a OTHER INCOME       611600         c       -         d Al other revenue       -         e Total, Add lines 11a-11d       >	δ			•			
Part IV, ine 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       b         10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         Miscelaneous Revenue       Business Code         Miscelaneous Revenue       611600         c					-		
b Less: direct expenses b   c Net income or (loss) from garning activities   10 a Gross sales of inventory, less returns   and allowances   and allowances   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a OTHER INCOME   611600   7,820.							
c       Net income or (loss) from gaming activities       ►           10 a       Gross sales of inventory, less returns and allowances       a            and allowances       a                b       Less: cost of goods sold       b		ь					
and allowances a b less: cost of goods sold b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory c b c c c c c c c c c c c c c c c c c							
b       Less: cost of goods sold       b		10 a	Gross sales of inventory, less returns				
c       Net income or (loss) from sales of inventory       ►         Miscelaneous Revenue       Business Code       0         11 a       OTHER INCOME       611600       7,820.         b       0       0       0         c       0       0       0         d       All other revenue       0       0         e       Total. Add lines 11a-11d       ►       7,820.			and allowancesa	A REAL PROPERTY.			
Miscelaneous Revenue         Business Code           11 a         OTHER INCOME         611600         7,820.         7,820.           b		b	Less: cost of goods sold b				
11 a     OTHER INCOME     611600     7,820.     7,820.       b	Ļ	с		-			
b b c d All other revenue 7,820.	ļ				1000		
c d All other revenue 7,820.			OTHER INCOME 611	600 7,820.			7,820.
d All other revenue e Total. Add lines 11a-11d   7,820.							
e Total Add ines 11a-11d P 7,820.		с 	All other seven in				
		a		7.820			
					0.	0.	79,991.

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# Form 990 (2008) HOUSTON COMMUNITY COLLEGE FOUNDATION Part IX Statement of Functional Expenses

	All other organizations must comp	and 501(c)(4) organizat			(D).
	not include amounts reported on lines 6b, ep, pp, and top of Part VIII.	(A) Total expenses	(0) Program service expenses	(C) Management and general expenses	(D) Fundrasing
1	Grants and other assistance to governments and			and the state of the state of the	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, ine 22	2,124,507.	2,124,507.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Senefits paid to or for members				
6	Compensation of ourrent officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to dispusitied				
	persistes (as defined under section 4958(7)(1)) and				
	persons described in section 4958(c)(3)(8)				
$\langle T \rangle$	Other salaries and wages				
8	Pensian plan contributions (include section 401(x)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
60	Pagrol taxes				
11	Fees for services (non employees):				
	Management				
ь	Legal	1,619.		1,619.	_
¢	Accounting				
đ	Lobbying				
	Professional fundraising services. See Part IV, line 17			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
1	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				_
14	Information technology				
15	Poyettes				
16	Occupancy				
17	Travel				
10	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
23	Payments to affiliates	9,912.		9,912.	
22	Depreciation, depletion, and amortization	7,316.		7,716,	
23	Industance Other excenses, Berrille excenses and covered				_
м	uner expenses, itembe expenses not covered above, (Expenses grouped logether and labeled materianeous may not exceed 5% of total expenses shown on line 25 below.)				
- ăi	PROFESSIONAL SERVICES	33,482.		33,482.	
ь	GALA EXPENSE	18.637.		18,637.	
	BANK FEES	16,282.		16,282.	
đ					
0					
$\mathcal{A}$	All other expenses	29,875.	company for the second	29,875.	
215	Total functional expenses. Add lines 1 through 241	2,234,314.	2,124,507.	109,807.	
20	Joiet Costs. Check here 🕨 🛄 it tollowing				
	SOP 98-2. Complete this line only if the organization				
	reported in column (9) joint costs from a combined				
	educational campaign and fundraising solicitation				

80000 10-16-08

# Form 990 (2008) [Part X | Balance Sheet

# HOUSTON COMMUNITY COLLEGE FOUNDATION

74-1885205 Page 11

					(A) Beginning of year		(R) End of year
-	1	Cash - non-interest-bearing			and the second second second second	1	
	2	Savings and temporary cash investments			2,312,549.	2	2,030,115
	3	Piedoes and grants receivable, net			774,533.		3,125,833
	1 Q.	Accounts receivable, net			114,0001	4	5,125,035
	3	Receivables from current and former officers.	Manager and	Carlos States			
		employees, or other related parties. Complete					
	6	Receivables from other disgualfed persons (			~		
	1 - C - 1	4958/fi(1) and persona described in section 4					
	1.1	Part II of Schedule L					
20	$ \tilde{x} $	Notes and loans receivable, net				7	
£.,	6	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	10,260.
	1 I T T T T	Land, buildings, and equipment, cost basis			4416441		
	10.000	Less: accumulated depreciation. Complete	10a	9,912.		1000	
		Part Vi of Schedule D	100	9,912.	9,912.	100	0
		Investments - publicly traded securities	1.100	212241	1,350,284.	11	1.357.037.
	11	Investments - patricity stable becontes Investments - other securities. See Part IV, Inv		A12291494+	12	4:001:001:	
	12	Investments - program related. See Part IV, In-		and the second second second			
	13			13			
	14	Intangible assets Other assets. See Part IV, Ino 11	4.472.	1. T	0.		
	15			4,451,750.	15 16	6.523.245.	
_	16	Total assets. Add lines 1 through 15 (must ec	9,901,700+		0,263,692.		
	17	Accounts payable and accrued expenses		17			
	10	Grants payable		10	7,000.		
	19	Deferred revenue		19	7,000.		
	20	Tax-exempt bond labilities			20		
5	21	Escrow account liability. Complete Part IV of 5		na se		21	
-table Des	22	Payables to current and former officers, direct					
		highest compensated employees, and disgua	Complete Part II				
20	en de	d' Schedule L				22	
	23	Secured mortgages and notes payable to univ	sated third pa	nes		23	
	24	Unescured notes and loans payable			98,987.	24	10 100
	25	Other labilities. Complete Part X of Schedule I			98,987.		58,190.
_	26	Total liabilities. Add lines 17 through 25	COLL TO		20,207.	26	65,190.
	i i	Organizations that follow SFAS 117, check	nere 🕨 LA	and complete			
8 6 1	227	lines 27 through 29, and lines 33 and 34.			148,128.	200	138,800.
5	27	Unrestricted net assets			2,941,521.	27	4,017,122.
8	20	Temporarily restricted net assets			1,263,114.	20	2.302.133.
Fund Balanc	29	Permanently restricted net assets	12-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	and the second	1,203,119.	29	2,302,133.
		Organizations that do not follow SFAS 117,	and				
8	1.1	complete lines 30 through 34.			-		
ž I	100 C	Capital stock or trust principal, or current fund		30			
Net Assets or		Paid in or capital surplus, or land, building, or		31			
Į.	1000	Retained earnings, endowment, accumulated	ncome, or oth	er tunds	4 365 565	32	6 450 AEF
	33	Total net assets or fund balances			4,352,763.	33	6,458,055.
_	34	Total labilities and net assets/fund balances Financial Statements and Reportin			4,451,750.	34	6,523,245.

			THE	140
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	-		
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	28		Х
b	Were the organization's financial statements audited by an independent accountant?	25	X	
- (c)	If "Yes" to lines 2s or 2h, does the organization have a committee that assumes responsibility for oversight of the audit,	100	12.0	
	review, or compliation of its financial statements and selection of an independent accountant?	2c	X	
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	30		X
b	If "Yes," did the organization undergo the required audit or audits?	30	Sugar	
100 C		10 Sec. 10	0.000	-

832011 12-18-08

# SCHEDULE A

(F Z)

# Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

										an approximately and a second se	www.	
Name of	the organizat	lion						E	mploye	r identification	n number	
		HOUSTON	COMMUNITY (	OLLE	GE FOU	INDATI	ON		7	74-18852	:05	
Part	Reason	for Public Char	rity Status (All organi	zations m	ust comple	te this par	1.) (see int	structions)				
The organ	ization is not:	a private foundation	because it is: (Please cl	heck only	one organi	zation.)						
1	A church, co	invention of churche	is, or association of chu	rches des	cribed in se	ection 170	0(A)(1)(A)(	0.				
2	A school des	solution 12	70(b)(1)(A)(ii). (Attach Se	chedule E.	3							
а 🖂	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(ii). (A)	ttach Sch	idule H.)	)		
4 🖂	A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in se	otion 170	(A)(1)(A)	ii). Enter	the hospital's	name,	
	city, and star	00:										
5 X	An organizat	ion operated for the	benefit of a college or u	niversity c	whed or o	perated by	r a govern	mental un	it descri	bed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organizat	ion that normally rec	eives a substantial part	of its sup;	port from a	governm	intal unit i	or from the	e general	i public descrit	ped in	
	section 170(b)(1)(A)(vi). (Complete Part II.)											
a 🗔	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	a second s		veives: (1) more than 33							and the second second second		
			notions - subject to cert									
	income and	unrelated business t	axable income (less sec	tion 511 t	ax) from bu	sinessos i	soquired b	ly the org	inization	after June 30,	1978.	
		509(a)(2). (Complete										
10	An organizat	ion organized and o	perated exclusively to te	ist for pub	lic safety.3	See sectio	in 509(a)(-	<ol><li>(see in:</li></ol>	inuction	s)		
11 📖			perated exclusively for t									
			ations described in sect				2). See see	ction 509	(a)(3). Cr	seck the box th	145	
	· · · · · ·		organization and compl							-		
_	а 🛄 Туре				se III - Fund				d 📖	_ Type III - Off		
e 📖			at the organization is not									
		-	than one or more publicit		-				9(a)(1) or	r section 509(a	((2).	
t			tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e Ili				
		rganization, check th										
9			organization accepted ar								res No	
			inectly controls, either a	ione or top	yesner wan	persons c	resonaleg	in (ii) and i	(iii) leatew		fes No	
			upported organization? n described in (i) above?							119(i)	+	
			person described in (i)		×2					110000	—	
h	deal and a second		about the organizations			www.te				1 (Min)		
	CTWYNE ON P	www.iginiwina.ori	avou ne organizations	one organ	nedevition	nihara nar						
(1) Planet	of property	(T) F (M	(iii) Type of	(iv) is the c	organization	MDid you	i notify the	(vi));	the	for the second		
	of supported nization	(iii) EIN	organization		sted in your	organizat	ion in col.	organizáti	po in col.	(Mii) Ameu suppo		
VI 98			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	00 organg U.S	A DECEMBER OF	34490		
			(see instructions))	Yes	No	Yes	No	Yes	No	1		

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Schedule A (Form 990 or 990-EZ) 2008

Total

OMB No. 1545-0047

2008 Open to Public

orm	990	or.	990-	62

Department of the Treesury Internal Revenue Service

#### Schedule A (Form 990 or 990 EZ) 2008 HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 2 upport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

I	Par	t I		5
100	_	_	-	

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support

Num fait	energines i serre energinere						
Cal	nndne ynne (or fiscal year beginning in)	(a) 2004	(b) 2005	(e) 2006	(d) 2007	(e) 2008 .	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	includo any "unuqual granta.")	388,688.	810,456.	995,335.	656,123.	5,207,055,	8,137,657,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3	388,688.	810,456.	995,335.	656,123.	5,287,055.	8,137,657.
5	The portion of total contributions			100 m 100	1000	The second second	
	by each person (other than a			1			
	governmental unit or publicly		1 I I I I		100	Contraction of the	
	supported organization) included				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	on line 1 that exceeds 2% of the			10 10 10 10	1000	and any later	
	amount shown on line 11,						
	column (f)		?				3,137,020.
6	Public Support. Subract ine 5 horn ine 4	1					5,000,637.
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(4) 2007	(6) 2008	(f) Total
7	Amounts from line 4	388,688.	810,456.	995,335.	656,123.	5,287,055.	8,137,657.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	34,900.	67,372.	97,220.	80,079.	72,171.	351,742.
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 IV.)					7,820.	7,820.
11	Total support. Add lines 7 through 10						8,497,219.
12	Gross receipts from related activities,	etc. (see instructio	(anc			12	
13	First five years. If the Form 990 is for	the organization's	first, second, this	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop						····· ► 🗖
See	tion C. Computation of Publi	ic Support Per	roentage				
14	Public support percentage for 2008 (i	ine 6, column (f) di	vided by line 11, o	olumn (f)		14	58.85 %
15	Public support percentage from 2007	Schedule A, Part /	NA, ine 26f			15	77.90 %
i6a	33 1/3% support test - 2008. If the o	rganization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies :						► 🕮
b	33 1/3% support test - 2007. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	fies as a publicly s	upported organiza	dion			►□
17a	10% -facts-and-circumstances test	- 2008. If the orga	inization did not d	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain in Par	t IV how the organ	zation
	meets the "facts and circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		► 🗆
b	10% -facts-and-circumstances test	- 2007. If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circur	instances" test, ch	eck this box and e	top here. Explain	in Part IV how the	
	organization meets the "facts and circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	n did not check a t	tox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2008

Schedule				
	 100	 And in case of the local division of the loc	 	

Contraction of the local division of the loc

1000				
100	1.00	100	100	- 1964 I.
100				

talendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2008	(d) 2007	(6) 2	2008	(0) Total
1 Gifts, grants, contributions, and							11.000
membership fees received. (Do not							
include any "unusual grants.")							
Z Gross receipts from edmissions, 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 613							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to					I		
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 · 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqual/lied persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
e Add lines 7a and 7b							
8 Public support (Langtine (chamine))		No-Contractor			26.000	a (1997)	
ection B. Total Support							
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(e) 2006	(4) 2007	(e) 2	008	(7) Total
9 Amounts from line 6							
0a 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							
<ul> <li>Add lines 10a and 10b</li> <li>Net income from unrelated business activities not included in line 10b,</li> </ul>							
whether or not the business is regularly carried on							
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
3 Total support(new lines 6, 10c, 11, and 12)							
4 First five years. If the Form 990 is for th	e organization's	s first, second, this	d, fourth, or fifth ta	ux year as a sectio	n 501(c)(2	1) organizar	tion.
check this box and stop here							
ection C. Computation of Public	Support Pe	rcentage					
5 Public support percentage for 2008 (line	8, column (f) d	ivided by line 13, o	olumn (f))		15		
8 Public support percentage from 2007 S	Contraction of the Owner water of the	and the second se			16		
ection D. Computation of Invest	ment Incom	e Percentage					
7 Investment income percentage for 2008	(line 10c, colun	nn (f) divided by lin	e 13. column (f)		17		
B Investment income percentage from 200	97 Schedule A, i	Part IV-A, line 27h			18		
9a 33 1/3% support tests - 2008. If the or	ganization did n	ot check the box of	in line 14, and line	15 is more than 3	3 1/3%, a	ind line 17	is not
more than 33 1/3%, check this box and	stop here. The	organization quali	lies as a publicly s	upported organiz	ition		
	a bib activitation	ot check a box on	line 14 or line 19a	and line 16 is mo	ce than 3	3 1/3%, an	đ
b 33 1/3% support tests - 2007. If the or	An exercise the second s	and the second second second second					
b 33 1/3% support tests - 2007. If the or line 18 is not more than 33 1/3%, check	-				orted orga	inization	

Schedule	D
(Form 990)	

Department of the Treasury

# Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. 2008 Open to Public Inspection

0x80 No. 1545-0547

10000		in 996, Parcin, and 6, 7, 6, 9, 10, 11, 07 1.	L. Historyandi
Naw	e of the organization		Employer identification number
De	rt I Organizations Maintaining Donor Advise	COLLEGE FOUNDATION	74-1885205
Pa	u		or Accounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, In	e o. Lei Donor advised funds	(b) Funds and other accounts
	Total combine of and of other	to be a set of the set of the set	following and on an accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
2	Aggregate value at end of year Did the organization inform all donors and donor advisors in	unities that the arrest hold is denote while	and de sander
0	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor a		
Phi	t II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat		west reg, server a .
	Preservation of land for public use (e.g., recreation or a		torically important land area
	Protection of natural habitat	Preservation of certify	
	Preservation of open space		
2	Complete lines 2a 2d if the organization held a qualified cont	sources contribution in the form of a contri	acution assemant on the last day
	of the tax year.		when our dependencion one rescuely
	or one way year.		Heid at the End of the Year
	Total number of conservation easements		2a
Б	Total acreace restricted by conservation easements		25
e	Number of conservation easements on a certified historic str	ucture included in (a)	
d	Number of conservation easements included in (c) acquired		24
0	Number of conservation easements modified, transferred, ref		organization during the taxable
	year b		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations, an	d
	enforcement of the conservation easements it holds?	-	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year 🕨 \$	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(i)?		
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ec		iic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		
ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service,	provide the following amounts relating to
	those items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► 3
	(ii) Assets included in Form 990, Part X		Þ š
2	If the organization received or held works of art, historical tree		gain, provide
	the following amounts required to be reported under SFAS 11		
	Revenues included in Form 990, Part VIII, line 1		► 3
b	Assets included in Form 990, Part X		▶ ३

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Schedule D (Form 990) 2008

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I

		N COMMUNITY				74-1	88520	5 P	'age <b>2</b>
Par	t III Organizations Maintaining	Collections of A	rt, Historical 1	freasures, or	Other	Similar Ass	ets (con	linued	0
3	Using the organization's accession and of	ther records, check any	/ of the following t	hat are a significa	int use of	its collection it	ems (che	ck all	
	that apply:								
a	Public exhibition	¢	Loan or e	schange program	6				
b	Scholarly research	6	Cther						
-6	Preservation for future generations								
4	Provide a description of the organization's	s collections and explai	in how they furthe	r the organization	's exemp	t purpose in Pa	et XIV.		
5	During the year, did the organization solic	it or receive donations	of art, historical to	sasures, or other	similar as	8.655			
	to be sold to raise funds rather than to be	maintained as part of t	the organization's	collection?			Yes		No.
Par	t IV Trust, Escrow and Custod	ial Arrangements	. Complete il orga	inization answere	d "Yes" f	o Form 990, Pa	ist IV, line	9, 67	
-	reported an amount on Form 990,	Part X, line 21.							
1a	is the organization an agent, trustee, cust	odian or other intermed	Sary for contributi-	ons or other asse	ts not inc	luded			
	on Form 990, Part X?		-				Yes		No.
ь	If "Yes," explain the arrangement in Part 2	IV and complete the fo	ilowing table:						
			-				Amoun	<u> </u>	
ė.	Beginning balance					10			
d	Additions during the year					1d			
	Distributions during the year					10			
	Ending balance					11			
2.0	Did the organization include an amount or	Form 990, Part X, line	217				Yes		No
	If "Yes," explain the assancement in Part 2							-	
Par			red "Yes" to Form	990, Part IV, line	10.				
-		(a) Current year	(b) Prior year			Three years back	Let Four	- VIBBOR	back
1	Beginning of year balance	4204635.	1-	1-1-1-1-1-1-1			(a) · · · ·	-	
	Contributions	4066955.							
	Investment earnings or losses						-	-	-
~	Grants or scholarships	1952335.			_	-	-	-	-
	Other expenditures for facilities	2752555			-			_	_
*					3		12.24		
	and programs Administrative expenses						-	_	_
		6319255.			-		-		-
100	End of year balance Provide the estimated percentage of the y	· · · · · · · · · · · · · · · · · · ·			_		-		_
			a:						
	Board designated or quasi-endowment Permanent endowment 36.43	and the second se	-79						
	a property of the second se	79							
	Term endowment	-79							
30		session of the organiza	soon that are need	and administered	2 FOR UNE 1	rganzation	ſ	Yes	M.L.
	by:						0.00	Tes	X
	(i) unrelated organizations						30()	$\rightarrow$	X
	(ii) related organizations		- A-1				30(1)	$\rightarrow$	<u>^</u>
	If "Yes" to 3a(ii), are the related organization						30		
4 Par	Describe in Part XIV the intended uses of t t VI Investments - Land, Buildi			A R					
Par			and the second se						
	Description of investment	(a) Cost or of		it or other	(c) Depr	eciation	(d) Booi	c velue	0
		basis (investr	vent) bási	s (other)					
	Land								
	Buildings								
	Leasehold improvements			0.010					0
	Equipment			9,912.		9,912.			0.
	Other								

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (D), line 10(c),)

▶ 0 . Schedule D (Form 990) 2008

Part VII Investments - Other Securities			
(a) Description of security or category	the second s		hod of valuation:
(including name of security)	(b) Book value		Hof year market value
Enancial derivatives and other financial products			
Dosely-held equity interests			
Zher			
etal. (Col (b) should equal Form 990, Part X, col (b) line 12.			
Part VIII Investments - Program Related	1. See Form 990, Part X, Ine	13.	committee
(a) Description of investment type	(b) Bools value		hod of valuation. I of year market value
		1,100,10,000	
	-		
Tetal. (Col (b) should equal Form (90, Part X, col (6) line 13.) Part 1X   Other Assets, See From 900 Part X		6-2-	
Part IX         Other Assets.         See Form 990, Part X.		6	(b) Hook value
	line 15.		(b) Book value
	line 15.		(b) Book value
	line 15.		(b) Book value
	line 15.		(b) Block value
	line 15.		(b) Book value
	line 15.		(b) Book value
	line 15.		(b) Ekocik viatue
	line 15.		(b) Book yatur
	line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X.	Ine 15. (a) Description		
Part IX Other Assets. See Form 990, Part X.	Sne 15. (a) Description 9) line 15.)		(b) Ekcek value
Part IX Other Assets. See Form 990, Part X.	Sne 15. (a) Description 9) line 15.)	(b) WHOLE	
Part IX Other Assets. See Form 990. Part X. otel. (Column (b) should equal Form 990, Part X. col if Part X: Other Liabilities. See Form 990, Part (a) Description of liability edecal income laxes	Sne 15. (a) Description 9) line 15.)		
Part IX Other Assets. See Form 990. Part X. otel. (Column (b) should equal Form 990, Part X. col if Part X: Other Liabilities. See Form 990, Part (a) Description of liability edecal income laxes	Sne 15. (a) Description 9) line 15.)	(b) AMOUNT 58,190.	
Part IX Other Assets, See Form 990, Part X. otel. (Column (b) should equal Form 990, Part X, col if Part X: Other Liabilities, See Form 990, Part (a) Description of liability edecal income laxes	Sne 15. (a) Description 9) line 15.)		
Part IX Other Assets, See Form 990, Part X. otel. (Column (b) should equal Form 990, Part X, col if Part X: Other Liabilities, See Form 990, Part (a) Description of liability edecal income laxes	Sne 15. (a) Description 9) line 15.)		
Part IX Other Assets. See Form 990, Part X. otel. (Column (b) should equal Form 990, Part X, col /) Part X: Other Liabilities. See Form 990, Part (a) Description of hability ederal income laxes	Sne 15. (a) Description 9) line 15.)		
Part IX     Other Assets. See Form 990, Part X.       otal. (Column (b) should equal Form 990, Part X. col // Part X:     Other Liabilities. See Form 990, Part X. col // Other Liabilities. See Form 990, Part (a) Description of habitity (a) Description of habitity	Sne 15. (a) Description 9) line 15.)		
Part IX     Other Assets. See Form 990, Part X.       otal. (Column (b) should equal Form 990, Part X. col // Part X:     Other Liabilities. See Form 990, Part X. col // Other Liabilities. See Form 990, Part (a) Description of habitity (a) Description of habitity	Sne 15. (a) Description 9) line 15.)		
Part IX Other Assets. See Form 990, Part X. otal. (Column (b) phouid equal Form 990, Part X, col il Part X Other Liabilities. See Form 990, Part	Sne 15. (a) Description 9) line 15.)		
Part IX     Other Assets. See Form 990, Part X.       otal. (Column (b) should equal Form 990, Part X. col // Part X:     Other Liabilities. See Form 990, Part X. col // Other Liabilities. See Form 990, Part (a) Description of habitity (a) Description of habitity	Sne 15. (a) Description 9) line 15.)		

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Schedule D (Form 990) 2008

tal revenue (Form 990, Part Vill, column (A), line 12) (al exclements (Form 990, Part IX, column (A), line 25)		tial St	the state of the state of the			
and environment (France MA). Part 10, each environ (A). Some MA:		-	1	_	4,458,	297
the temperature is denot prove a second second provide a second			2		2,234,	314
cess or (deficit) for the year. Subtract line 2 from line 1			3		2,223,	
t unroalized gains (losses) on investments			4		-118,	
nated services and use of facilities			5			
estred expenses			6			
or period adjustments			7			
지수는 것은 것 같은 것이 있는 것이 없는 것이 같이			hand a start of the second			
			and the second second		-118.	691
			and the second second second			
	ents Wit	h Rei	venue per	Return		
				11		355.
tourts included on line 1 but not on Form 990. Part Vill, line 12				1.14.001		10.545
t unmail/ed gains on investments	20	1.43	118,691			
nated services and use of facilities	20					
	and the second second second					
	Statement and a statement	-				
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				- Intelligence	4.458.	297.
	1 44					
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	in the second			-8		
	and the second second second second	_		5		
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				-	5.557	557
			-	0	616291	37.8 4
The state of the						-
	tal revenue, gains, and other support per audited financial statements tourts included on line 1 but not on Form 990. Part Vill, line 12: t unmailed gains on investments nated services and use of facilities coveries of prior year grants her (Describe in Part XIV) d lines 2a through 2d btract line 2e from line 1 ounts included on Form 990. Part VIII, line 12, but not on line 1 castnest expenses not included on Form 900. Part VIII, line 7b her (Describe in Part XIV) d lines 4a and 4b at revenue. Add lines 3 and 4c. (This should equal Form 995, Part I, line 12.) <b>IIII Reconciliation of Expenses per Audited Financial Statem</b> at expenses and losses per audited financial statements ounts included on line 1 but not on Form 990, Part IX, line 25: nated services and use of facilities or year adjustments uses reported on Form 900, Part IX, line 25: nated services and use of facilities or year adjustments uses reported on Form 900, Part IX, line 25: her (Describe in Part XIV) d lines 2a through 2d btract line 2e from line 1 ounts included on Form 900, Part IX, line 25: her (Describe in Part XIV) d lines 4a and 4b at expenses not included on Form 900, Part IX, line 7b wr (Describe in Part XIV) d lines 4a and 4b at expenses. Add lines 3 and 4c. (This should equal Form 900, Part I, line 7b wr (Describe in Part XIV) d lines 4a and 4b at expenses. Add lines 3 and 4c. (This should equal Form 900, Part I, line 7b wr (Describe in Part XIV) d lines 4a and 4b at expenses. Add lines 3 and 4c. (This should equal Form 900, Part I, line 16.) <b>IV Supplemental Information</b>	her (Describe in Part XIV) tal adjustments (nef). Add lines 4-8 tags or (deficit) for the vear per financial statements. Combine lines 3 and 9  II Reconcilitation of Revenue per Audited Financial Statements With tal revenue, gains, and other support per audited financial statements tourts included on line 1 but not on Form 900, Part Vill, line 12: t unmailed gains on investments net de services and use of facilities coveries of prior year grants net de termine 1 counts included on Form 900, Part VIII, line 12, but not on line 1 counts included on Form 900, Part VIII, line 12, but not on line 1 counts included on Form 900, Part VIII, line 12, but not on line 1 counts included on Form 900, Part VIII, line 12, but not on line 1 counts included on Form 900, Part VIII, line 75 46 there (Describe in Part XIV) 45 lines 4a and 45 lines 5a and 4c. (This should equal Form 960, Part I, line 12.) III Reconcilitation of facilities counts included on Form 900, Part IX, line 25 re (Describe in Part XIV) 4 lines 2a through 24 counts included on Form 990, Part IX, line 25 re (Describe in Part XIV) 4 lines 2a through 24 counts included on Form 990, Part IX, line 25 re (Describe in Part XIV) 4 lines 2a through 24 counts included on Form 990, Part IX, line 25 re (Describe in Part XIV) 4 lines 4a and 4b lines 2a through 24 counts included on Form 990, Part IX, line 25 re (Describe in Part XIV) 4 lines 4a and 4b lines 5a and 4c. (This should equal Form 990, Part I, line 16.) IV Supplemental Information	ter (Desoribe in Part XIV) tal actuatments (net). Add lines 4.8 tal actuated on line 1 but not on Form 990, Part Vill, line 12 t unmailed gains on investments to unstal included on line 1 but not on Form 990, Part Vill, line 12 t unmailed gains on investments to unstal included on Form 990, Part Vill, line 12 t unmailed gains on investments to unstal included on Form 990, Part Vill, line 12 t unmailed gains on investments to unstal included on Form 990, Part Vill, line 12, but not on line 1 to unstal included on Form 990, Part Vill, line 12, but not on line 1 to unstal included on Form 990, Part Vill, line 12, but not on line 1 to unstal included on Form 990, Part Vill, line 12, but not on line 1 to unstal included on Form 990, Part Vill, line 12, but not on line 1 to unstal included on Form 990, Part Vill, line 12, but not on line 1 to unstal included on Form 990, Part Vill, line 12, but not on line 1 to unstal included on line 1 but not on Form 990, Part IX, line 25; thated services and use of facilities to year situatments to use 1 actuated bate per audited financial statements to use a model on Form 990, Part IX, line 25; thated services and use of facilities to year situatments to use 1 actuated on Form 990, Part IX, line 25; thated tens 2a through 2d thread lines 2a through 2d thread lines 2a through 2d thread lines 2a through 2d thread in the 1 actuated on Form 990, Part IX, line 25; thated tens 2a through 2d thread time 2a through 2d thread time 2a through 2d thread time 3 and 4c, (This should equal Form 980, Part I, line 14 to unstal included on Form 990, Part IX, line 25; that despenses not included on Form 990, Part IX, line 7b to unstal included on Form 990, Part IX, line 7b to unstal included on Form 990, Part IX, line 7b to unstal included on Form 990, Part IX, line 7b to unstal included on Form 990, Part IX, line 7b to unstal included on Form 990, Part IX, line 7b to unstal included on F	her (Describe in Part XIV)  tal adjustments (net). Add lines 4.8  page or (defablic for the year per financial statements, Compare lines 3 and 9  it)  it (Pecconciliation of Revenue per Audited Financial Statements With Revenue per stat revenue, gains, and other support per audited financial statements operating and use of teolities  t unmailed gains on investments  net (Describe in Part XIV)  d lines 2a through 2d  three (Describe in Part XIV)  d lines 2a through 2d  tervenue. Add lines 3 and 4e. (This should equal Form 990, Part II, line 12.)  III Reconciliation of Expenses per Audited Financial Statements With Expenses per al expresses and lose of facilities  counts included on Form 990, Part VIII, line 12, but not on line 1  extrement expenses and loses of facilities  counts included on Form 990, Part VIII, line 12, but not on line 1  extrement expenses and loses of facilities  counts included on Form 990, Part VIII, line 12, but not on line 1  extremest add lines 3 and 4e. (This should equal Form 990, Part I, line 12.)  III Reconciliation of Expenses per Audited Financial Statements With Expenses per al expresses and loses per audited financial statements  counts included on Form 990, Part IX, line 25  rever (Describe in Part XIV)  d lines 2a through 2d  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25  rever adjustments  same reported on Form 990, Part IX, line 25	her Describe in Part XIV)  a adjustments (net). Add lines 4.8  bits adjustments (net). Adjustments (net). (net).  bits adjustments (net). Adjustments (net).  bits adjustments (net). (net).  bits adjustments (net). (net).  bits adjustments (net).  bits adjustmen	her (Describe in Plet XN)       B      Constant and the statements (Contained in the statements (Contai

Schedule D (Form 990) 2008

832054 10-25-08

SCHEDULE I			<b>C</b>			_		QMENo. 1945-0047
(Form 990)				nents, and Individ	e to Organization Juals in the U.S.	s.		2008
Department of the Treasury Internal Revenue Service		Compl	lete if the organizatio	n answered "Yes Attach to For		art IV, lines 21 or 22.		Open to Public Inspection
Name of the organizat	Sion							Employer identification number
			COLLEGE FOU	NDATION				74-1885205
Part   General	nformation on Grants a	nd Assistance						
1 Does the organi	ization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibili	ly for the grants or as-	sistance, and the sele	ation
criteria used to	award the grants or assi	stance?	-					X Yes No
2 Describe in Part	IV the organization's pe	ocedures for monit	loring the use of grant	funds in the Unite	d States.			
and the second sec	d Other Assistance to			the second se		anization answered "	res' on Form 990, Pa	rt IV, line 21, for any
	that received more than							
	ddress of organization wernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total num	ber of section 501(c)(3)	and government or	rganizations					
3 Enter total num	ber of other organization	115						•

Schedule I (Form 990) 2008

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

#### HOUSTON COMMUNITY COLLEGE FOUNDATION Schedule I (Form 990) 2008

74-1885205

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22, Use Schedule I-1 (Form 990) if additional space is needed.

HOLARSHIPS TO NEEDY STUDENTS	1500				
		2,124,507.	. o.	2167	
				*	
	-				
Part IV Supplemental Information. Complete this part to prov	de the informatio	n required in Part I,	Ine 2, and any othe	r additional information.	
CHEDULE I, PART I, LINE 2: THE FO	ne vez a state a state a state	n waxaa waxaa	an a		
PECIFIC DONORS WHEN SELECTING THE OMMON CRITERIA ARE MAJOR CONCENT					
F AN ESSAY, AND SUBJECT TO REVIEW	BY A SC	HOLARSHIP	COMMITTEE		

SCHEDULE J-2

(Form 990)

# **Continuation Sheet for Form 990**

OMB No. 1545-0017
2008
Open to Public Inspection

Department of the Treasury title of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A)(0) (C) (D)(E)  $(\mathbf{F})$ Name and Title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of other per from from related week. the organizations compensation and the second **North** organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization Comparent and for the set ALC: NO and related ξ. organizations **Mental** Section 20 Support Support 調査 Sec. 1 MARC ECKHART 0.50 x DIRECTOR Ο. Ο. 0. ALFRED W. LASHER, III DIRECTOR 0.50 X Ο. Ο. 0. MASSEY VILLARREAL 0.50 X Ο. Ο. DIRECTOR 0. HARRIET FOSTER DIRECTOR 0.50 X 0. Ο. 0. DR. RICHARD W. YEE 0.50 X 0. DIRECTOR Ο. 0. CECILIA HERNANDEZ 0.50 X DIRECTOR Ο. 0. 0. E. W. WRIGHT, III DIRECTOR 0.50 X Ο. 0. 0. DR. KELLY J. ZUNIGA CFRE 0. EXECUTIVE DIRECTOR х Ο. 40.00 0. MARY SPANGLER х 0. CHANCELLOR 40.00 Ο. Ο.

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

Schedule J-2 (Form 990) 2008

# NonCash Contributions

	HEDULE M orm 990)					ntributions		ŀ	049.8%				
Cepar Intern	iment of the Treasury 8 Revenue Service		► Te	To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.						2008 Open to Public Inspection			
Mare	e of the organizatio	ń			Attach to Fo	rm yau.		Employer is			mbar		
			COM	UNITY	COLLEGE	FOUNDATION	r		-1885				
Pa	rt Types of	Property	101012122		A A A A A A A A A A A A A A A A A A A	- roomonta rom			and first first rest	100 Yor 100			
	.,,			(a)	(b)	(c)		0	i)				
				Check if	Number of contributions	Revenues reported Form 990, Part VIII, In		Method of reve	determinir nues	9			
1	Art - Works of art										_		
2	Art - Historical trea	isures											
3	Art - Fractional Inte	rests											
4	Books and publica	tions			1								
6		ehold goods											
6	Gars and other ve	hicles											
7	Boats and planes												
8	Intellectual proper	ty:											
9	Securities - Public	y traded											
10	Securities - Closely	heid stock											
11	Securities - Partne	rship, LLC, or											
	trust interests	• •											
12	Securities - Miscel	aneous											
13	Qualified conserva	tion contribution											
	(historic structures	0											
14	Qualified conserva	tion contribution (o	(her)										
15	Real estate - Resid	lential											
16	Real estate - Com	nercial											
17	Real estate - Other												
18	Collectibles												
19	Food inventory												
20	Drugs and medical	supplies											
21													
22	Historical artifacts												
23	Scientific specime	16											
24	Archeological artifi	icts											
25	Other 🕨 ( I	N-KIND CON	ITR )	X	28	186,1	54.FAIF	MARKET	VALU	E			
26	Other 🕨 (		)										
27	Other 🕨 (		)										
28	Other 🕨 (		)										
29	Number of Forms 8	\$283 received by th	te organi	ization during	g the tax year f	or contributions							
	for which the organ	vization completed	Form 82	83, Part IV, I	Donee Acknow	ledgment	29						
										Yes	No		
50a	During the year, di	d the organization r	eceive b	y contributio	in any property	reported in Part I, line	is 1-28 that it	must hold for	1000	- 6			
	at least three years	from the date of the	te initial	contribution	and which is	not required to be user	d for exempt	purposes for					
	the entire holding p	wriad?							30a		Х		
	If "Yes," describe t	he arrangement in I	Part II.										
31	Does the organizat	ion have a gift acce	eptance (	policy that re	squires the rev	iew of any non-standar	d contributio	ns?	31		Х		
32 <i>a</i>	Does the organizat	ion hire or use third	l parties	or related or	ganizations to	solicit, process, or sell	noncash						
									32a		Х		
	If "Yes," describe i								1.000				
33	If the organization	did not report rever	tues in c	olumn (c) for	r a type of prop	verty for which column	(a) is checke	d,					

detcribe in Part II. UHA. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Insures Revenue Berking

Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

Employer identification number

74-1885205

HOUSTON COMMUNITY COLLEGE FOUNDATION

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WILL BE PROVIDED TO

THE EXECUTIVE DIRECTOR FOR REVIEW. ONCE THE REVIEW IS COMPLETED THE

EXECUTIVE DIRECTOR WILL SUPPLY THE 990 TO THE FULL BOARD OF DIRECTORS

DURING THE NORMAL COURSE OF BUSINESS.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS AN ANNUAL DISCLOSURE FORM THAT IS REQUIRED TO BE COMPLETED BY ALL WHO ARE AFFECTED.

FORM 990, PART VI, SECTION B, LINE 15: 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 990'S AVAILABLE THROUGH WRITTEN REQUEST TO THE ORGANIZATION. THE 990'S ARE ALSO AVAILABLE VIA THE ORGANIZATION'S WEBSITE AS WELL AS THROUGH THIRD PARTY WEBSITES SUCH AS, GUIDESTAR.

THE ORGANIZATION HAS DESIGNATED AN AUDIT COMMITTEE TO SELECT THE INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT. THE AUDIT COMMITTEE ALSO REVIEWS THE AUDIT REPORT AND IMPLEMENTS ANY CHANGES THAT ARE DEEMED NECESSARY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 822211 12:16-08 Schedule O (Form 990) 2008

SCHEDULE R (Form 990)	Attach to Form 990. To	Related Organizations be completed by organizations that	2008 Open te Public					
Department of the Treasury Internal Revenue Service		See separa	te instructions.				inspection	
Name of the organization		ITY COLLEGE FOUNDAT	ION			Employer identification number 74-1885205		
Part I Identificat	ion of Disregarded Entities							
	(A)	(8)	(C)	(D)	(E)		(7)	
	ne, address, and EIN I disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End of year ass	ets	Direct centroling entity	
			-					
						+		
						_		
		-						
Part II Identificat	tion of Related Tax-Exempt Organiz							
	(A)	(8)	(C)	(D)	(E)		(F)	
	me, address, and EIN related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charit status (f sect 501(c)(3))		Direct controlling entity	
HOUSTON COMMUNIT	Y COLLEGE SYSTEM							
3100 MAIN ST.								
HOUSTON, TX 770	02	EDUCATION	TEXAS	501C3		_		
		-						
					-	_		
		1						
		<u> </u>						

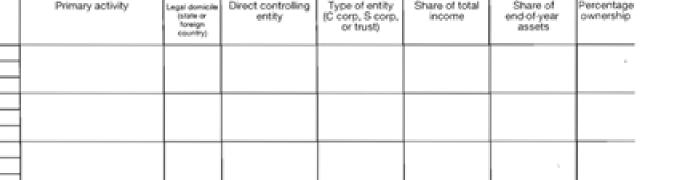
LHA. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

## Schedule R (Form 990) 2008 HOUSTON COMMUNITY COLLEGE FOUNDATION

of related organization     income     entity     entity     (related, investment, unrelated)     income     entity		(04)	(1)	(J)
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal demicile (state or toreign         Direct controlling entity         Type of entity (C corp. S corp or trust)	nd-of-year assets	Disproport ate allocati Yes M	and the second sec	boc managi dula partra
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal demicile (state-or toreign         Direct controlling entity         Type of entity (C corp. S corp or trust)				
(A) (B) (C) (D) (E) Name, address, and EIN of related organization Type of entity (C corp. S corp or trust)				
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal demicile (state or toreign         Direct controlling entity         Type of entity (C corp. S corp or trust)				
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal demicile (state-or toreign         Direct controlling entity         Type of entity (C corp. S corp or trust)				
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal demicile (state-or toreign         Direct controlling entity         Type of entity (C corp. S corp or trust)		$\square$		
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal demicile (state-or toreign         Direct controlling entity         Type of entity (C corp. S corp or trust)				
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal denicate (state-or toreign         Direct controlling entity         Type of entity (C corp, S corp or truist)		$\square$		++
(A)         (B)         (C)         (D)         (E)           Name, address, and EIN of related organization         Primary activity         Legal denicate (state-or toreign         Direct controlling entity         Type of entity (C corp, S corp or truist)				
Name, address, and EIN Primary activity Legal domicale Direct controlling Type of entity (C corp. S corp. of related organization or toreign critical toreign				
of related organization istate or entity (C corp. S corp. foreign or trust)	(F	ም)	(G)	(H)
	rp, Share c inco	of total	Share of end-of-year assets	Percenta owners?
	-			

## Part III Identification of Related Organizations Taxable as a Partnership



## Schedule R (Form 990) 2008 HOUSTON COMMUNITY COLLEGE FOUNDATION

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in	n Parts IHV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		10		Х
b Gift, grant, or capital contribution to other organization(s)		1b		Х
c Gift, grant, or capital contribution from other organization(s)		10	Х	
d Loans or loan guarantees to or for other organization(s)		1d	200	Х
Loans or loan guarantees by other organization(s)		10	_	Х
f Sale of assets to other organization(s)				х
g Purchase of assets from other organization(s)		1gi		Х
h Exchange of assets		1h	1.1	X
Lease of facilities, equipment, or other assets to other organization(s)		- 11		X
		1.00		
j Lease of facilities, equipment, or other assets from other organization(s)		- 1)		Х
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		Х
Performance of services or membership or fundraising solicitations by other organization(s)				Х
m Sharing of facilities, equipment, mailing lists, or other assets		1.0		Х
n Sharing of paid employees		10		Х
Reimbursement paid to other organization for expenses		10	-	Х
p Reimbursement paid by other organization for expenses		1p		х
				-
q Other transfer of cash or property to other organization(s)		19		X
<ul> <li>Other transfer of cash or property from other organization(s)</li> </ul>		1r		Х
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	<u>.                                    </u>		
(A) Name of other organization(s)	(B) Transaction type (ar)	(C Amount		d
(1) HOUSTON COMMUNITY COLLEGE SYSTEM	с	5	95,8	66.
(2)				
(3)		1		
(4)				
(5)				

(6)

### Schedule R (Form 990) 2008 HOUSTON COMMUNITY COLLEGE FOUNDATION

#### Part VI Unrelated Organizations Taxable as a Partnership

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 gress-revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	(B)	(C)	(0	3)	(E)	05	)	(G)	0	40
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all plaction organic	solutions? Share of end-of- year assets				amount in how 201		nal or tiging tier?
		country)	Yes	No		Yes	No	(Form 1065)	Yes	No
										<u> </u>
			-							-
										· ·
			+			-	-			
			1							
			+			-	-			
			I							
			1			1				

74-1885205 Page 4

(Rev. April 2009) Department of the Treasur		8868	
	(Rev.	April 2009)	
		ient of the Treasu Revenue Service	

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each retur
--

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► XI

<ul> <li>If you are filing for an Additional (Not Automatic) 3-Mor</li> </ul>	Ith Extension, complete only Part II (on page 2 of this form).
---	--

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-G filers), partnerships, REMIGs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit waw in condition and click on e-file for Charters & Nonprofes.

100 00 00 00 C		-					
Туре		Emp	oloyer identification number				
print	HOUSTON COMMUNITY COLLEGE FOUNDATION	7	74-1885205				
0.4.00	a date for a date for 19 year 3100 MAIN STREET, NO. 12B17						
rahus							
Chec	k type of return to be filed(file a separate application for each return):						
	Form 990         Form 990-T (corporation)         Form 47           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 50           Form 990-EZ         Form 990-T (trust other than above)         Form 60           Form 990-PF         Form 1041-A         Form 80	227 209					
	WOOD ANTHONY e books are in the care of > 3100 MAIN STREET MC 1148 - HOUSTON, TX	770	02				
Telephone No. ►       713 - 718 - 8786       FAX No. ►         • If the organization does not have an office or place of business in the United States, check this box       ►         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box         • If this is for part of the group, check this box       ►       and attach a list with the names and EINs of all members the extension will cover.							
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt <u>APRIL 15, 2010</u> , to file the exempt organization return for the organization named a is for the organization's return for: <u>Calendar year</u> or <u>X</u> tax year beginning <u>SEP 1, 2008</u> , and ending <u>AUG 31, 2009</u>		The extension				
2	If this tax year is for less than 12 months, check reason: 🗌 Initial return 🗌 Final return		Change in accounting period				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	3a	\$				
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit. Balance Due, Subtract line 3b from line 3a, include your payment with this form, or, if required,	36	\$				
	Balance Due. Subtract line 36 from line 3a, include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						
	See instructions.	34	s N/A				
		1999					

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)