TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2010

Prepared for	Houston Community College Foundation 3100 Main Street Houston, TX 77002
Prepared by	GAINER, DONNELLY & DESROCHES, LLP 5847 SAN FELIPE, SUITE 1100 HOUSTON, TX 77057
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	April 15, 2011
Special Instructions	The return should be signed and dated.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

		of the Treasury enue Service The organization may have to use a copy o	f this return to sati	•	eporting requirements.	Open to Public Inspection
Α	For the	e 2009 calendar year, or tax year beginning $$ SEP 1 , $$ 2	1009 and e	ending A	UG 31, 2010	
В	Check if applicable	use IRS			D Employer identifi	cation number
	Addre	ge print or HOUSTON COMMONITY COLLEGE F	OUNDATION	Ţ		
	Name chang	ge 1,7000 Doing Business As			74-1	885205
	Initial return Termii ated	in- Specific Instruc- 3100 MAIN STREET	o street address) F	Room/suite	E Telephone numbe (713) 718-8595
	Amen return	City or town, state or country, and ZIP + 4			G Gross receipts \$	3,224,532.
L	Applic tion pendi	HO0310N, 1X //002			H(a) Is this a group re	
	pendi	F Name and address of principal officer:DEBBIE KEA SAME AS C ABOVE	RNS		for affiliates? H(b) Are all affiliates inc	Yes X No
T	Tax-ex	xempt status: X 501(c) (3) ◀ (insert no.) 4947(a)	(1) or 527		If "No," attach a	list. (see instructions)
		ite: ► HTTP://WWW.HCCSFOUNDATION.ORG			H(c) Group exemptio	
K	Form of	f organization: X Corporation Trust Association	Other ▶	L Year o	of formation: 1976 N	$f 1$ State of legal domicile: ${f TX}$
P	art I	Summary				
Governance	1	Briefly describe the organization's mission or most significant ac QUALIFIED NEEDY STUDENTS.	tivities: <u>TO PR</u>	ROVIDE	SCHOLARSHI	PS TO
ern	1	Check this box if the organization discontinued its ope	•	ed of more	than 25% of its net as	
<u>Ş</u>	3	Number of voting members of the governing body (Part VI, line 1	,		3	34
•ర	4	Number of independent voting members of the governing body				34
Activities		Total number of employees (Part V, line 2a)				0
ξ		Total number of volunteers (estimate if necessary)				70
Ac		Total gross unrelated business revenue from Part VIII, column (C				0. 0.
	b	Net unrelated business taxable income from Form 990-T, line 34		· · · · · · · · · · · · · · · · · · ·		
ine		Contributions and marks (Dout VIII. Eng. 4 b)			Prior Year 4,378,306.	Current Year 3,093,381.
	1	Contributions and grants (Part VIII, line 1h)			4,370,300.	3,033,301.
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,171.	50,036.	
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			7,820.	-108,671.
		Total revenue - add lines 8 through 11 (must equal Part VIII, colu			4,458,297.	3,034,746.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			2,124,507.	3,098,980.
	1	Benefits paid to or for members (Part IX, column (A), line 4)				
s	1	Salaries, other compensation, employee benefits (Part IX, column	n (A) lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
ē	b	Total fundraising expenses (Part IX, column (D), line 25)				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			109,807.	383,106.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A),			2,234,314.	3,482,086.
	19	Revenue less expenses. Subtract line 18 from line 12			2,223,983.	-447,340.
or				Вес	inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			6,523,245.	6,330,234.
AS Por	21	Total liabilities (Part X, line 26)			65,190.	241,679.
		Net assets or fund balances. Subtract line 21 from line 20			6,458,055.	6,088,555.
P	art II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accommon and confidence of preparer (other than officer) is based on all information of the confidence of the	npanying schedules and of which preparer has an	l statements, a ly knowledge.	•	
Sig	n	- New Years			3-23 Date	r-11
Hei	re	Signature of officer			Date	
		DEBBIE KEARNS, DIRECTOR				
		Type or print name and title				
Pai	d	Preparer's /). 11. I Thanks	Date	Che self-	(see ins	er's identifying number structions)
	- parer's	signature William & Theodor Firm's name (or CAINED DONNETTY & DECR		/11 emp	oloyed 🕨 💹	~~FFF4~
	Only	vours if GAINER, DONNELLY & DESR	•	ıΡ	EIN ► 76-	0355510
	•	self-employed), address, and HOHARON TEXT 77057	TT00			12 601 0000
		ZIP + 4 HOUSTON, TX 77057			Phone no. ► 7	13-621-8090
MA	u tha II	RS discuss this return with the preparer shown above? (see instri	((a t a m a)			1 A 1 V 1 N -

			**************************************	**************************************		

c	(Code:) (Expenses \$	including grar	nts of \$) (Revenue \$)
d	Other program servic	es. (Describe in Schedule O.)				
	(Expenses \$	including grants	of\$) (Revenue \$)	

3,098,980.

4e Total program service expenses ▶ \$

74-1885205

						Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A				1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to opposition to opposite office? If "Yes," complete Schedule C, Part I				3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Sche	edule C	C, Part	#	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete S	U		Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		,				х
٥	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.				7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Schedule D, Part III				8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule				9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-end If "Yes," complete Schedule D, Part V				10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VI			X		х	
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complet	o Scho	ndulo i		11	A	
Ĭ	Part VI.),			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	of its to	otal				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					i ein	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	of its t	otal				
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Part X, line 16? If "Yes," complete Schedule D, Part IX.	report	ed in				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa	art X.				/ESI	3772
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that a	addres	ses				
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," cor	nnloto					
12.	Schedule D, Parts XI, XII, and XIII.	ripiete			12		х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No	12		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	103	X		1:5	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?				14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais	ing, b	usines	s,			х
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization.				14b		<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance						
17	located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on				16		X
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I							Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on a contribution on and 8a? If "Yes," complete Schedule G, Part II				18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If	"Yes, "					х
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H				19 20		X
	2.4 2.6 3.34 in Lation operate one of more nospitals; if Tes, complete officulte if				ا کا	I	

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Form 990 (2009) HOUSTON COMMUNITY COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

		·		
04	Did the experiencian varieties report many than \$5,000 of warst- and other anxiety and a second		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		122
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		İ	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27		Δ
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
-	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
26	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O.	38		Х

2009) HOUSTON COMMUNITY COLLEGE FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2009) | Part V | Sta

		Tall		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		n II		R.
	U.S. Information Returns. Enter -0- if not applicable	1a .	2	-8.1	A B
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			BI:
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return		2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	nstructions)		100	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	eccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ►		401		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E	Bank and			
	Financial Accounts.		i i ald		
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited	APC II		
_	Tax Shelter Transaction?		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			v
	any contributions that were not tax deductible?		6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are expressed in the contribution of t	-			
_	were not tax deductible?		6b		LIVE UN
7	Organizations that may receive deductible contributions under section 170(c).		Carrie		20.00
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for granified to the payment.		7.		х
h	provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		76		
·	to file Form 8282?		7c		x
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		01.00
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				
Ü	benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h	1	Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				- neinv
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce				
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			I SHA	033
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		J.	
11	Section 501(c)(12) organizations. Enter:	6		67Y 1	
	Gross income from members or shareholders	11a		I II II I	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		=70.11		
	amounts due or received from them.)	11b		100	ng.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Form 990 (2009)

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

a Enter the number of voting members of the governing body be Enter the number of voting members that are independent control to the comment of voting members that are independent discovered to the control of the co	Sec	tion A. Governing Body and Management				
b Enter the number of voting members that are independent Did any officer, director, frusteo, or key employee have a family relationship or a business relationship with any other officer, director, frusteo, or key employee have a family relationship or a business relationship with any other officer, director, frusteo, or key employee? 3 Did the organization delegate control over management durities outstimatily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have members of the organizational documents since the prior Form 990 was filed? 5 Did the organization have members as otherholders? 6 Does the organization have members of stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If Yes, "provide the names and addresses in Schedule O 12 Section B. Policies (The Section B reguests information about policies not required by the internal Revenue Code) 13 Describes organization have local chapters, branches, or affiliates? 14 Describes organization have written policies and procedures governing body before filing the form? 15 Describe in Schedule O the process, if any, used by the organization of its organization and desistent with those of the organization? 16 Describe in Schedule O the process, if any, used by the organization of the deliberation and desistent? 17 Lest the organization have a written ordinate in the progenization of the deliberation and d				Yes	No	
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization designed 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? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members a stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Bis X 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maning address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B reguests information about policies not required by the Internal Revenue Code.) 5 Expensive the following of the process of the process of the process of the process, and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Describe organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Has the organization have a written policious and procedures govern	1a					
and fiction, circector, trustee, or key employee? 3 Did the organization delegate contral 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have marked uning the year of a material diversion of the reganization saseste? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 To provide the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 To provide the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 To provide the organization have the provide the following by the following: 10 To provide the organization that authority to act on behalf of the governing body? 10 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 To provide the organization have local chapters, branches, or affiliates? 10 To provide the organization have local chapters, branches, or affiliates? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 13 To provide the organization have a written provide the organization of t	b	Enter the number of voting members that are independent				
3 Dit the organization delegate control over management dulles customarily performed by or under the direct supervision of officers, directors or frustees, or key employees to a management company or other person? 4 Did the organization was way significant changes to its organizational documents since the prior Form 990 was filled? 4 X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 X 7a Does the organization have members, stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons, or the presons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director, frustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's making address? If Yes, "provide the names and addresses in Schedule O 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have viniten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with these of the organization? 10b If "Yes," does the organization have written polices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with these of the organization? 10c Does the organization have a written polices and procedures governing between the policy? If Yes, "the soft of the governing body before filing the form? 11 As the organization have a written world of interest policy? If Yes, "to to line 13 12a Does the organization have a written world of interest policy	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
d officers, directors or trustees, or key employees to a management company or other person? 4		officer, director, trustee, or key employee?	2		_X_	
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Does the organization have a written document retention and destruction policy? 14			-			
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statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	19	·	nd fins	ncial		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			11110	iviai		
KELLY ZUNIGA - 713-718-8596	20	·	tion [,]	•		
	20	KELLY ZUNIGA - 713-718-8596		-		
3100 MAIN STREET, 12TH FLOOR, HOUSTON, TX 77002						

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	(C) Position		(D) Reportable	(E) Reportable	(F) Estimated				
Number and Tibe	hours	<u> </u>	(check all that apply)		compensation	compensation from related	amount of other			
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
GINGER RENFROE BLANTON		T				T				
PRESIDENT	0.50	X		X				0.	0.	0.
PENNY BUTLER									_	
1ST VICE PRESIDENT	0.50	X		X				0.	0.	0.
CHARLES R. (BOB) BELLOMY	1							_	_	
SECRETARY	0.50	X		X		<u> </u>		0.	0.	0.
MICHAEL S. PARMET								_	_	_
TREASURER	0.50	X		X	ļ	<u> </u>	<u> </u>	0.	0.	0.
SHARON M. ADAMS										
DIRECTOR	0.50	X	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
CHRISTOPHER ASHBY	0.50			ŀ						•
DIRECTOR	0.50	X	ļ	ļ		<u> </u>	<u> </u>	0.	0.	0.
TRAVIS C. BROESCHE	0.50	,,		ŀ						0
DIRECTOR	0.50	X		ļ		<u> </u>	ļ	0.	0.	0.
JESSE BROWN	0.50	177						0.	0.	^
DIRECTOR	0.50	X	-	<u> </u>			-	Ų .	U •	0.
JUDGE ALFRED J. CALLOWAY DIRECTOR	0.50	x						0.	0.	0.
TONY CHASE	1 0.30	<u> </u>			<u> </u>	 		0.	U •	0.
DIRECTOR	0.50	x						0.	0.	0.
HANK COLEMAN	+ 3.30	 	-		-	├─	 	•	<u> </u>	
DIRECTOR	0.50	x						0.	0.	0.
MARC ECKHART	1	 	<u> </u>		 	 	<u> </u>			
DIRECTOR	0.50	Х						0.	0.	0.
HARRIET FOST		T				T				
DIRECTOR	0.50	X						0.	0.	0.
MARC E. GROSSBERG						\Box				
DIRECTOR	0.50	X						0.	0.	0.
JOHN L. GUESS, III										
DIRECTOR	0.50	X						0.	0.	0.
ALAN HELFMAN										
DIRECTOR	0.50	X				L	L	0.	0.	0.
HARRY D. HOLMES										
DIRECTOR	0.50	X					<u> </u>	0.	0.	0.
000007 00 04 10										Earm 990 (2000)

932007 02-04-10 Form **990** (2009)

Part VII Section A. Officers, Directors, Tre	ustees, Key E	mpl	oyee	es, a	nd	High	est	Compensated Employ	ees (continued)			
(A)	(B)			(6	C)			(D)	(E)		(F)	
Name and title	Average			Pos				Reportable	Reportable		Estima	
	hours per week	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	Ť	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amoun othe compens from t organiza and rela	er sation he ation
		Individ	Institu	Officer	Кеу еп	Highes	Former				organiza	tions
SUEWAN JOHNSON		╁	T	<u> </u>		T	T			+		
DIRECTOR	0.50	X						0.	C	•		0.
NICOLAS KANELLOS												
DIRECTOR	0.50	X	<u> </u>	ļ		1_	_	0.	C	-		0.
DEBORAH T. KEARNS	0.50	x	l						•			^
DIRECTOR STEPHEN L KLINEBERG	0.50	10	<u> </u>	├	├	┼	┼	0.	0	-		0.
DIRECTOR	0.50	x						0.	O			0.
ALFRED W. LASHER III	0.30	+==	 	 	┢	\vdash	╁			╫		· ·
DIRECTOR	0.50	x						0.	0			0.
STEPHEN H. LE		T	Г			T	T			T		
DIRECTOR	0.50	X						0.	0			0.
GIGI LEE		l								l		_
DIRECTOR	0.50	X	<u> </u>		<u> </u>	 	<u> </u>	0.	0	-		0.
HERMAN LITT DIRECTOR	0.50	x						0.	0			0.
ARTURO G. MICHEL	0.30	1	-		┢	\vdash	ļ	V •		+		0.
DIRECTOR	0.50	x						0.	0			0.
RAO RATNALA						 	 		_	+	***********	
DIRECTOR	0.50	X						0.	0			0.
1b Total						>		0.	0			0.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	,000 in reportable			_
compensation from the organization			_	_		_				_	Lv	0
3 Did the organization list any former officer.	diroctor or two		. Iro				~ · ·				Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										100	3	x
4 For any individual listed on line 1a, is the su								her compensation from t		8		
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or										18		
the organization? If "Yes," complete Scheo	ule J for such	pers	on .								5	X
Section B. Independent Contractors												
 Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than t	\$100,000 of compe	nsati	on from	
(A) Name and business	addrasa	***************************************	***************************************					(B) Description of se			(C)	
Name and business	addless						\dashv	Description of si	ervices	CON	npensati	On

						··········						
							\dashv	······································				
***************************************							\dashv					
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	sted	l above) who received m	ore than			
\$100,000 in compensation from the organi						0			572			

HOUSTON COMMUNITY COLLEGE FOUNDATION

		Statement of never			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above	1c 1d 1d 1e 1s, and 1f 1a-1f; \$	2629398. 267,152.	3093381.			513, or 514
Program Service Revenue	2 a b c d e f	All other program service reve	nue					
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inte	rest, a nd	50,036.			50,036.
	6 a	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Real	(ii) Person a l				
Other Revenue	d 8 a b	Net gain or (loss) Gross income from fundraising including \$ 463,9 contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	g events (not 83 • of 1c). See	62,400.	-127,386.			-127386.
	9 a b c 10 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gami Gross sales of inventory, less and allowances	tivities. See a ting activities returns	>				
		Net income or (loss) from sales Miscellaneous Revenue OTHER INCOME	of inventory .		18,715.			18,715.
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		>	18,715. 3034746.	0.	0.	-58,635.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 78, 8b, 8b, and 16b of Part VIII. Gests and other assistance to governments and opportunities of programments and opportunities of programments of constitutions in the U.S. See Part VI, line 21 Grants and other assistance to individuals in the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or constitutions of common of the constitution of common of the U.S. See Part VI, line 15 and 15 Berefits paid to or for members or common of common of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or common of common of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or common of common of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or common of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or common of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or common of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or common of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members of the U.S. See Part VIII. Inter 15 and 15 Berefits paid to or for members or common of the U.S. See Part VIII. Inter 15 Provide sales and value of the section 401(b) and section 403(b) employee contributions (includes and value) and value of the		All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
crantation in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 23 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 31 and 16 Benefits paid to or for memburs Compensation of current officers, directors, trustees, and key emptyoes Compensation not included above, to desiqualified persons the settlend under section 4986(r)(3)(B) Other campiose and vagoes Pension plan contributions (include section 491(k) and persons discribed in section 493(b) employer contributions) Other employee bonefits Other provides and vagoes Pension plan contributions (include section 491(k) and persons discribed in section 493(b) employer contributions) Other employee bonefits Peoplo of services (non-employees): a Management b Legal				Program service	Management and	Fundraising			
2 Cantals and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 51 fand 16 4 Benefits paid to or for members Compensation of furnised above, to disqualified presents governments and key employees Compensation of unrised dalabove, to disqualified presents described in section 4988(ft(1) and persons described in section 401(8) and section 400(8) employee contributions; 7 Other employee benefits Payroll taxes 1 Feas for services (non-employees):	1	Grants and other assistance to governments and							
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Form 990 (2009)
Part X | Balance Sheet

L.	Balance Sheet	(A) Beginning of year		(B) End of year
1 0	Cash - non-interest-bearing		1	
	Savings and temporary cash investments		2	2,502,539.
	Pledges and grants receivable, net		3	1,855,118
	occounts receivable, net		4	
4	Receivables from current and former officers, directors, trustees, key			
1	mployees, and highest compensated employees. Complete Part II			
0	f Schedule L		5	
6 F	Receivables from other disqualified persons (as defined under section		Han Vill	
4	958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
P	Part II of Schedule L		6	
ع 7 N	lotes and loans receivable, net		7	
Assets Assets Assets	nventories for sale or use		8	
⋖ 9 ₽	Prepaid expenses and deferred charges	1 10 260	9	
10a L	and, buildings, and equipment: cost or other			
b	asis. Complete Part VI of Schedule D10a			
b L	ess: accumulated depreciation 10b	0.	10c	
11 Ir	nvestments - publicly traded securities	1,357,037.	11	1,972,577.
12 Ir	nvestments - other securities. See Part IV, line 11		12	
13 ir	nvestments - program-related. See Part IV, line 11		13	
14 Ir	ntangible assets		14	_
15 C	Other assets. See Part IV, line 11		15	
16 T	otal assets. Add lines 1 through 15 (must equal line 34)	6,523,245.	16	6,330,234.
17 A	ccounts payable and accrued expenses		17	
18 G	Grants payable		18	
19 D	Deferred revenue	7,000.	19	
20 T	ax-exempt bond liabilities		20	
ဖွံ့ 21 E	scrow or custodial account liability. Complete Part IV of Schedule D		21	
≣ 22 P	ayables to current and former officers, directors, trustees, key employees,		-17-40	
21 22 P h	ighest compensated employees, and disqualified persons. Complete Part I			
- 0	f Schedule L		22	
1	Secured mortgages and notes payable to unrelated third parties		23	Holding Co. 18
	Insecured notes and loans payable to unrelated third parties		24	
25 C	Other liabilities. Complete Part X of Schedule D	58,190.	25	241,679.
	otal liabilities. Add lines 17 through 25	65,190.	26	241,679.
	Organizations that follow SFAS 117, check here $lackbrack oxedsymbol{oxed{X}}$ and complete		and a	
S I	nes 27 through 29, and lines 33 and 34.			
E 27 U	Inrestricted net assets		27	119,926.
® 28 T	emporarily restricted net assets	4,017,122.	28	3,177,064.
29 P	Permanently restricted net assets	2,302,133.	29	2,791,565.
<u> </u>	organizations that do not follow SFAS 117, check here			
ğ c	omplete lines 30 through 34.			
\$ 30 C	Capital stock or trust principal, or current funds		30	
ğ 31 P	aid-in or capital surplus, or land, building, or equipment fund		31	
	detained earnings, endowment, accumulated income, or other funds		32	C 000 FFF
33	otal net assets or fund balances		33	6,088,555.
34 T	otal liabilities and net assets/fund balances	6,523,245.	34	6,330,234.

Form **990** (2009)

Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer identification number

		HOUSTON	N COMMUNITY C	OLLEG	E FOU	NDATI	ON		74	-1885205
Part I	Reason	for Public Cha	rity Status (All organiz	ati o ns mu	st c o mplet	e this parl	t.) See inst	tructi o ns.		
he o rgar	ization is n o t a	a private foundation	because it is: (For lines	1 through	11, check	only one b	οx.)			
1	A church, co	nventi o n of churche	es, or ass o ciati o n o f chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.		
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🔲	A hospital or	a cooperative hosp	oital service o rganizati o n	described	in section	170(b)(1)	(A)(iii).			
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne h o spital's name,
	city, and stat	e:								
5 X	An organizat	ion operated for the	benefit of a college or u	niversity o v	wned or op	erated by	a g o verni	mental uni	t describe	ed in
	section 170	(b)(1)(A)(iv). (Comp	lete Part II.)							
6	A federal, sta	ate, o r local governn	nent o r g o vernmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).			
7	An organizat	ion that normally re	ceives a substantial part	of its supp	ort from a	g o vernme	ental unit c	or from the	general p	oublic described in
	section 170(b)(1)(A)(vi). (Compl	ete Part II.)							
8	A community	trust described in	section 170(b)(1)(A)(vi).	(C o mplete	Part II.)					
9	An organizat	i o n that n o rmally re	ceives: (1) m o re than 33	1/3% o f its	support f	r o m c o ntri	butions, m	nembershi	p fees, an	d gr o ss receipts fr o m
	activities rela	ited t o its exempt fu	ıncti o ns - subject t o certa	ain excepti	ons, and (2) n o m o re	than 33 1	1/3% o f its	supp o rt f	fr o m gr o ss investment
	income and t	unrelated business	taxable inc o me (less sec	ti o n 511 ta	x) fr o m bu	sinesses a	acquired b	y the orga	ınizati o n a	fter June 30, 1975.
	See section	509(a)(2). (Complet	te Part III.)							
10 🖳	•	•	perated exclusively to te	· · · · · · · · · · · · · · · · · · ·	_					
11 📖	-		perated exclusively for the							
			zati o ns described in secti		•		2). See se c	ction 509(a)(3). Che	ck the b o x that
			g organizati o n and c o mpl	L	_					- ··· o··
	a Type		* *		e III - Func	-	-			Type III - Other
e			at the organization is not							
_			than one or more publicl						9(a)(1) o r s	secti o n 509(a)(2).
f			itten determination from		-					
		rganization, check t	this box organization accepted ai							
g			directly controls, either a							Yes No
			supported organization?							
	•	• .	on described in (i) above?							
			a pers o n described in (i)							1 1 1
h			n about the supp o rted o r							· L S. J.L
	. ,			J	V-7-					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	ı notify the	(yi) Is		(vii) Amount of
	anization	(11/211)	organization (described on lines 1-9		sted in your		ion in col.	organization (i) organiz	ed in the	support
Ü			above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	A CHEE
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				2000						
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~		干压品品品								

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support	4		Δ			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	810,456.	995,335.	656,123.	5,287,055.	3,093,381.	10,842,350.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	***************************************					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	810,456.	995,335.	656,123.	5,287,055.	3,093,381.	10,842,350.
	The portion of total contributions			000/2200			
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				F100 T T F1		
	(i)						
	amount shown on line 11,						0.000.440
	column (f)						2,820,140.
	Public support. Subtract line 5 from line 4.				DE UNE LEE		8,022,210.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	810,456.	995,335.	656,123.	5,287,055.	3,093,381.	10,842,350.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			PACINI VENEZIA		12/12/1/20	
	and income from similar sources	67,372.	97,220.	80,079.	72,171.	50,036.	366,878.
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.	18,715.	26,535.
11	Total support. Add lines 7 through 10						11,235,763.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth tax	x vear as a sectio	n 501(c)(3)	
	organization, check this box and stop	-	, , , , , , , , , , , , , , , , , , , ,				>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				····
14	Public support percentage for 2009 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	71.40 %
	Public support percentage from 2008					15	58.85 %
	33 1/3% support test - 2009.If the o					ore, check this box	
	stop here. The organization qualifies	_				· · · · · · · · · · · · · · · · · · ·	, T
b	33 1/3% support test - 2008.If the o		-				
	and stop here. The organization qual						
17 a	10% -facts-and-circumstances tes	• •					
•••	and if the organization meets the "fac	-					·
	meets the "facts-and-circumstances"			-	•	•	
L							
£.	10% -facts-and-circumstances test	_					U70 UI
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n ald not check a	box on line 13, 16	a, 16b, 1/a, or 17b,	cneck this box a	nd see instructions	<u> </u>

Pa	edule A (Form 990 or 990-EZ) 2009 I rt III Support Schedule for C	Organizations	Described in	Section 509(a	(C omplete onl	y if you checked the bo	Page 3 ox on line 9 of Part I.)
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received		<u> </u>			ļ	
L	rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				L		
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
b	securities loans, rents, royalties and income from similar sources						
	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
11	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
11 12	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.)						
11 12 13	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	•		•	•	()()	
12 13 14	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here			•	•	on 501(c)(3) organiz	
11 12 13 14	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	ic Support Pe	ercentage				>
11 12 13 14 Sec 15	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	ic Support Pe	ercentage divided by line 13,	column (f))		15	%
11 12 13 14 Sec 15 16	securities loans, rents, royalties and income from similar sources unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here cation C. Computation of Public support percentage for 2009 (Public support percentage from 2008)	ic Support Pe ine 8, column (f) c Schedule A, Par	ercentage divided by line 13, till, line 15	column (f))			>
11 12 13 14 Sec 15 16 Sec	securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here cotion C. Computation of Public support percentage for 2009 (Public support percentage from 2008 cotion D. Computation of Investigation in Public support percentage from 2008 cotion D. Computation of Investigation in Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in State Public support percentage from 2008 cotion D. Computation of Investigation in Public support percentage from 2008 cotion D. Computation of Investigation in Public support percentage from 2008 cotion D. Computation of Investigation in Public support percentage from 2008 cotion D. Computation of Investigation in Public support percentage from 2008 cotion D. Computatio	ic Support Pe ine 8, column (f) c Schedule A, Par stment Incom	ercentage divided by line 13, t III, line 15 ne Percentage	column (f))		15 16	% %
11 12 13 14 Sec 15 16 Sec 17	securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here continuous control of Public support percentage for 2009 (Public support percentage from 2008 cotion D. Computation of Investinest income percentage for 2009 (Investment income percentage for 2009 (Investment income percentage for 2008)	ic Support Pe ine 8, column (f) c Schedule A, Part stment Incom 09 (line 10c, colu	ercentage divided by line 13, t III, line 15 ae Percentage mn (f) divided by li	column (f))		15 16	% %
11 12 13 14 Sec 15 16 Sec 17 18	securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Ction C. Computation of Public support percentage from 2008. Ction D. Computation of Investment income percentage from 2008.	ic Support Peine 8, column (f) of Schedule A, Partstment Incom 09 (line 10c, colu 2008 Schedule A,	ercentage divided by line 13, till, line 15 de Percentage mn (f) divided by line Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008) Ction D. Computation of Investment income percentage from 2008 (133 1/3% support tests - 2009. If the	ic Support Perine 8, column (f) of Schedule A, Paristment Incomo 100 (line 10c, colum 2008 Schedule A, organization did	ercentage divided by line 13, at III, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, and line 1	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008). Investment income percentage from 2008. Investment income percentage from 2009.	ic Support Perine 8, column (f) of Schedule A, Paristment Incom 09 (line 10c, colu 2008 Schedule A, organization did and stop here. The	ercentage divided by line 13, at III, line 15 de Percentage mn (f) divided by line Part III, line 17 not check the box e organization quali	ne 13, column (f)) on line 14, and line	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line 1	% % % 17 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2009 (Public support percentage from 2008 extion D. Computation of Investment income percentage from 2011 investment income percentage from 2013 1/3% support tests - 2009. If the more than 33 1/3%, check this box a 2013 1/3% support tests - 2008. If the	ic Support Perine 8, column (f) of Schedule A, Paristment Incomo 109 (line 10c, column 2008 Schedule A, organization did indistop here. The organization did indistop here.	ercentage divided by line 13, at III, line 15 ae Percentage mn (f) divided by line Part III, line 17 not check the box a organization qualinot check a box or	one 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and line 1 tation here than 33 1/3%,	% % % 17 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008). Investment income percentage from 2008. Investment income percentage from 2009.	ic Support Perine 8, column (f) of Schedule A, Paristment Incomo 109 (line 10c, colu 2008 Schedule A, organization did and stop here. The organization did ack this box and stop stop hores and stop hore	divided by line 13, at III, line 15 The Percentage The Percentage The III, line 17 The part III, line 17 The percentage the box The organization quality The organization the percentage the perce	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	e 15 is more than supported organiz a, and line 16 is m as a publicly supp	15 16 17 18 33 1/3%, and line 1 tation fore than 33 1/3%, soorted organization	% % % 17 is not and

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer identification number 74-1885205

Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or pl	leasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		·
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year >	•	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e	-	***************************************
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizati	ion s financial statements that describes	the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or C	Other Similar Assets
L	Complete if the organization answered "Yes" to Form 9		Addets.
	Complete with organization anomalog in the form	500,1 (12,17,1110)	
19	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and h	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	the footnote to its financial statements that describes these it		iono dorvido, provido, irri are xiv, eno text o
b	If the organization elected, as permitted under SFAS 116, to r		oce sheet works of art, historical treasures
-	or other similar assets held for public exhibition, education, or	·	
	these items:	resource in tartification of public service	o, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
4 .	the following amounts required to be reported under SFAS 11		a gair, provide
а	Revenues included in Form 990, Part VIII, line 1	~	> \$
	Assets included in Form 990, Part X		
-	, addit a diagonal and opinion of the control of th		🗲 🔻

а	Board designated or quasi-e	ndowment -		%	
b	Permanent endowment	100.00	%		
С	Term endowment		_%		
3а	Are there endowment funds	not in the poss	session of the organiza	ation that are held and administered for the or	ga
	by:				

by:		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

The Company of the Co

	nbe in Fait XIV the intended uses of the				
Part VI	Investments - Land, Building	gs, and Equipment. Se	ee Form 990, Part X, line	10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Build	ings				
c Leas	ehold improvements				
d Equip	oment				
e Othe	r,				449
Total. Add	lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, colur	nn (B), line 10(c).)	> 1	0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation: -of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. S	ee Form 990 Part Y line	a 13	
			hod of valuation:
(a) Description of investment type	(b) Book value		-of-year market value
	<u> </u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
•			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Amount	
Federal income taxes			
DUE TO AFFILIATE		241,679.	

<u> </u>			
		Abug.	
Total (Column (b) must equal Form 990, Part X, col (B) line	251	241.679.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public

Name of the organization

Inspection Employer identification number

HOUSTON COMMUNITY COLLEGE FOUNDATION 74-1885205 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or J Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts tò (or retained by) to (or retained by) organization (ii) Activity have custody or entity (fundraiser) fundraiser from activity or control of contributions' listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 526,383. 526,383. 1 Gross receipts 463,983 463,983. 2 Less: Charitable contributions 62,400. 62,400. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 62,400. 62,400. Other direct expenses 62,400 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Sch	edule G (Form 990 or 990-EZ) 2009 HOUSTON COMMUNITY COLLEGE FOUNDATION	JN /4-188	3520		
		[Yes	No
	Indicate the percentage of gaming activity operated in:				
	The organization's facility		-		
		13b %	-		
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	ind records:			
	Name ►				
					BA
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?	15a		
	arma in a sur la constant de la cons	.			
t	of "Yes," enter the amount of gaming revenue received by the organization > and	tne amount		111	o ^m in h
_	of gaming revenue retained by the third party > \$ If "Yes," enter name and address of the third party:		100		
C	THE YES, Entername and address of the third party.			N. T	1=17
	Name ►				160
	Address ►				
46	Gaming manager information:				
10	Garning manager information.				
	Name ►				
	Garning manager compensation ▶ \$				
	Garning manager compensation				9.41
	Description of services provided				
					ST.
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				276
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			118	
	organization's own exempt activities during the tax year > \$				

Schedule G (Form 990 or 990-EZ) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

•
•

OMB No. 1545-0047

ê Employer identification number 74-1885205 Open to Public Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 3 Enter total number of other organizations
 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. HOUSTON COMMUNITY COLLEGE FOUNDATION (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I

Schedule I (Form 990) 2009

HOUSTON COMMUNITY COLLEGE FOUNDATION

Page 2

74-1885205

Schedule I (Form 990) 2009

Part III Grants and Othe

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS GIVEN TO NEEDY STUDENTS	1500	.086,860,8	.0		
olemental Information. Complete this part to p	de the informatio	on required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, FART I, LINE Z: THE FOUNDA SPECIFIC DONORS WHEN SELECTING THE REC	HOUNDATION US	S O F	SCHOLARSHIPS.	SOME OF THE	
COMMON CRITERIA ARE MAJOR CONCENTRATION,	, Z	HOURS COMPLETED,	ETED, GPA,	COMPLETION	
OF AN ESSAY, AND SUBJECT TO REVIEW	BY A	SCHOLARSHIP	COMMITTEE.		

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ➤ See the Instructions for Form 990.

Inspection

Name of the Organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer Identification number 74-1885205

Part I Continuation of Officers, D	rectors, Tr	ust	tees	s, K	ey	En	plq	oyees, and Highes	t Compensated	Employees
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours	(cl	heck	Pos all			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WALTER RIMBAU	0 50									
DIRECTOR	0.50	X	ļ	ļ	ļ	ļ		0.	0.	0.
SCOTT E. ROZZELL	0 50	-U-						0.	0.	0.
DIRECTOR	0.50	X	_			ļ		U •	U •	U •
ALI A. SABERIOON DIRECTOR	0.50	х						0.	0.	0.
LINA SABOUNI	0.30		 		├─	-	_		.	· ·
DIRECTOR	0.50	х						0.	0.	0.
SHAWN A. TAYLOR		 		<u> </u>	 				-	
DIRECTOR	0.50	х						0.	0.	0.
MASSEY VILLARREAL		<u> </u>	<u> </u>							,
DIRECTOR	0.50	X						0.	0.	0.
RICHARD W. YEE			ļ							
DIRECTOR	0.50	X						0.	0.	0.
WILIAM M. COATS								0.	0.	0.
			ļ	<u> </u>						

GENERAL STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,						ļ	<u> </u>			

SCHEDULE M (Form 990)

Noncash Contributions

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer identification number 74-1885205

Par	t I Types of Property						
		(a) Check if	(b) Number of	(c)	(d) Method of de		
		applicable	contributions	Revenues reported on Form 990, Part VIII, line 1q	reveni	-	
				, , , , , , , , , , , , , , , , , , , ,			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property					·····	
9	Securities - Publicly traded						
10	Securities - Closely held stock	<u> </u>					
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other ► (IN KIND CONTR)	X	0	267,152.	FAIR MARKET	' VAL	JE
25 26	Other ()						
27	Other (
28	Other ()						
29	Number of Forms 8283 received by the organ	ization durin	n the tax year for a	contributions			
20	for which the organization completed Form 82			1			
	To Who the erganization completes term of	,		9		Y	es No
30a	During the year, did the organization receive b	ov contributio	on any property re	ported in Part I, lines 1-28 tha	at it must hold for		
	at least three years from the date of the initial						
						30a	X
b	If "Yes," describe the arrangement in Part II.						884
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	X
	Does the organization hire or use third parties						
	contributions?					32a	X
b	If "Yes," describe in Part II.					nge 🐘	
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.	(5) 10	-2F - 2: F: -Bei			Reille	2018
	GESCHOCHT CITH.						

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HOUSTON COMMUNITY COLLEGE FOUNDATION

Employer identification number 74-1885205

FORM 990, PART VI, SECTION B, LINE 11: 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 15A: THE ORGANIZATION DETERMINES
COMPENSATION BY USING COMPARISONS OF SIMILARLY SIZED ORGANIZATIONS TO
DETERMINE A GOING MARKET RATE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
ORGANIZING DOCUMENTS AND 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.

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection OMB No. 1545-0047

▼ See separate instructions.

Employer identification number 74-1885205

HOUSTON COMMUNITY COLLEGE FOUNDATION ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

(a)	(q)	(၁)	(p)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part II ldentification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	utions (Complete if the organization ans	swered "Yes" to Form 990, Pa	ת IV, line 34 becaus	e it had one or more n	elated tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOUSTON COMMUNITY COLLEGE SYSTEM 3100 MAIN ST HOUSTON TX 77002	RDIICATION	HEXAS	50103		

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

Schedule R (Form 990) 2009

932161 02-04-10

74-1885205

Page 2

HOUSTON COMMUNITY COLLEGE FOUNDATION

Schedule R (Form 990) 2009

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

(i) General o			 	 -	 				 related	3	Percentage ownership					
(i) Code V:UBI	요선주	(0001 1110 1) 1 11							had one or more		Share of Peend-of-year or assets					
(h) Disproportion-	ate allocations?		 						 t because it					***************************************		
(g) Share of	end-of-year assets								art IV, line 34	(£)	Share of total income					
	**************************************		 		 		 	***************************************	 l Form 990, Pa	(e)	Type of entity (C corp, S corp, or trust)					
(f) Share of total									d "Yes" to						······································	
) nt income	nrelated, m tax under 512-514)	(15.0.1)							ion answere	(p)	Direct controlling entity					
(e) Predominant	(related, unrelated, excluded from tax under sections 512-514)	Sections							ne organizati	(0)	Legal domicile (state or foreign country)					
(d)									Trust (Complete if the	(q)	Primary activity					
(c)	(state or foreign country)		 			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	***************************************	 poration or 'x year.)		Prir	<u> </u>		ГТ	<u> </u>	1
(b) Primary activity									Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		Z -					
(a) Name address and FIN	of related organization		Problem (and a strong of the s						Part IV Identification of Related Org	(a)	Name, address, and EIN of related organization					

Schedule R (Form 990) 2009

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	٥ ۷
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity	1a		×
	2		×
Giff. grant, or capital contribution from other organization(s)	5	×	
	19		×
	4		×
e Loans or loan guarantees by other organization(s)			
6 Only of goods to other executivation (e)	<u> </u> =		×
	-		×
	P) #		×
h Exchange of assets	1		4 >
i Lease of facilities, equipment, or other assets to other organization(s)	<u>= </u>		4
(a) and the second of the seco	7		×
	= ¥		×
K Performance of services of membership or fundraising solicitations by other organization(s)	<u> </u>	<u> </u>	×
rendinance of services of infiling the principal services of our of services of tacilities, equipment, mailing lists, or other assets	<u> </u>		×
	<u> </u>		×
ii olianiig oi palu eniployees			
o Reimbursement paid to other organization for expenses	P	-	×
	<u></u>		×
q Other transfer of cash or property to other organization(s)	1		×
	#	_	×
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	ds.		
(a) (b) Transaction Transaction (s) type (a-t)	Amour	(c) Amount involved	q
(1) HOUSTON COMMUNITY COLLEGE		30,6	22.
(2)			
(3)			
(+)			
(5)			
(9)			
932163 02-04-10	Schedule R (Form 990) 2009	os muc	2009

74-1885205

Schedule R (Form 990) 2009 HOUSTON COMMUNITY COLLEGE FOUNDATION

Page 4

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

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

(a)	(q)	(0)	(p)	(e)	€)	(a)	(F)
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
of entity		(state of foreign country)	organizations?	year assets	Yes No	of Schedule K-1 (Form 1065)	Yes No
						Schedule R (Form 990) 2009	1 990) 2009

Form **8868**

* (Rev. January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X				
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).						
Do not o	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously fi	led Fo	rm 8868.					
Electron	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration				
required	to file Form 990-T), or an additional (not automatic) 3-more	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	tension				
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers	Associated With Cer	tain				
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he ele	ctronic filing of this f	orm,				
*	v.irs.gov/efile and click on e-file for Charities & Nonprofits									
Part I	Automatic 3-Month Extension of Time	• Only su	ıbmit original (no copies needed).							
A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	nplete						
Part I on	ly		***************************************							
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	exter	nsion of time					
to tile inc	come tax returns.			·						
Type or	Name of exempt organization			Emp	loyer identification	number				
print										
File by the	HOUSTON COMMUNITY COLLEGE I	FOUND	ATION	7	4-1885205					
due date for filing your street, and room or suite no. If a P.O. box, see instructions. 3100 MAIN STREET										
instructions	etuin. See									
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Application D.A. W. A. W										
Applicat	IOH	Return	Application			Return				
Is For	6	Code	Is For			Code				
Form 99		01	Form 990-T (corporation)			07				
Form 99		02	Form 1041-A			08				
Form 99 Form 99		03	Form 4720			09				
	0-F 0-T (sec. 401(a) or 408(a) trust)	t	Form 5227 Form 6069			10				
	0-T (trust other than above)	05 06	Form 8870			11				
r Oilli 33	KELLY ZUNIGA	1 00	FOIII 0870			12				
• Thom	ooks are in the care of > 3100 MAIN STREE	eጥ 11	2TH FLOOR - HOUSTON	ידע	77002					
	hone No. ► 713-718-8596		FAX No. ▶		. ,,,,,,					
	organization does not have an office or place of business	s in the Hr								
	is for a Group Return, enter the organization's four digit (heck this				
box >	. If it is for part of the group, check this box									
	equest an automatic 3-month (6 months for a corporation				ers the extension is	ioi.				
, ,,,		•	tion return for the organization named a		The extension					
is i	for the organization's return for:	t Organiza	tion retain to the organization harned a	DOVC.	THE EXTENSION					
 •	calendar year or									
	X tax year beginning SEP 1, 2009	an	d ending AUG 31, 2010							
	tax your bogilling	, an			_ ·					
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	ıl retur	'n					
- "F	Change in accounting period	neek reas	Oil. Land Hillar (Glast)	ii retai	"					
ـــا	and only on a coodinary period									
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 A	nter the tentative tax less any							
	nrefundable credits. See instructions.	J. 0000, C	into the terrative tax, less arry	3a	\$	0.				
*******	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja						
	timated tax payments made. Include any prior year overp	-		3b	\$	0.				
********	lance due. Subtract line 3b from line 3a. Include your pa			- 55						
	using EFTPS (Electronic Federal Tax Payment System).	-	, and the second	3с	\$	0.				
	If you are going to make an electronic fund withdrawal w									