### EXTENDED TO JULY 15, 2020

# Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending AUG 31, 2019 Open to Public Inspection

OMB No. 1545-0047

<u>A</u> F	or the	2018 calendar year, or tax year beginning $SEP\ 1$ , $2018$ and ending	AUG 31, 2019				
Во	heck if pplicable:	C Name of organization	D Employer identifie	cation number			
	Address change Name	THE EDUCATION FOUNDATION OF HARRIS CRTY	76-0	425261			
<u> </u>	_change ⊺Initial	Doing business as					
	_lreturn _Final _return/	Number and street (or P.O. box if mail is not delivered to street address)  Room/st  6300 IRVINGTON BLVD 305		713-696-8298			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u>221,078.</u>			
	]Amende return	d HOUSTON, TX 77022-5618	H(a) Is this a group re	etum			
	Applica- tion	I F Name and address of principal officer: O AMID LIDGAL	for subordinates	? Yes X No			
	pending	SAME AS C ABOVE	H(b) Are all subordinates in				
1 T	ax-exer	mpt status: X 501(c)(3) 501(c) ( ) ◀ (Insert no.) 4947(a)(1) or		list. (see instructions)			
		WWW.EDUCATIONFOUNDATION.INFO	H(c) Group exemptio				
				A State of legal domicile: TX			
		Summary					
	1 E	Briefly describe the organization's mission or most significant activities: CREATE O	PPORTUNITIES I	FOR ALL			
홠		CHILDREN BY PROMOTING THE VISION THAT EVERY C					
Governance	-	Check this box  if the organization discontinued its operations or disposed of m					
<u> </u>	i	lumber of voting members of the governing body (Part VI, line 1a)	l _ l	9			
Ĝ	i i	lumber of independent voting members of the governing body (Part VI, line 1b)		9			
•8		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		0			
ties				0			
Activities &	6 T	otal number of volunteers (estimate if necessary)		0.			
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.			
	יו מ	let unrelated business taxable income from Form 990-T, line 38					
	_ ا	N 1 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Year 174,492.	<u>Current Year</u> 207,361.			
9		Contributions and grants (Part VIII, line 1h)	13,535.	13,717.			
Revenue		Program service revenue (Part VIII, line 2g)					
چَ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2.	0.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	188,029.	221,078.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	150,650.	133,477.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
98		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Š		otal fundraising expenses (Part IX, column (D), line 25)					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	51,326.	15,982.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	201,976.	149,459.			
		Revenue less expenses. Subtract line 18 from line 12	-13,947.	71,619.			
S OF			Beginning of Current Year				
Assets Ralan	20 7	otal assets (Part X, line 16)	92,562.	153,248.			
A A		otal liabilities (Part X, line 26)	10,933.	0.			
Net		Net assets or fund balances. Subtract line 21 from line 20	81,629.	153,248.			
1 - 1114/19	. Statebooks of	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is			
true	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	<del></del>			
		Oliverhouse of affiliance					
Sig	1	Signature of officer	Date				
Her	e	JAMES EDGAR, CURRENT BOARD CHAIR					
		Type or print name and title	In.				
		Print/Type preparer's name Preparer's signature	Date Check [	PTIN			
Paid		LYDIA INABA COOK TYDIA INABA COOK	5-13-20 "self-emplo				
-		Firm's name WHITLEY PENN LLP	Firm's EIN ▶	75-2393478			
Use	Only	Firm's address 600 GULF FREEWAY, STE. 226					
		TEXAS CITY, TX 77591	Phone no. ( 4				
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No			

Form	990 (2018) THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CREATE OPPORTUNITIES FOR ALL CHILDREN BY PROMOTING THE VISION THAT
	EVERY CHILD CAN LEARN AND SUCCEED GIVEN OPPORTUNITY AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	AFTER SCHOOL INITIATIVE - AN ONGOING COLLABORATION BETWEEN THE
	EDUCATION FOUNDATION HARRIS CO. AND THE COOPERATIVE FOR AFTER-SCHOOL
	ENRICHMENT (CASE), A DIVISION OF THE HARRIS CO. DEPT OF EDUCATION, TO
	PROVIDE A MEANS OF PLACING INNOVATIVE AFTER-SCHOOL PROGRAMS IN HARRIS
	CO. PUBLIC SCHOOLS.
	10 (01 10 (01 ) 12 717
4b	(Code:) (Expenses \$10,601. including grants of \$10,601. ) (Revenue \$13,717. )
	ECOBOT CHALLENGE - A COMPETITION THAT REQUIRES 5TH, 6TH, 7TH AND 8TH
	GRADERS TO DESIGN AND BUILD ROBOTS FROM A LEGO MINDSTORMS EDUCATION NXT
	ROBOT KIT. THEY MUST THEN PROGRAM THE ROBOTS TO COMPLETE A SERIES OF
	ENVIRONMENTAL ACTIVITIES SUCH AS RECYCLING, REUSING AND REDUCING. THE
	CHALLENGE IS FREE AND OPEN TO ALL SCHOOL DISTRICTS AND COMMUNITY
	ORGANIZATIONS IN TEXAS.
4c	(Code: ) (Expenses \$ 11,000 • including grants of \$ 11,000 • ) (Revenue \$ )
70	HEADSTART - PRESCHOOL CHILDREN FROM LOW-INCOME FAMILIES PARTICIPATE IN
	A VARIETY OF EDUCATIONAL ACTIVITIES AND RECEIVE FREE VISION, HEARING,
	NUTRITION AND DEVELOPMENTAL SCREENING. THIS PROGRAM PROVIDES THESE
	CHILDREN WITH HEALTHY MEALS AND SNACKS, AND CREATES AN ENVIRONMENT FOR
	CHILDREN TO PLAY INDOOR AND OUTDOOR ACTIVITIES IN A HEALTHY SETTING.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,500.) (Revenue \$ )
40	Total program service expenses \ 141,219.

Form **990** (2018)

			Yes	<u>No</u>
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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? /f "Yes," complete Schedule C, Part /	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			~-
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	.7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		77
	Schedule D, Part III	8	_	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3.5
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.
	endowments, or quasi-endowments?  f "Yes," complete Schedule D, Part V	10	Section 18	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		24.0	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١ ا		₹.
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		4	<b> </b> ↓
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		<del> </del>
128		40-	Х	
L	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<del>  ^</del> `	
D		406		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	<del>                                     </del>	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?		<del>                                     </del>	x
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<del>                                     </del>	<del>                                     </del>
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	]	]
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>ٿ</u>		Ť
	or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		<del></del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	T		T
.5	1c 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,"	<u>"</u>	<b> </b>	<u>├</u>
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
zva b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		$t^-$
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	1
	g		<del></del>	

Form 990 (2018) THE EDUCATION FOUNDATION OF HARRIS CNTY

Part IV Checklist of Required Schedules (continued)

	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			i
	Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-70		
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			l
	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			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Janes Grane	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			100
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	<b>├</b> ^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~	director, trustee, or direct or indirect owner? [f "Yes," complete Schedule L, Part IV	28c 29	├─	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<del>                                     </del>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		<del></del>
•	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1_		٠,
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ <b>.</b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa	Note. All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance		1 22	
:NAME	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)		\$2000 \$2000 \$4000
b	· · · · · · · · · · · · · · · · · ·	)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	x	
			000	

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

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

excess parachute payment(s) during the year?

Х

14b

15

16

THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 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, Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 9 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ...... 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the g organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request Other (explain in Schedule O) X Own website Another's website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JESUS AMEZCUA - 713-696-8298

<del></del>				~~ F			======================================
6300	TRVINGTON	BLVD.	NO.	-305.	HOUSTON.	TY	77022-5618

orm 990 (2018)	THE	EDUCATION	FOUNDATION	OF	HARRIS	CNTY
U((() 33U (2U (0)		TD C CITT TOIL	T O OTIDITIE TOTI	O.L	IHHULTO	CITI

76-0425261

Page 7

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

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

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

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

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

X Check this box if neither the organizatio								I			
(A)	(B)			(C Posi	ز) ition	1		(D)	(E)	(F)	
Name and Title	Average	(do	(do not check more than one box, unless person is both an			than d	one	Reportable	Reportable compensation	Estimated	
	hours per week	offi	, unle: cer an	ss per dadi	rson i irecto	s both or/trus	n an tee)	compensation from	from related	amount of other	
	(list any	for				T T		the	organizations	compensation	
	hours for	direc				_		organization	(W-2/1099-MISC)	from the	
	related	98	stee			Safe		(W-2/1099-MISC)		organization	
	organizations	[trust	nal tri		oyee	E .				and related	
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Former			organizations	
	line)	亨	ist i	Officer	Key	E E	듄				
(1) JAMES EDGAR	1.00										
CHAIR	<del> </del>	X		X	_	<u> </u>		0.	0.	0.	
(2) FRANK HERNANDEZ	1.00										
TREASURER	1-22	X		X	_	<u> </u>	ļ	0.	0.	0.	
(3) JAMES COLBERT, JR.	1.00										
SECRETARY		X	<u> </u>	X	<u> </u>		<u> </u>	0.	0.	0.	
(4) MICHAEL PARKS	1.00	l	l				ł			_	
DIRECTOR		X	_	ļ.,	ļ	╙	_	0.	0.	0.	
(5) LAURENCE J. PAYNE	1.00	l									
DIRECTOR		X	_	ldash	<u> </u>	<u> </u>	╙	0.	0.	0.	
(6) ROLAND B. SMITH, JR., ED.D.	1.00										
DIRECTOR		X	_		<u> </u>	_	<u> </u>	0.	0.	0.	
(7) MICHAEL WOLFE	1.00		1		1	1	1		<u> </u>	_	
DIRECTOR		X	$\vdash$	<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.	
(8) ABRAHAM MASSUTTIER	1.00	ł									
DIRECTOR		X	<u> </u>	<b> </b>	<u> </u>		┡	0.	0.	0.	
(9) KIMBERLY PECK	1.00	ł					l				
DIRECTOR		X	⊢	<u> </u>	_	-	┡	0.	0.	0.	
	<u> </u>	ł			١,						
		┢	⊢		<u> </u>	┼—	├-				
		ł									
		⊢	$\vdash$		H	-	⊢	<del></del>	<del></del>		
	<u> </u>	┨		ļ	1				in the second se		
		├	├	┝	⊢	⊢	┢	<del> </del>			
·		4			l						
		ļ .	-		$\vdash$	⊢	₩.	<u> </u>			
		4			l					1	
		┢	-	<u> </u>	<del> </del>	┼	-				
	<u> </u>	1									
		├-	-	<del> </del>	$\vdash$	╀	⊢	<del>                                     </del>	<del></del>	<del> </del>	
	<u> </u>	┨		l		1				1	
		<del> </del>	$\vdash$	<u> </u>	$\vdash$	$\vdash$	┼	<del> </del>	<del> </del>		
	<u> </u>	-				1					
		1	l	<u>L</u> .	L.	l	L	l	<u> </u>	I .	

Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u> Hig</u>	ghes	t C	ompensated Employee	s (continued)		
	(A)	(B)	(C)					(D)	(E)		(F)	
	Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	- 1	Estimated
		hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation		amount of
		Week	Η.	cer an	u a di	ecto	r/orus!	(ee)	from	from related		other
		(list any hours for	Individual trustee or director						the	organizations		compensation
		related	or di	98			ated		organization	(W-2/1099-MIS	<sup>(2)</sup>	from the
		organizations	ustee	trust		99	npens		(W-2/1099-MISC)			organization and related
		below	lag t	tiona		nploy	st cor yee	<u> </u>				organizations
		line)	ndivic	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former				organizaciono
			_		_	Ť		_				
			1									
	•		$\vdash$				_	┢	<del></del>			-
			i								l	
	· ·											
			1									
	,											
			1									
											ŀ	
-	<del></del>										f	
			L	L		L	L	L				
_												
			L	l								
											Ï	•
			L									
		_										
1b Sub	o-total							<b></b>	0.	<u> </u>	0.	0.
	al from continuation sheets to Part V								0.		0.	0.
	al (add lines 1b and 1c)							<b>&gt;</b>	0.		0.	0.
2 Tota	al number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
com	pensation from the organization									·		0
												Yes No
3 Did	the organization list any former officer	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on		
line	1a? If "Yes," complete Schedule J for s	uch individual							***************************************		[	3 X
	any individual listed on line 1a, is the sa											
and	related organizations greater than \$15	0,000? If "Yes,	" cc	mple	ete S	Sche	edule	e J f	for such individual	• • • • • • • • • • • • • • • • • • • •	L	4 X
	any person listed on line 1a receive or											
rend	dered to the organization? If "Yes." con	nplete Schedul	e J f	or su	ıch ı	oers	on .					5 X
	B. Independent Contractors											
1 Con	nplete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	ion from
the	organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith o	or wi	thin	the organization's tax y	ear.		
	(A)				_				(B)	I	-	(C)
	Name and business	address	N	INC	3				Description of s	services	C	ompensation
								ļ		1		
								_	•••			
								4				· · · · · · · · · · · · · · · · · · ·
								_				
										•		
									<u> </u>		geografia.	el video Thomas coperación sustano
	al number of independent contractors (		ot lir	nited	to to		_	sted	above) who received m	ore than		
\$10	0,000 of compensation from the organi	zation►				(	<u>)                                    </u>					<b>- 000</b> (0040)

			Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र्घ स	1	а	Federated campaigns	1a				100	
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
e, j		C	Fundraising events	1c					
# Z		d	Related organizations	1d					
s, (		e	Government grants (contributi	ons) 1e					
tion I.S.		f	All other contributions, gifts, grant		:			4	
the			similar amounts not included above	ve <b>1f</b>	<u>207,361.</u>				
dit		g	Noncash contributions included in lines	1a-1f: \$	7,683.	200			
<u> </u>		h	Total. Add lines 1a-1f	_		207,361.			
					Business Code				
9	2		ECOBOT		611710	13,717.	13,717.		
e Vi		b							
n S		С							
lran 3ev		d							
Program Service Revenue		е							
ъ.			All other program service reve			12 717			
		g	Total. Add lines 2a-2f			13,/1/•			
	3		Investment income (including						
			other similar amounts)						<del>-</del> -
	4				•				
	5		Royalties	(î) Real	(ii) Personal				
		_	Gross rents		(ii) Personai			400	
	6		Gross rents Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	_	assets other than inventory	() 555411.05	(1) 5 2.10.				
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)				a marina manda da da manda da manda da manda da da manda da d	at transmit tradesia principal and a comment later action and later.	The second s
	8	а	Gross income from fundraising	g events (not					
evenue			including \$	of					
eve			contributions reported on line	1c). See					
Other R			Part IV, line 18	a					
the state		b	Less: direct expenses	b					
O		C	Net income or (loss) from fund	draising events	<b></b>	May 1930 Mayota may ya markaki mata 2000 ta		edico Pengalitika, penakhadaka	read will construct a face of the construction of
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses		L				
			Net income or (loss) from gam	_	<u>,</u>	rangushida er vandandan kirangar i samasa di	Charles of Albertana and the recommend		Caracter of the Caracter of th
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold		Ļ				
		С	Net income or (loss) from sale		<b>&gt;</b>				The state of the s
		_	Miscellaneous Revenu		Business Code				
	11				<del> </del>		-		
		b						<del> </del>	
		r C	All other revenue					<u> </u>	
			All other revenue  Total. Add lines 11a-11d					TWO STREETS	
		е	Total revenue. See instructions			221,078.	13,717.	0.	0.
	12		I OCAL I EVENUE. SEE MISH DELIVITS		·····	1 221,070+	1 20,1110	<del>_</del>	

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon:			nplete column (A).	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		одроноо	genoral expenses	одропосо
	and domestic governments. See Part IV, line 21	133,477.	133,477.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			Ì	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management			_	
b	Legal				
C	Accounting		· <u></u>		
d	Lobbying		Control Prof. by Cal. Co. of these care entire Control Control Control	a chi., with District and Control College Control State of College Control College	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		<del></del>		<del></del>
22	Depreciation, depletion, and amortization	<del></del> .			
23	Insurance			Albertalle de Company de Company	Free Comment of the C
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.)  BAD DEBT EXPENSE	7,742.	7,742.	Principle (Principle Control of Principle Control o	ASSESSED VACUUM CONTACT PROGRAMME CAN
a	THE STATE OF THE S	7,683.	1,134	7,683.	
b c	ODEDARTICA EUDEMARA	557.		557.	
c d	OT LIMITING LIMITING			337.	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	149,459.	141,219.	8,240.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization			0,240,	<del></del>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 84,820. 153,248. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 7,742. 3 0. 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ....... 10a b Less: accumulated depreciation \_\_\_\_\_\_\_10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 92,562. 153,248. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 10,933. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue \_\_\_\_ Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ...... 10,933. 0. Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 13,733. 13,415. Unrestricted net assets 27 Temporarily restricted net assets 67,896. 139,833. 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 81,629. 153,248. Total net assets or fund balances 33 33 92,562. 153,248. Total liabilities and net assets/fund balances

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (IV) Is the organization listed (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2018 THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	495,776.	900,597.	374,174.	174,492.	199,678.	2144717.				
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	9,834.	9,603.	9,812.		7,683.	36,932.				
4	Total. Add lines 1 through 3	505,610.	910,200.	383,986.	174,492.	207,361.	2181649.				
5	The portion of total contributions			100			•				
	by each person (other than a										
	governmental unit or publicly			and one							
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						957,644.				
6	Public support. Subtract line 5 from line 4.				10.55		1224005.				
Sec	ction B. Total Support					_					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	505,610.	910,200.	383,986.	174,492.	207,361.	2181649.				
8	Gross income from interest,										
	dividends, payments received on				]						
	securities loans, rents, royalties,				1						
	and income from similar sources	2,110.	124.	14.	2.	0.	2,250.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)						ļ				
11	Total support. Add lines 7 through 10		Date Callett		BY SEPTEMBER 1	6.0	2183899.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	216,943.				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)					
_	organization, check this box and sto	p here			<u> </u>		<b>&gt;</b>				
Se	organization, check this box and stoction C. Computation of Publ	ic Support Per	centage								
14	Public support percentage for 2018 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	56.05 %				
15	Public support percentage from 2017	' Schedule A, Part	II, line 14		•••••	15	<u>49.43 %</u>				
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly supp	orted organization				►X				
Ŀ	33 1/3% support test - 2017. If the	•				•					
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation							
17 <i>a</i>	10% -facts-and-circumstances test	t - <b>2018.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the "fac			•	•	-					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	l organization		▶□				
k	o 10% -facts-and-circumstances test	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or				
	more, and if the organization meets the				•		e				
	organization meets the "facts-and-cire		•	•	, ,,	***********					
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t							
					Coh	dule A /Form 990	1 AT DON E71 2010				

# Schedule A (Form 990 or 990-EZ) 2018 THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				_		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year  Add lines 7a and 7b		<del></del>			<del>                                     </del>	
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	TOTAL SERVICE STREET, CONTROL OF STREET, SERVICE STREET, SERVI	17.21 14.49 26.710 28.72 3.72	THE REPORT OF THE PROPERTY OF	23,34,28,11,147,348,27,148,27,148,27,148,27	Management are see the country of the see	· -
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4)	(2) 23 13	(0) 2010	(4) = 3	(0)2010	(v) rotar
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ			l		
	acquired after June 30, 1975	_				<u> </u>	
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L	<u> </u>			<u> </u>	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organizat	tion,
_				<u></u>			
	ction C. Computation of Publ					<del> </del>	
	Public support percentage for 2018 (		•	column (f))		15	%
						16	%
	ction D. Computation of Inves				<del>-</del> .	T := T	
	Investment income percentage for 2					17	%
18	Investment income percentage from			on line 4.4 and line		18	<u>%</u>
198	a 33 1/3% support tests - 2018. If the	•					. —
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the	e organization did r	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, ar	
	line 18 is not more than 33 1/3%, che			-		-	
20	Private foundation. If the organization	<u>Jii did not check a</u>	<u>00</u> x on line 14, 19	a, or 190, check th	iis dox and see in:	structions	

# Schedule A (Form 990 or 990-EZ) 2018 THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
45		146
79275D5222		\$100.00 pt
A11881*	激素性	3023930
2		
3a	in and the second	RAPERTORISMENT OF THE
	No.	1200
	ME.	
3b	construction of	Carrier Carrier
25		
3c		
42		LIFE STATE STATE
<b></b>	3844 B	
	241724	
4h		unicity of the second
40		
<u>4c</u>	pi Liniana	Signific
al eller		
		A.
5a	nesioners in	- muchani zali
5b		
F.		<del> </del>
	alterial.	Selfabrica
4.1		
	101	
6		l .
	2028 û	3.20 Mil.
7	S. Charles	AND SERVE
8		
	-1165	
9a	, consequence statul	- and the fill
1100	i Maria Barita	75,42 1447.5
	100 Test	
9b	181 1884 181 1884	245.0e20
9c	marks from	
<b>3</b> 0	13.65	16. 1.36.
10a		
4. 图点		15.10
	<ul> <li>■ ***************</li> </ul>	■ 3.3 × 3.7 × 3.7
	vessaesgn	
10b		1 2019

		<u>0425261</u>	<u>Pa</u>	ge <b>5</b>
Pai	t IV Supporting Organizations (continued)			
		- Jan 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	24.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		1008 - 10008 200 10	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1	(5 Majo	1000
~				110
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	CHEENES.	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1867	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	R0499545035-2 ( )	on Bolistic I
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			100
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		10.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	<del></del>	_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.		Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	<u>No</u>
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	San Page	aldam 1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	100	(1038)	26/45
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			# 45 P
	reasons for the organization's position that its supported organization(s) would have engaged in these		400	
	activities but for the organization's involvement.	2b	SAMPLE STATE	erine d
3	Parent of Supported Organizations. Answer (a) and (b) below.	17.19		New l
а				
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		- wready d
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		NA.	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	a. 469090	.2-1.80128

	dule A (Form 990 or 990-EZ) 2018 THE EDUCATION FOUNDATION			6-0425261 Page 6
1.00/20/192	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	· · · ·	art VI.) See instructions. Al
Secti	other Type III non-functionally integrated supporting organizations must co- ion A - Adjusted Net Income	mpiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<del> </del>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	•	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
-8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_ 7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8_		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2018 Pre-2018 All Markets and Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years Section 1. Control of the section of AND SOURCE STREET, SOURCE h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Part W. Supplemental Information. Provide the explanations equired by Part I, line 10; Part III, line 17 ard 17b; Part III, line 17 ard 17b; Part III, line 17 ard 17b; Part IV, Section D, line 3, 2 and 3; Part IV, Section E, line 1; Part IV, Section D, line 3, 2 and 3; Part IV, Section E, line 1; Part IV, Section D, line 3, 2 and 3; Part IV, Section E, line 1; Part IV, Section B, line 1; Part IV, Section D, line 3, and 3; Part IV, Section E, line 1; Part IV, Section B, line	Schedule A	(Form 990 or 99	90-EZ) 2018	THE ED	UCATION	FOUND	ALTON O	HARRI	S CNTY	<u>76-042</u>	<u>5261 Pa</u>	ige <b>8</b>
See instructions)	Part VI	Section D. line	es o, o, and o	nation. Pro 2, 3b, 3c, 4b, nes 2 and 3; ; and Part V,	vide the expla 4c, 5a, 6, 9a, Part IV, Section Section E, line	anations requ , 9b, 9c, 11a, on E, lines 1c es 2, 5, and 6	uired by Part II, , 11b, and 11c e, 2a, 2b, 3a, a 6. Also comple	, line 10; Part ; Part IV, Sec nd 3b; Part V ete this part f	t II, line 17a or tion B, lines 1 ′, line 1; Part V or any addition	17b; Part III, li and 2; Part IV , Section B, lir al information	ne 12; , Section C, ne 1e; Part V,	,
		(See instruction	ens.)				<u> </u>					
							<del>-</del>				_	
				<u>-</u> .								
						<del></del>						
								_				
		-										
			<del></del>	· · · · · · · · · · · · · · · · · · ·		<u>.</u>						
											<del></del>	
									<del></del>			
								_			<del></del>	
											_	
										_		
											-	
	-		- <u>-</u> -		<del></del>							
						<del></del>					<del></del>	
				·				<del>, ,</del>				<del></del>
								_				
											<u></u>	
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
									<del>,</del>			

# Schedule A

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

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
HOUSTON ENDOWMENT, INC.	975,000.	931,322
BROWN FOUNDATION	70,000.	26,322
		<del></del> -
		· · · · · · · · · · · · · · · · · · ·
·		
		<del></del> .
otal Excess Contributions to Schedule A, Part II, Line 5		957,644

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection :

**Employer identification number** 

Name of the organization

THE EDUCATION FOUNDATION OF HARRIS CNTY

76-0425261 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

		CATION FOUL		-					25261		<u>age 2</u>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, or	Other	Sim	ilar Asset	S (continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	are a sig	ınifica	nt use of its	collection i	items	
	(check all that apply):										
а	Public exhibition	d	ı 🗀	Loan or exc	hange progra	ıms					
b	Scholarly research	e	,	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	npt pu	rpose in Par	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical treas	sures, or othe	r similar	asset	3			
	to be sold to raise funds rather than to be ma								Yes		No
Par	tIV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organizatio	n answered "	'Yes" on	Form	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other ass	sets not i	nclude	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		-
		•	Ū						Amount		
С	Beginning balance						. []	С			
d	Additions during the year						. [	d			
	Distributions during the year							е			
f	Ending balance							lf			
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							******			]
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Th	ree years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation the	at are held a	nd administer	red for th	e orga	anization	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990	, Part X,	line 1	0	_		
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccum	ulated	(d) Bool	k valu	е
		basis (investi	ment)	basis	(other)		precia				
1a	Land					A PARIS		10.00			
	Buildings	1									
c	Leasehold improvements										
d	Equipment										
	Other										
Total	Add lines 1a through 1e. (Column (d) must a	agual Form 000 Part	Y colur	nn (B) line 1	(00)			<b></b>			0.

Schedule D (Form 990) 2018

ochedule D	(Form 990) 2018			N FOUNDATION	OF HARRIS	CNTY	76-0425261	Page 3
Part VII	Investments - C	Other Se	ecurities.					
	Complete if the orga	nization a	nswered "Yes" o	n Form 990, Part IV, line	11b, See Form 990	Part X, line 12	2.	
(a) Descrip	tion of security or catego			(b) Book value			t or end-of-year market	value
(1) Financia	al derivatives						<u> </u>	
( <b>2)</b> Olosely ( <b>3)</b> Other	Tield equity interests		·····			-		
			-	<del></del>				
(A)	<u> </u>		+	<u></u>				
(B)	<del></del>		+	<del></del> -				
(C)			——— <del> </del>	<u>_</u>			<del> </del>	
(D)								
(E)			+	<del></del>				
(F)								
(G)								
(H)								
	b) must equal Form 990,							170 miles (1
Part VIII	🛮 Investments - P	Program	n Related.					
	Complete if the orga	anization a	nswered "Yes" o	n Form 990, Part IV, line	11c. See Form 990	Part X, line 13	3	
	(a) Description of it	nvestmen	t	(b) Book value	(c) Method of	valuation: Cos	t or end-of-year market	value
(1)								
(2)								
(3)								
(4)	7							
(5)								
(6)			<u> </u>					
(7)								
(8)								
<u>(9)</u>	(h)1 F 000	Dank V. sal	L (D) line 40 \ \				Compared Comment	A CONTRACTOR
	(b) must equal Form 990,	, Part X, co	i. (B) lifte 13.)		100000000000000000000000000000000000000			200 (2008 - 10 c)
B Dorth I X	Other Accete							
Part IX	Other Assets.	!		. Farm 000 Dark IV II-a	444 0 5 000	Dark V. Brand	-	
Part IX		anization a		n Form 990, Part IV, line	11d. See Form 990	, Part X, line 1		volus.
		anization a		n Form 990, Part IV, line Description	11d. See Form 990	, Part X, line 1	5. <b>(b)</b> Book v	alue
(1)		anization a			11d. See Form 990	, Part X, line 1		ralue
(1) (2)		anization a			11d. See Form 990	, Part X, line 19		ralue
(1)		anization a			11d, See Form 990	, Part X, line 1		ralue
(1) (2)		anization a			11d, See Form 990	, Part X, line 1		ralue
(1) (2) (3)		anization a			11d. See Form 990	, Part X, line 1		ralue
(1) (2) (3) (4)		anization a			11d. See Form 990	, Part X, line 19		ralue
(1) (2) (3) (4) (5)		anization a			11d. See Form 990	, Part X, line 19		ralue
(1) (2) (3) (4) (5)		anization a			11d. See Form 990	, Part X, line 19		ralue
(1) (2) (3) (4) (5) (6) (7)		anization a			11d. See Form 990	, Part X, line 19		ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the orga		(a) D	Description	11d. See Form 990	, Part X, line 19		ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9)		rm 990. Pa	(a) D	Description	11d. See Form 990	, Part X, line 1		ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the orga  umn (b) must equal For Other Liabilities	rm 990. P:	(a) D	Description			(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll	Complete if the orga  umn (b) must equal For  Other Liabilities  Complete if the orga	rm 990. P:	art X. col. (B) line	Description			(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	Complete if the orga  umn (b) must equal For  Other Liabilities  Complete if the orga	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X)  1. (1) Fec (2) (3)	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X  1. (1) Fec (2) (3) (4)	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coli (Part X)  1. (1) Fec (2) (3) (4) (5)	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Cold  Part X  1. (1) Fec (2) (3) (4) (5) (6)	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X = 1) (1) Fec (2) (3) (4) (5) (6) (7)	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X  1. (1) Fec (2) (3) (4) (5) (6) (7) (8)	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X = 1) (1) Fec (2) (3) (4) (5) (6) (7)	Complete if the organization of the Complete if the organization (a) De	rm 990. Pr S. anization a	art X. col. (B) line	Description	11e or 11f. See For		(b) Book v	ralue

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 THE EDUCATION FOUNDATION		76-042	5261 Page 4
Par	TXI Reconciliation of Revenue per Audited Financial St	atements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	221,078.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	, I		
đ	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		. 3	221,078.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			•
C	Add lines 4a and 4b			221,078.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1.  **EXIL: Reconciliation of Expenses per Audited Financial S	2.) tatements With Evnenses ne	5	221,0/8.
85 <i>37</i> 8 11 1	Complete if the organization answered "Yes" on Form 990, Part IV,	-	i netam.	
1	Total expenses and losses per audited financial statements		T <sub>1</sub> T	149,460.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			110,1001
	Donated services and use of facilities	2a		
a			1.	
b	Prior year adjustments Other leases		<del></del>	
C	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		1
_	Add lines 2a through 2d			149,459.
3	Subtract line 2e from line 1		3	147,437.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			٥
	Add lines 4a and 4b			140 450
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line t XIII Supplemental Information.	18.)	5	149,459.
		14 Death William the and Oh. Deat William	and Death V. Bar	0. D. 1.V4
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		ne 4; Part X, IIne	2; Paπ XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
DAT	T X, LINE 2:			
FAI	AI A, DING 2:			<del></del>
THE	ORGANIZATION BELIEVES THAT IT HAS AP	PROPRIATE SUPPORT F	OR ANY T	'λΧ
+ + + + + +	ONOMIZETION DEDIED THE IT INC THE	ROTRIMID BOTTORT F	OK AIII	
POS	SITIONS TAKEN, AND AS SUCH, DOES NOT HE	AVE ANY UNCERTATH T	AX POSTI	TONS
	TITONO IIII III III DOUIT DOUIT III	THE CHICALITY	111 10011	10110
THA	AT ARE MATERIAL TO THE FINANCIAL STATES	MENTS.		
				<del>.</del>
				<del>, -</del> ·
				·
	W. W. C.	, , , , , , , , , , , , , , , , , , ,		

#### SCHEDULE I (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

		DATION OF H	LARRIS CNTY	Z			76-0425261
Part I General Information on Grants a	nd Assistance				,		
1 Does the organization maintain records		•	•	• • •	-	•	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro			· · · · · · · · · · · · · · · · · · ·				
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than					(f) Method of		T
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							AFTER SCHOOL CHILDREN
HARRIS COUNTY DEPARTMENT OF				1			EDUCATION PROGRAMMING,
EDUCATION - 6300 IRVINGTON BLVD -							TECHNOLOGY, INSTRUCTIONAL
HOUSTON, TX 77022-5618	74-6001215		133,477.	0.			SUPPORT SERVICES
·							
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in th	ne line 1 table				<b>&gt;</b>
3 Enter total number of other organizations	s listed in the line 1	table					

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

Schedule I (Form 990) (2018) THE EDUCATION					76-0425261	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	<b>ls.</b> Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
				·		
•						
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	e 2; Part III, column	(b); and any other ac	lditional information.		
FORM 990, SCHEDULE I, PART I, LINE	2					
THE ORGANIZATION PROVIDES GRANTS I	O HARRIS	COUNTY DEF	ARTMENT OF			
EDUCATION TO FUND SPECIFIC PROGRAM	S WITHIN	THE COUNTY	BASED ON .	A SHARED		
ANALYSIS OF NEEDS IN THE COMMUNITY	. HCDE RE	PORTS REGU	JLARLY TO T	HE		
EDUCATION FOUNDATION OF HARRIS COU						

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

18 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE EDUCATION FOUNDATION OF HARRIS CNTY

**Employer identification number** 76-0425261

THE EDUCATION FOUNDATION OF HARRID CHIT   70-0425201
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUCCEED GIVEN OPPORTUNITY AND EDUCATION.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER GRANTS
EXPENSES \$ 1,500. INCLUDING GRANTS OF \$ 1,500. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD EXCEPT
FOR THE EXECUTIVE COMMITTEE WHICH REPORTS COMMITTEE ACTIONS TO THE BOARD AT
THE NEXT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS AVAILABLE FOR REVIEW BY MEMBERS OF THE FINANCE COMMITTEE BEFORE
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED AT THE ORGANIZATION'S ANNUAL
MEETING.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED
DURING BOARD DELIBERATIONS WHICH INCLUDE REVIEW OF COMPARABILITY DATA AND
PERFORMANCE. FOR THIS CURRENT FISCAL YEAR, THIS POSITION WAS VACANT AND
THERE WERE NO OTHER EMPLOYEES EMPLOYED BY THE ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE EDUCATION FOUNDATION OF HARRIS CNTY	Employer identification number 76-0425261
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST AND FINANCIAL
STATEMENTS ARE AVAILABLE FOR PUBLIC REVIEW UPON REQUEST AT	THE
ORGANIZATON'S OFFICE.	
FORM 990, PART XII, LINE 2C:	
THE BOARD'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR AUDI	OIT OVERSIGHT.
	<del> </del>
· · · · · · · · · · · · · · · · · · ·	
<u></u>	

Form **8868** (Rev. January 2019)

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

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

#### Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print THE EDUCATION FOUNDATION OF HARRIS CNTY 76-0425261 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 6300 IRVINGTON BLVD, NO. 305 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions HOUSTON, TX 77022-5618 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return **Application** Return Application <u>ls</u> For Code Is For Code 01 Form 990-T (corporation) Form 990 or Form 990-EZ 07 Form 1041-A Form 990-BL 02 08 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 06 Form 8870 Form 990-T (trust other than above) JESUS AMEZCUA The books are in the care of ▶ 6300 IRVINGTON BLVD, NO. 305 - HOUSTON, TX 77022-5618 Telephone No. ► 713-696-8298 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for. ${\tt JULY~15}$ , ${\tt 2020}$ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning <u>SEP 1, 2018</u> $\_$ , and ending $\_$ AUG $\,$ 31 , $\,$ 2019

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less
any nonrefundable credits. See instructions.

3a \$ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and
estimated tax payments made. Include any prior year overpayment allowed as a credit.

5 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by
using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-FO and Form 8879-FO for payment

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE CENTER

OGDEN, UT 84201-0045