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

2949322611600

2019

Form **99**1 (Rev January 2020)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Depa	rtment o	f the Treasury	it .	security numbers on this torn v/Form990 for instructions an	•	i ivi i	Open to Public Inspection
		nue Service 2019 calend	dar year, or tax year beginning		d ending	Triormation. 1 ()	mspection .
Вс	heck if	C Name o	f organization			D Employer identifi	cation number
_	Addres	ss HOITC	TOOM THE ACTUACNE			,	
┢	_!change _ Name _ change	Dougab	STON IN ACTION			83-09 4 09	Q /
 	Initial		usiness as r and street (or P.O. box if mail is not d	alwared to etreet address)	Room/suite	E Telephone numbe	
<u> </u>	return _Final	515	POST OAK BLVD	chivered to street address;	1000	· (713)333	
<u> </u>	return/ termin- ated	-	town, state or province, country, and	d ZIP or foreign postal code	1000	G Gross receipts \$	2,907,482.
Γ	Ameno		STON, TX 77027	a 2 or recogn poora. oodo		H(a) Is this a group re	
	Applic		and address of principal officer REI	NEE WIZIG-BARRIC)S	for subordinates	
	pendir	i	POST OAK BLVD, STE			H(b) Are all subordinates in	
1 7	ax-exe		X 501(c)(3) 501(c)() ◀ (insert no.)	199	1	list (see instructions)
			HOUSTONINACTION.O	RG		H(c) Group exemption	n number ▶ 6291
				Association Other >	/ L Year	of formation: 2018 N	A State of legal domicile: TX
Pa	art I	Summary					
ě		•	be the organization's mission or mos				
V J J Governance			OF LOCAL ORGANIZA			ILL PROMOTE	
G £		Check this bo	•	ontinued its operations or dispo	₱₹₽₽© <u>₽</u>	that 25% of its net as	ssets
S §	l		oting members of the governing bod			၂၀ 3	3
<u>Z</u> পূ			dependent voting members of the g		NOV 2 3	3 2020 9 4	5
£ ä	1		of individuals employed in calendar	1 1 1 1 1		3 2020	3
Activities &	1		of volunteers (estimate if necessary ed business revenue from Part VIII, o	` L	NONE!	6 7a	0.
− ₹	1		I business taxable income from Forr	· · · · · · · · · · · · · · · · · · ·	OGDE	$\frac{7a}{7b}$	0.
6		1401 dill Ciatoo	r business taxable income nomi i on	1 330 1, 1110 33	- T	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			384,976.	2,692,500.
une 4	i .		rice revenue (Part VIII, line 2g)			0.	201,921.
e d	1	_	ncome (Part VIII, column (A), lines 3,	4. and 7d)		1,249.	13,061.
22Revenue	1		e (Part VIII, column (A), lines 5, 6d, 8	•		0.	0.
2	1		e - add lines 8 through 11 (must equi		<u> </u>	386,225.	2,907,482.
			imilar amounts paid (Part IX, column			55,707.	1,195,000.
	14	Benefits paid	to or for members (Part IX, column	(A), line 4)		0.	0.
S	15	Salaries, othe	er compensation, employee benefits	(Part IX, column (A), lines 5-10)		82,229.	344,799.
(Repenses	16a	Professional 1	fundraising fees (Part IX, column (A)	•		0.	0.
~ \$	b	Total fundrais	sing expenses (Part IX, column (D), li	ne 25) 🕨 <u>88,8</u>	<u> </u>		
<u>~</u>	17	Other expens	ses (Part IX, column (A), lines 11a-11	d, 11f-24e)		86,500.	357,239.
9 2	18	Total expense	es Add lines 13-17 (must equal Part	IX, column (A), line 25)	<u> </u>	224,436.	1,897,038.
<u>=</u>	19	Revenue less	expenses Subtract line 18 from lin	<u>e</u> 12		<u>161,789.</u>	1,010,444.
5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00					Be	ginning of Current Year	End of Year
	20		(Part X, line 16)		_	172,343.	1,618,426.
Ver Assetts Or I	21		s (Part X, line 26)	l 00		10,554. 161,789.	446,193. 1,172,233.
,727 <u>@</u>	22 art II	Signatur	fund balances Subtract line 21 from Block	m linė 20		101,703.	1,1/2,233.
			, I declare that I have examined this retur	n. including accompanying schedule	es and statem	ents, and to the best of m	v knowledge and belief, it is
			றDeclaration of prepare) (other than offi				/
7	>	A /	enu Bang			2////	120
siĝ		Signatui	re of officer			Date	
Не	je			PRESIDENT/DIRECT	OR	<u> </u>	
ے_(Type or	print name and title		1 -	· · · · · -	
ì		Print/Type pre	•	Preparer's signature		Date Check	PTIN
Paid			TABOR, CPA	/ W J W		self-employ	
,	parer	Firm's name	HARPER & PEARSON			Firm's EIN	74-1695589
Use	Only	Firm's addres	S ONE RIVERWAY, ST			, , , , , , , , , , , , , , , , , , ,	12\ 600 0010
		<u></u>	HOUSTON, TX 770		-	Phone no. (7	
			is return with the preparer shown at	•		74	X Yes No
9320	01 01-2	20-20 LHA	For Paperwork Reduction Act Not	ice, see the separate instruct	ions. [_	. '	Form 990 (2019)

1-20-20 LIDA FOR Paperwork Reduction Act Notice, see the separate instructions. 6 5 5 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2019) HOUSTON IN ACTION	83-0940984	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X_
1	Briefly describe the organization's mission:		
	BY FACILITATING THE COLLECTIVE ACTION OF LOCAL ORGANIZATION	IONS AND	
	ACTORS, WE WILL PROMOTE COMMUNITY LEADERSHIP AND BREAK I	OWN SYSTEMAT	CIC_
	BARRIERS TO CIVIC PARTICIPATION SO THAT EVERY RESIDENT F	EGARDLESS OF	-
	SOCIAL IDENTITY HAS EQUAL OPPORTUNITY TO PARTICIPATE ANI	HAVE A	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes (X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	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 other		nd
	revenue, if any, for each program service reported	13, the total expenses, al	
40	1 727 764 1 105 000	201,9	21 \
4a	(Code) (Expenses \$1, 131, 164. including grants of \$1, 195, 000.) (Revenue ISSUED GRANTS OF \$1,195,000 IN SUPPORT OF FACILITATING TO	· · · — · · · · · · · · · · · · · · · ·	
			<u> </u>
	ACTION OF LOCAL ORGANIZATIONS AND ACTORS TO PROMOTE COM		
	LEADERSHIP AND BREAK DOWN SYSTEMIC BARRIERS TO CIVIC PAR		
	THAT EVERY RESIDENT, REGARDLESS OF SOCIAL IDENTITY HAS I		
	OPPORTUNITY TO PARTICIPATE AND HAVE A MEANINGFUL IMPACT	ON CIVIC LIE	·E.
			<u>_</u>
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e\$)
			<u>_</u>
		····	
4c	(Code) (Expenses \$ including grants of \$) (Revenue		1
70	(Code) (Expenses \$		
	1		
			
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 1,737,764.		

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Form 990 (2019) HOUSTON IN ACTION
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private 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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	}	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			•
	assets reported in Part X, line 167 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	44-		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Δ_
ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	!		7.7
	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			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"	10		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	X	

Form 990 (2019) HOUSTON IN ACTION

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	<u>X</u> _
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	}		
	instructions, for applicable filing thresholds, conditions, and exceptions).]		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
	"Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
~~	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		_x_
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32	Schedule N, Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J2		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		<u></u>
5 4	Part V, line 1	34	Х	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X_
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	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	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	D. I. I			
	(gambling) winnings to prize winners?	1c	Х	
93200	4 01-20-20	Form	990	(2019)

Form 990 (2019) HOUSTON IN ACTION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 23 5 15 14 least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines is 1 and 2a is greater than 250, you may be required to e-file (see instructions) 30 bill the organization have unrelated business gross is encored of \$1,000 or more during the year? 31 if Yes, The sit filed a Form 900 T for this year? If "No" to line 3b, provide an explanation on Schedule O 32 A tray time during the cellandar year, did the organization have an interest in, or a significant or other during the cellandar year, did the organization have an interest in, or a significant or other during the cellandar year, did the organization have an interest in, or a significant or other financial accounts (FBAR) 33 A X is sufficient to the second of		•		Yes	No
if lid test one is exported on line 2a, did the organization file all results or septiment of the set in the set of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
bif at least one is reported on inne 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a sy greater than 250, you may be required to e-five (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, six (such as a bank account, securities account, or other financial account or organization for finoEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fiting requirements for FinoEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) So Was the organization a party to a prohibited tax sheller transaction? 5c If "Yes" to line 5 or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes", and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selection any contributions that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable or tax deductables charaltate contributions. If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables. Organization that may receive deductable contributions under section 170(c). 3d the organization that may receive deductable contributions under section 170(c). 3d If "Yes," indicate the number of Forms 8282 filed during the year. 3d If "Yes," indicate the number of Forms 8282 filed during the year. 3d If the organization received a contribution of underly to paymentums on a personal benefit contract? 3d If the organization received a contribution of underly the sponsoring organizations ma		<u> </u>			۱ ۱
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b	Х	
3a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 4a A vary time during the calendary year, did the organization have an explanation on Schedule O 4a A vary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account). The provides of					
by if "Yes," has it filed a form 990-T for this year? if "No" to line 3b, provide an explanation on Schedule O	За		За		х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country >			3b		
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country (some provided in the part of the politic provided in the part of the organization received and provided during the year of the organization provided in the part of provided in th			-		
b. If "Yes," either the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 55. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 56. Was the organization in San 55, did the organization filing Form 888-77. 57. 68. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on that deductible as charitable contributions? 57. 68. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when rot tax deductible as charitable contributions? 58.	-		4a		х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Ves" to line 5a or 5b, did the organization file Form 8886.7? 6a Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6b If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? b If "Ves," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? If If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 8 Spensoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter a Intation fees and capital contributions included on Part VIII, line 12 6 Gross receipts, included on Form 990, Part VIII, line 12 7 Organiz	ь				,
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
	16	·	16		Х

83-0940984 HOUSTON IN ACTION Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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 on Schedule 0. b Enter the number of voting members included on 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 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 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 X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 X 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? 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 Another's website Own website Describe on 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

77027

EDWIN C. PADAR - (713)333-2200

515 POST OAK BLVD, SUITE 1000, HOUSTON,

•	I			
Form 990		IN ACTION	83-0940984_	Page 7
Part VI	I Compensation of Officers	, Directors, Trustees, Key Employees, Hi	ghest Compensated	
•	Employees, and Independ	ent Contractors		
	Check if Schedule O contains a re-	sponse or note to any line in this Part VII		

Castian A Officera Directo	ra Truckasa Kau Emplayas	s, and Highest Compensated E	malavaaa
Section A. Unicers, Directo	rs. Trusiees. Nev Emblovee	s. and midnest Combensated E	HIDIOVEES

- 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (D) (E) (F) (A) Position Average Reportable Estimated Name and title Reportable (do not check more than one compensation compensation amount of hours per box, unless person is both an from from related other week (list any the organizations compensation (W-2/1099-MISC) hours for organization from the dividual trustee or stitutional trustee (W-2/1099-MISC) organization related and related organizations organizations below Officer line) 1.00 (1) REBECCA A HOVE 40.00 X X 0. 177,182. 22,478. TREASURER/DIRECTOR 1.00 (2) RENEE WIZIG-BARRIOS 272,340. 34,599. 40.00 X X 0. SECRETARY/DIRECTOR 0.00 (3) MEGHNA GOSWAMI 0.00 | xX 0. 0. 0. PRESIDENT/DIRECTOR 40.00 (4) FRANCES VALDEZ 9,216. 0.00 X 130,769. 0 EXECUTIVE DIRECTOR

Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hi	ghe	St C	ompensated Employe	es (continuea)					
· (A)	(B)	1		(0)			(D)	(D) (E)			(F)		
Name and title	Average			Posi				Reportable Reports		rtable Estin			ed	
	hours per	r box, u				than s boti		compensation	compensation	n	an	nount	of	
	week	offic	er an	dad	recto	or/trus	tee)	from	from related	elated		other		
	(list any	Ş				:		the	organization	ons compe		pensa	ation	
•	hours for	Individual trustee or director				eg		organization	(W-2/1099-MIS	SC)	fr	om th	e	
	related	le o	ustee			ensa		(W-2/1099-MISC)			org	anızat	tion	
•	organizations	真	Institutional trustee		Key employee	e .					and	d relat	ted	
	below	Maga	tnto	ıa;	E E	nest c	Р огтег				orga	ınızatı	ions	
	line)	亨	Inst	Officer	Ke,	Highest compensated employee	Fe							
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1b Subtotal	▶ 130,769. 449,522. 66					6,2	93.							
c Total from continuation sheets to Part	/II. Section A						•	0.		0.			0.	
d Total (add lines 1b and 1c)	,							130,769.	449,5		6	6.2	93.	
Total number of individuals (including but	not limited to th	2000	hoto	d al	hov.	2) verb	20.5	· · · · · · · · · · · · · · · · · · ·				<u> </u>	,,,,	
	not innited to ti	1036	note	u ai	JUVE	<i>5)</i> WI	10 10	eceived more man \$100	,000 or reportab	i c			1	
compensation from the organization												Yes	No	
										ſ		165	140	
3 Did the organization list any former office			сеу с	empl	loye	e, or	hig	hest compensated emp	oloyee on					
line 1a? If "Yes," complete Schedule J for	such individual										3		X	
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	and	i oti	her compensation from	the organization					
and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	X		
5 Did any person listed on line 1a receive of	accrue compe	nsati	on f	rom	any	unr	elat	ed organization or indivi	dual for services					
rendered to the organization? If "Yes," co.					_			J			5		x	
Section B. Independent Contractors	npioto concasi	, , , , , , , , , , , , , , , , , , , 	0. 0.		00.0									
	ompensated in	dona	ndo	nt o	ontr	acto	re +	hat received more than	\$100 000 of cor	nenc	ation f	rom		
										יטווסקו	200111	. 5111		
the organization Report compensation fo	i ine calendar y	ear e	enal	ng v	VILT !	OI W	16111		yeai	-				
(A) Name and busines	e addrose							(B) Description of s	onucos	C	(C ompei			
Name and busines	address	NC	INC	<u> </u>			_	Description of s	ervices		ompei	isatio		
							_							
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	<u> </u>										_			
2 Total number of independent contractors	-	ot lu	mite	d to		_	sted	l above) who received m	ore than					
\$100,000 of compensation from the organ	nization -				(0						_		

Form 990 (2019) HOUSTON IN ACTION
Part VIII Statement of Revenue

	•/	Check if Schedule O contains a response or no	te to any lin	e in this Part VIII	· · · · · · · · · · · · · · · · · · ·		<u> </u>
,			, ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats nts	1 8	Federated campaigns 1a					
er a	ŧ	Membership dues 1b					
A, G		Fundraising events 1c					
a #	. (Related organizations 1d 15	0,000.				
S,E	•	Government grants (contributions) 1e					
ipis	·f	All other contributions, gifts, grants, and					
돌림		similar amounts not included above 1f 2,682	2,500.	nd Tagletti gitte i			
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f					
<u> </u>		Total. Add lines 1a-1f	4	2,692,500.		المراقع المراق	m sight they
			iness Code				
8	2 8	COMMUNITY-BASED ENGAGE 9	00099	201,921.			201,921.
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Program Service Revenue	•	:		, · ·			
e a	•	i		1	,		
S _r	•	•		,			
ا ت	1	All other program service revenue	_		31		
		Total, Add lines 2a-2f		201,921.	The second of th		
	3	Investment income (including dividends, interest, a	nd				
		other similar amounts)	. ▶	13,061.	,	,	<u>13,061.</u>
-	4	Income from investment of tax-exempt bond proce	eds 🕨		-		
	5	Royalties	, <u> </u>	· · · · · · · · · · · · · · · · · · ·		77 . 275	
		(i) Real (ii)	Personal				
	6 a						
	ı	Less rental expenses 6b					
	•	Rental income or (loss)				genile, ja iltura ett	The second of th
Ì		Net rental income or (loss)) Other in	The species of the sp	e tatyle – mag _s =	AV 144	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7 :		ıı) Other				
		assets other than inventory 7a	ı				
ا م		Less. cost or other basis	,				
Revenue	-	and sales expenses 7b					
ě		Gain or (loss)		2 4 1 (80) (1 (0	हुन्ता देवे । (हर्मा) वर्षे <u> </u>	1 ()	<u> </u>
┈		d Net gain or (loss)			Jan Taran Jawa		tympers program
Other	8 8	Gross income from fundraising events (not including \$ of					
١		<u> </u>					
1		contributions reported on line 1c) See Part IV, line 18			음 과학 연호관		
		Part IV, line 18 - 8a - 8a - 8b - 8b					
٧	. '	Net income or (loss) from fundraising events		# 4 11 4	The state of the s		4
.	α.	Gross income from gaming activities. See	, ,			ir set or	2 4 1 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
		Part IV, line 19	,				
	1	Less direct expenses 9b					
	Ċ	Net income or (loss) from gaming activities	•		,		
	10	a Gross sales of inventory, less returns				, ""];	erin eş gari bird
		and allowances 10a	,				
	1	Less: cost of goods sold			The state of the second of the		
		Net income or (loss) from sales of inventory					
			iness Code		Taylor of the second of the se		
ŏ "	11 :						
evenue				, , , , , , , , , , , , , , , , , , , ,			
Miscellaneous Revenue							
Aisc		All other revenue	~ 1				
2		Total, Add lines 11a-11d	<u> </u>	,			10 E16, 10 E
_	12	Total revenue. See instructions		2,907,482.	0.	′ 0.	214,982.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respon		this Part IX	(0)	
	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				
	and domestic governments. See Part IV, line 21	1,195,000.	1,195,000.		-
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,	120 005	07.006	44 006	60 000
	trustees, and key employees	139,985.	27,996.	41,996.	69,993
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			`	
	persons described in section 4958(c)(3)(B)	162.040	145 704	7 117	10 007
7	Other salaries and wages	163,048.	145,704.	7,117.	10,227.
8	Pension plan accruals and contributions (include	2 741	2 057	206	200
	section 401(k) and 403(b) employer contributions)	3,741.	2,957.	386.	398
9	Other employee benefits	12,819.	12,484.	152.	183
10	Payroll taxes	25,206.	15,168.	3,769.	6,269.
11	Fees for services (nonemployees)	20 752	20 752		
а	Management	39,753.	39,753.		
Ь	Legal	1,675.	1,675.	2 020	
С	Accounting	3,239.	1,219.	2,020.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .		_		
9	Other (If line 11g amount exceeds 10% of line 25,	165 205	168 208		
	column (A) amount, list line 11g expenses on Sch O.)	167,327.	167,327.		
12	Advertising and promotion	1,000.	1,000.	4 700	
13	Office expenses	10,618.	5,830.	4,788.	· · · - · · · · · · · · · · · · · · · ·
14	Information technology	47,209.	47,144.	65.	
15	Royalties .	10 000	10 000		
16	Occupancy	19,200.	19,200.	1 011	
17	Travel	4,998.	3,187.	1,811.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	02 411	16 225	7 074	.
19	Conferences, conventions, and meetings	23,411.	16,337.	7,074.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		· <u>-</u> ·		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			-	
а	PROFESSIONAL DEVELOPMEN	23,679.	23,679.		
d h	PAYROLL PROCESSING	9,970.	7,104.	1,084.	1,782.
D	DUES & SUBSCRIPTIONS	5,160.	5,000.	160.	1,102
9	DODD & DODDCKII I TOND	J,100.		100.	
d	All other expenses				
e 25	Total functional expenses. Add lines 1 through 24e	1,897,038.	1,737,764.	70,422.	88,852
25 26	Joint costs Complete this line only if the organization	1,001,000	<u> </u>	10,424.	00,032
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rif following SOP 98-2 (ASC 958-720)			-	
	11 10 10 Willy 30 - 80-2 (A3C 830-720)				

ات و	II L A	· · · · · · · · · · · · · · · · · · ·		
	,	Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	169,943. 2	1,504,693.
	3	Pledges and grants receivable, net	3	94,733.
	4	Accounts receivable, net	4	
	5	Loans and other receivables from any current or former officer, director,		
	ļ	trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defined	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
ţ	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
⋖	9	Prepaid expenses and deferred charges	1,200. 9	17,000.
	10a	Land, buildings, and equipment cost or other.		
	j	basis Complete Part VI of Schedule D 10a	The state of the s	THE TRANSPORT OF THE PARTY OF T
	ь	Less accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities See Part IV, line 11	12	
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	1,200. 15	2,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	172,343. 16	1,618,426.
	17	Accounts payable and accrued expenses	10,554. 17	56,193.
	18	Grants payable	18	390,000.
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
es	22	Loans and other payables to any current or former officer, director,		
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	R REIR AN ANNE DE MISSAGE DE LA CAMBA	Total de la companya
Liabilities		controlled entity or family member of any of these persons	22	
_	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
i	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X		
		of Schedule D	25	
	26 .	Total liabilities. Add lines 17 through 25	10,554. 26	446,193.
g		Organizations that follow FASB ASC 958, check here		
nce		and complete lines 27, 28, 32, and 33.		
alaı	27	Net assets without donor restrictions	27	
d B	28	Net assets with donor restrictions	28	
È	•	Organizations that do not follow FASB ASC 958, check here		
<u>p</u>		and complete lines 29 through 33.	at Tamana Landina Carana	
Net Assets or Fund Balances		Capital stock or trust principal, or current funds	0. 29	0.
SSE		Paid-in or capital surplus, or land, building, or equipment fund	0 30	0.
¥	31	Retained earnings, endowment, accumulated income, or other funds	161,789. 31	1,172,233.
ž	32	Total net assets or fund balances	161,789. 32	1,172,233.
	<u>33</u>	Total liabilities and net assets/fund balances	172,343. 33	1,618,426.
				Form 990 (2019)

orm	1990 (2019) HOUSTON IN ACTION	83-09	40984	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,89	<mark>7,0</mark>	38.
3	Revenue less expenses Subtract line 2 from line 1	3	1,01	0,4	44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	<u>1,7</u>	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,17	2,2	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		ļ.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ŀ		
	separate basis, consolidated basis, or both		ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			'
•	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2019)

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

2019

Open to Public Inspection

Λ.

Name of the organization **Employer identification number** 83-0940984 HOUSTON IN ACTION 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 1 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). 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 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). 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) 8 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) GREATER HOUSTON COMMUNITY FOUNDATIO 23-7160400 0.

	edule A (Form 990 or 990-EZ) 2019 H Intil Support Schedule for	OUSTON IN	ACTION Described in	Sections 170	(b)(1)(A)(iv) and	83-0940	0984 Page 2
Fd	Support Schedule for (Complete only if you checke	_		•			• /
	fails to qualify under the tests				in falled to quality i	,	Organization
50	ction A. Public Support			···· <i>,</i>			/
		(a) 2015	(b) 2016	(-) 2017	· (4) 2019	(2) 2010	/O Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not			-		/	
	include any "unusual grants ")					/	
_	· ·	· · ·				/	-
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	<u> </u>			 		
4	Total. Add lines 1 through 3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			1 - V 2 7 7		
5	The portion of total contributions				/		
	by each person (other than a	L					•
	governmental unit or publicly			Activity by			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				**	
	column (f)	3	12000	- 53 () /-36 (
	Public support. Subtract line 5 from line 4	E _ E	[1 1 1 1 2 X 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Se	ction B. Total Support	T				r	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	/ (c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		<u> </u>				······································
8	Gross income from interest,		/	I \ '		1	
0	areas with the more way		/		l	l i	
0	dividends, payments received on	•					,
0	,						
0	dividends, payments received on	,					
9	dividends, payments received on securities loans, rents, royalties,	,					
	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business						
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the		-				
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain						
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
9	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					12	
9 10 11 12	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10	, etc (see/instruction	ons)			12	
9 10 11 12 13	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is forganization, check this box and stop	, etc (see/instruction the organization's phere	ons) s first, second, thii			12	· · · · · · · · · · · · · · · · · · ·
9 10 11 12 13	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10. Gross receipts from related activities. First five years. If the Form 990 is for	, etc (see/instruction the organization's phere	ons) s first, second, thii			12	
9 10 11 12 13	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is forganization, check this box and stop	, etc (see instruction of the organization of	ons) s first, second, thii rcentage	d, fourth, or fifth ta		12	
9 10 11 12 13 <u>Se</u>	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10. Gross receipts from related activities. First five years. If the Form 990 is fo organization, check this box and stoction C. Computation of Publications.	, etc (see/instruction the organization's phere lic Support Pe	ons) s first, second, thii rcentage ivided by line 11, o	d, fourth, or fifth ta		12 n 501(c)(3)	<u>,</u>
9 10 11 12 13 <u>Se</u> 14 15	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10. Gross receipts from related activities. First five years. If the Form 990 is fo organization, check this box and stoction C. Computation of Public support percentage for 2019 (, etc (see/instruction the organization's phere lic Support Pe line 6, column (f) de Schedule A, Part	ons) s first, second, thii rcentage ivided by line 11, o	d, fourth, or fifth ta	ax year as a sectio	12 n 501(c)(3)	%
9 10 11 12 13 <u>Se</u> 14 15	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and stoction C. Computation of Public support percentage for 2019 (Public support percentage from 2018)	, etc (see instruction the organization's phere lic Support Pe line 6, column (f) de Schedule A, Part organization did no	ons) s first, second, thii rcentage ivided by line 11, of II, line 14 of check the box of	d, fourth, or fifth ta column (f)) n line 13, and line	ax year as a sectio	12 n 501(c)(3)	%
9 10 11 12 13 <u>See</u> 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is forganization, check this box and stop organization, check this box and stop organization. Public support percentage for 2019 (Public support percentage from 2018) 33 1/3% support test - 2019. If the	, etc (see instruction the organization's phere lic Support Pe line 6, column (f) de Schedule A, Part organization did no as a publicly supp	ons) s first, second, thii rcentage ivided by line 11, of the check the box of ported organization	column (f)) n line 13, and line	ax year as a section	12 n 501(c)(3)	× and
9 10 11 12 13 <u>See</u> 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is for organization, check this box and stoction C. Computation of Public support percentage for 2019 Public support percentage from 2018 as 3 1/3% support test - 2019. If the stop here. The organization qualifies	, etc (see/instruction the organization's phere lic Support Pe line 6, column (f) de Schedule A, Part organization did no as a publicly supporganization did no organization did no organi	ons) s first, second, thii rcentage ivided by line 11, of II, line 14 of check the box of orted organization of check a box on	column (f)) n line 13, and line ntine 13 or 16a, and	ax year as a section	12 n 501(c)(3)	× and
9 10 11 12 13 Sec 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is for organization, check this box and stop oction C. Computation of Public support percentage for 2019 (Public support percentage from 2018) 133 1/3% support test - 2019. If the stop here. The organization qualifies 33 1/3% support test - 2018. If the	, etc (see/instruction the organization's phere lic Support Pe line 6, column (f) de Schedule A, Part organization did no as a publicly supporganization did no lifies as a publicly s	ons) s first, second, this rcentage ivided by line 11, of II, line 14 of check the box of orded organization of check a box on supported organiz	column (f)) n line 13, and line ntine 13 or 16a, and	14 is 33 1/3% or n	n 501(c)(3) 14 15 nore, check this bo	x and sis box
9 10 11 12 13 Sec 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and stoption C. Computation of Public support percentage for 2019 (Public support percentage from 2016 and 33 1/3% support test - 2019. If the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualification in the second stop here. The organization qualifies	, etc (see/instruction the organization's phere line Support Pe line 6, column (f) de Schedule A, Part organization did no as a publicly supporganization did no lifies as a publicly set - 2019. If the org	ons) s first, second, this rcentage livided by line 11, of II, line 14 of check the box of orted organization of check a box on supported organiz ganization did not of	column (f)) In line 13, and line In line 13 or 16a, and ation Check a box on line	14 is 33 1/3% or n	12 n 501(c)(3) 14 15 nore, check this bo 5 or more, check th	x and s box or more,
9 10 11 12 13 Sec 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and stoction C. Computation of Public support percentage for 2019 (Public support percentage from 2019 and 31/3% support test - 2019. If the stop here. The organization qualifies 33 1/3% support test - 2018. If the and stop here. The organization qualifies 10% -facts-and-circumstances test	, etc (see instruction the organization's phere lic Support Pe lic Support Pe lime 6, column (f) dis Schedule A, Part organization did not as a publicly supporganization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019.	ons) s first, second, thin rcentage rivided by line 11, of the the box of ported organization of check a box on supported organiz ganization did not dices" test, check t	column (f)) n line 13, and line line 13 or 16a, and ation check a box on line his box and stop h	14 is 33 1/3% or n I line 15 is 33 1/3% e 13, 16a, or 16b, a nere. Explain in Pa	12 n 501(c)(3) 14 15 nore, check this bo 5 or more, check th	x and s box or more,
9 10 11 12 13 See 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and stopertion C. Computation of Public support percentage from 2019 (Public support percentage from 2019 (133 1/3% support test - 2019. If the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization meets the "facts-and-circumstances test and if the organization meets the "facts-and-circumstances test in the organization meets the "facts-and-circumstances test and if the organization and organization and organization and organization and organization an	, etc (see instruction the organization's phere lic Support Pe lic Support Pe line 6, column (f) de Schedule A, Part organization did not as a publicly supporganization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not life and corroumstant life test.	ons) s first, second, thin rcentage ivided by line 11, of the check the box of ported organization of check a box on supported organiz ganization did not of the ces" test, check to ation qualifies as a	column (f)) In line 13, and line Ine 13 or 16a, and ation Check a box on line his box and stop h publicly supported	ax year as a section 14 is 33 1/3% or n I line 15 is 33 1/3% e 13, 16a, or 16b, and the companion of the	12 n 501(c)(3) 14 15 nore, check this bo or more, check th and line 14 is 10% at VI how the organ	x and S box or more, ization S box
9 10 11 12 13 See 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is forganization, check this box and stop ction C. Computation of Public support percentage for 2019 (Public support percentage from 2018 at 1/3% support test - 2019. If the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization meets the "facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	, etc (see/instruction the organization's phere lic Support Pe line 6, column (f) de Schedule A, Part organization did not as a publicly supporganization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not life and circumstant did not life and circums	ons) s first, second, this rcentage ivided by line 11, of the the box of orted organization of check a box on supported organiz ganization did not of the set of the	column (f)) In line 13, and line Ine 13 or 16a, and ation Check a box on line his box and stop h publicly supported	ax year as a section 14 is 33 1/3% or n I line 15 is 33 1/3% e 13, 16a, or 16b, and a organization e 13, 16a, 16b, or	12 n 501(c)(3) 14 15 nore, check this bo o or more, check th and line 14 is 10% rt VI how the organ	x and is box or more, ization
9 10 11 12 13 See 14 15 16a	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2019 Public support percentage from 2018 at 31/3% support test - 2019. If the stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances test and if the organization meets the "facts-and-circumstances test of 10% -facts-and-circumstances	, etc (see/instruction the organization's phere lic Support Pe line 6, column (f) de Schedule A, Part organization did not as a publicly supporganization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies as a publicly set - 2019. If the organization did not lifies and-circumstant did not lifies and circumstant did no	rcentage Ivided by line 11, of the check the box of the check and the check are box on supported organization did not execute the check	column (f)) In line 13, and line In line 13 or 16a, and ation Check a box on line his box and stop h publicly supported check a box on line heck this box and	ax year as a section 14 is 33 1/3% or re I line 15 is 33 1/3% e 13, 16a, or 16b, and organization e 13, 16a, 16b, or stop here. Explain	n 501(c)(3) 14 15 nore, check this bo or more, check th and line 14 is 10% rt VI how the organ 17a, and line 15 is in Part VI how the	x and is box or more, ization

Schedule A (Form 990 or 990-EZ) 2019

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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) Section A. Public Support <u>(e)</u>⁄2019 Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 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 performed, 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 business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 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 gáin or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) % 15 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

- 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
- 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?
- 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)
- 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
1		X	+
2	-		X
3a		-	X
3b		*	'
- 3c			_ [
4a			X
<u>-</u>		* *	!
4c			ı.
5a			X
5b		• •	, i
5c			
 6		1	X
- 7	• -	- 1	
8			X
9a			<u>X</u>
9b			_X_
9c	:		<u>X</u>
10a	3	-	$\overline{\mathbf{x}}$
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Sche	dule A (Form 990 or 990-EZ) 2019 HOUSTON IN ACTION 8	3-094098	34 P	age 5
	t IV Supporting Organizations (continued)	<u> </u>		ugo o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			,
	below, the governing body of a supported organization?	11a	•	X
b	A family member of a person described in (a) above?	11b		Х
	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		Х
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Ţ.,
	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,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		-	· '
	supervised, or controlled the supporting organization.	2	-	
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			,
	or management of the supporting organization was vested in the same persons that controlled or managed			1 !
	the supported organization(s).	1	1	- 1
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		1	1
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			١,
	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		·	,
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			'
		3		
Sec	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	ections)		
1	The organization satisfied the Activities Test. Complete line 2 below	ictions).		
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below	lean inethiotion	c)	
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	see instruction	1	Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			'
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more] ;
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			'
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	
	activities but for the organization's involvement	<u>2b</u>	<u> </u>	ļ

<u>3a</u>

3 Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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:Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2_		
3	Other gross income (see instructions)	3_		
4	Add lines 1 through 3	4		`
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		·
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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		
<u>b</u>	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	t	
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,		1	
	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	cion 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	વાં પ્રાથકિક વિખ્યા	
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		1
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			7
	emergency temporary reduction (see instructions).	6		<u>'</u>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt		1	(
	organizations, in excess of income from activity	•		, , , , , , , , , , , , , , , , , , ,
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	,
4	Amounts paid to acquire exempt-use assets		<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)	,	,	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		1	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
•	(provide details in Part VI) See instructions	,	•	
9	Distributable amount for 2019 from Section C, line 6	- ·		
10	Line 8 amount divided by line 9 amount	,		
	Line o amount divided by into o amount	(1)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
`	able cause required- explain in Part VI) See instructions			(1) 43 - 43 - 23 - 22 24 10 25 26 26 27 27 27 27 27 27
3	Excess distributions carryover, if any, to 2019			
а	From 2014		the fitting fit, without the s	
	From 2015			
С	From 2016			
	From 2017		أَنْ إِنَّ فَا فَا فَا لَا يُعْرِبُونَ مِنْ اللَّهِ عَلَيْهِ مِنْ اللَّهِ عَلَيْهِ مِنْ اللَّهِ عَلَيْهِ اللّ	製工工作的使用量的1.5%
	From 2018 .			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			The state of the s
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)	7		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
•	line 7. \$			
а	·Applied to underdistributions of prior years			구기 기반 기반 병원 전화 인터로 연합을 다쳤다.
	Applied to 2019 distributable amount			_
	Remainder Subtract lines 4a and 4b from 4		ا الله والله الله المراجعة والمسالات الله الله الله الله الله الله الله	ATT DESCRIPTION
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j		The state of the s	
•	and 4c	,		
8	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
<u>u</u>	E (0040			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section Ine 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lines 2ction D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for a	line 17a or 17b, Part III, line 12; n B, lines 1 and 2, Part IV, Section C, ne 1; Part V, Section B, line 1e, Part V,
	(See instructions)	
		1 -01 - 0 - 0 - 0
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		· ————————————————————————————————————
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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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

HOUSTON IN ACTION 83-0940984

Par	tl C	rganizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts. Complete if the
	 OI	ganization answered "Yes" on Form 990, Part IV, line	e 6		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nur	mber at end of year			
2	Aggrega	te value of contributions to (during year)			-
3	Aggrega	te value of grants from (during year)			
4	Aggrega	te value at end of year			
5		organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed fund	ls
		rganization's property, subject to the organization's			Yes No
6		organization inform all grantees, donors, and donor a		used or	nly
		able purposes and not for the benefit of the donor o			
		ssible private benefit?			Yes No
Par	t II C	conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, I	line 7
1	Purpose	(s) of conservation easements held by the organization	on (check all that apply)		
		eservation of land for public use (for example, recrea		a histor	ncally important land area
		otection of natural habitat		a certıfi	ed historic structure
	Pre	eservation of open space			
2	Complet	e lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a cor	nservation easement on the last
	day of th	e tax year			Held at the End of the Tax Year
а	Total nur	nber of conservation easements		L	2a
b	Total acr	eage restricted by conservation easements		L	2b
С	Number	of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number	of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre	1
	listed in t	the National Register		L	2d
3	Number	of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organi	zation during the tax
	year 🕨				
4	Number	of states where property subject to conservation eas	sement is located >		
5	Does the	organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violation	s, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and	I volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatio	n easements during the year
	_				
7	Amount	of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion eas	sements during the year
	▶\$_				
8	Does eac	ch conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170((h)(4)(B)	(i)
		ion 170(h)(4)(B)(ii)?			Yes No
9	In Part X	III, describe how the organization reports conservation	on easements in its revenue and expense	statem	ent and
	balance	sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents tha	at describes the
		tion's accounting for conservation easements			
Pai		organizations Maintaining Collections of	•	tner S	similar Assets.
		omplete if the organization answered "Yes" on Form			
1a		panization elected, as permitted under FASB ASC 95			
	-	storical treasures, or other similar assets held for pub			ce of public
	• 1	provide in Part XIII the text of the footnote to its finar			
þ		panization elected, as permitted under FASB ASC 95			
	•	rical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance	of public service,
		the following amounts relating to these items			. .
	• •	enue included on Form 990, Part VIII, line 1	1		\$
	` '	ets included in Form 990, Part X	•		\$
2	-	anization received or held works of art, historical trea		gain, p	provide
		wing amounts required to be reported under FASB A	SC 958 relating to these items		. .
а		included on Form 990, Part VIII, line 1			\$
b	Assets in	ncluded in Form 990, Part X			\$

		IN ACTION								40984		<u>ge 2</u>
Par	t III Organizations Maintaining C	collections of A	<u>rt, Histe</u>	orical Tr	easures, o	r Othe	er Si	mila	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make s	ignifi	cant	use of its			
	collection items (check all that apply).											
а	Public exhibition	d	ı 🔲 L	oan or excl	hange progra	m						
b	Scholarly research	е	. 🗆 c	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how the	ev further th	he organizatio	n's exe	mpt p	ourpo	se in Par	t XIII		
5	During the year, did the organization solicit o											
•	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran					Yes" on	Form	990). Part IV.	line 9, or		
	reported an amount on Form 990, Pa	-							,	•		
12	Is the organization an agent, trustee, custod		tiary for c	ontribution	s or other ass	sets not	ınclu	ded				
·u	on Form 990, Part X?		y						<u> </u>	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing ta	ahle								
U	ir res, explain the arrangement irr art xiii	and complete the re	owg to	2010				T		Amount		
_	Beginning balance							1c		7 01100110		
					•			1d				
	Additions during the year				•			1e				
e	Distributions during the year			•	•			1f				
7	Ending balance Did the organization include an amount on F	orm 000 Part V lina	21 for o	corow or cu	ustodial accor	unt liabil	_	,		Yes		No
	If "Yes," explain the arrangement in Part XIII	•	•				-		<u> </u>	_ 163	H	
Par												
	Eliastificite i arrasi complete.	(a) Current year		or year	(c) Two years			ree v	ears back	(e) Four	vears t	nack
40	Beginning of year balance	(a) Content year	(0/	ioi yeai	(c) Two yours	5 Suon	(0)		ouro buon	Crour	<i>y</i> 0 a 1 0 0	
						1				<u> </u>		
D	Contributions				-	-						
C	Net investment earnings, gains, and losses											
	Grants or scholarships				- <u>-</u>							
е	Other expenditures for facilities		ļ									
_	and programs									-		
T	Administrative expenses					-				1		
g	End of year balance		<u> </u>									
2	Provide the estimated percentage of the cur	rent year end baland		j, column (a	a)) held as:							
_	Board designated or quasi-endowment		_%									
_	Permanent endowment >	%										
C		%										
	The percentages on lines 2a, 2b, and 2c sho						_					
За	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	ınd admınıster	red for ti	he or	ganız	ation	Г		
	by										Yes	No
	(i) Unrelated organizations									3a(i)	\rightarrow	
	(ii) Related organizations									3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization	•								3b_		
4	Describe in Part XIII the intended uses of the		owment fu	unds								
Pai	t VI Land, Buildings, and Equipm					D. 4 V						
	Complete if the organization answere								 			
	Description of property	(a) Cost or o			or other	(c) A			ea	(d) Book	value	ř.
		basis (investi	ment)	Dasis	(other)	aej	precia	ation				
	Land										-	
	Buildings											
С	Leasehold improvements											
d	Equipment											
	Other								_			
Total	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	IUC)							<u>0.</u>

Schedule D (Form 990) 2019

	ule D (Form 990) 2		IN AC	TION	<u>8</u>	33-0940984 Page
Part	VII Investme	ents - Other Securiti	es.			
	Complete if	the organization answered	d "Yes" on f	orm 990, Part IV, line	11b See Form 990, Part X, line 12	
(a) D	escription of security	y Or Category (including name of s	security)	(b) Book value	(c) Method of valuation Cost or e	end-of-year market value
(1) Fi	nancial derivatives			-		
(2) CI	osely held equity ii	nterests				
(3) OI						
(A)						
(B)						
(C)						
(D)						
(E)				 		
(F)	-					
(G)			_	- "		
(H)						
		Form 990, Part X, col. (B) line	12.1			
		ents - Program Rela				
		-		Form 990 Part IV line	11c See Form 990, Part X, line 13	
		ption of investment	100 0111	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)		<u> </u>				
(2)						
(3)						
(4)						<u> </u>
(5)						
(6)						
(7)						 .
(8) (7)		<u></u>				-
(9)				• • • • • • • • • • • • • • • • • • • •		
		Form 990, Part X, col. (B) line	13 \			
Par			10.			
			d "Yes" on i	Form 990 Part IV line	11d See Form 990, Part X, line 15	
	Complete	The organization answered		cription	110 0001 0111 000,7 01174, 1110 10	(b) Book value
(1)			\- <i>i</i>			, , , , , , , , , , , , , , , , , , ,
(2)					·	
(3)						
			 -			
(4)				-		
(5) (6)						-
(7)						
<u>(8)</u> <u>(9)</u>						
		equal Form 990, Part X, co	I /P) line 15	1)		
Par			(D) line 13			
			d "Yes" on I	Form 990 Part IV line	11e or 11f See Form 990, Part X, line	25.
	Complete	(a) Description of liability		0111 550, 1 41 114, 1110	110 01 111 000 1 0111 000, 1 arc 2, mio	(b) Book value
<u>1.</u> (1)			,			(0) = 0
-		laxes		<u> </u>		
(2)					· · · · · · · · · · · · · · · · · · ·	"
(3)		· · · · · · · · · · · · · · · · · · ·				
(4)						
(5)	· · ·				 	
(6)					-	-
(7)						
(8)						

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 HOUSTON	IN ACTION		83-0940984 Page 4
Part XI Reconciliation of Revenue pe	er Audited Financial Stateme	nts With Revenue per F	Return.
Complete if the organization answered	"Yes" on Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per a	udited financial statements		_1
2 Amounts included on line 1 but not on Form 9	90, Part VIII, line 12		
a Net unrealized gains (losses) on investments		2a	1
b Donated services and use of facilities		2b	<u> </u>
c Recoveries of prior year grants		2c	_
d Other (Describe in Part XIII)		_2d	4
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form 990, Part VIII, line	12, but not on line 1:	1 1	
a Investment expenses not included on Form 9	90, Part VIII, line 7b	4a	4
b Other (Describe in Part XIII)		4b	-l l
c Add lines 4a and 4b			4c
5 Total revenue Add lines 3 and 4c. (This must			5
Part XII Reconciliation of Expenses p		ents With Expenses per	· Return.
Complete if the organization answered	"Yes" on Form 990, Part IV, line 12a		
 Total expenses and losses per audited finance 	ial statements		1
2 Amounts included on line 1 but not on Form 9	990, Part IX, line 25	1 1	
a Donated services and use of facilities		2a	-
b Prior year adjustments		2b	4
c Other losses		2c	4 1
d Other (Describe in Part XIII.)		2d	4
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form 990, Part IX, line 2	25, but not on line 1:		
a Investment expenses not included on Form 9	90, Part VIII, line 7b	4a	_
b Other (Describe in Part XIII)		4b	<u></u>
c Add lines 4a and 4b			4c
5 Total expenses Add lines 3 and 4c. (This mus	st equal Form 990, Part I, line 18)		5
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3,	5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, line	4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b Also	complete this part to provide any add	itional information.	
PART X, LINE 2:			<u> </u>
THE FOUNDATION BELIEVES TH	IAT ALL SIGNIFICANT	TAX POSITIONS U	JTILIZED BY THE
FOUNDATION WILL MORE LIKE!	Y THAN NOT BE SUST	AINED UPON EXAMI	(NATION. AS OF
DECEMBER 31, 2019, THE TAX	<u> YEARS THAT REMAIN</u>	SUBJECT TO EXAM	<u> INATION BY THE</u>
			_
MAJOR TAX JURISDICTIONS UN	IDER THE STATUE OF	LIMITATIONS ARE	FROM THE YEARS
2016 THROUGH 2018 WITH LIM	MITED EXCEPTIONS. TO	<u>AX PENALTIES ANI</u>) INTEREST, IF
ANY, WOULD BE ACCRUED AS	NCURRED AND WOULD	BE CLASSIFIED AS	GENERAL AND
ADMINISTRATIVE EXPENSES IN	I THE STATEMENT OF	ACTIVITIES.	
			-
•			

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULEI (Form 990) Department of the Treasury 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.

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information.	
or the latest	
w.irs.gov/Form990 f	,
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OMB No 1545-0047

Open to Public . Inspection

Name of the organization	TN ACTION						Employer identification number 83-0940984
	ind Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	oring the use of grant	funds in the United	J States			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	. IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	onal space is need	pel	30 10 10 10 10 10		
1 (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	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AVENUE COMMUNITY DEVELOPMENT							
rion - 2505 washingtor							
AVENUE, SUITE 400 - HOUSTON, TX 77007	76-0380602	501(C)(3)	000 06	0			COMMUNITY DEVELOPMENT
BAKERRIPLEY							
PO BOX 271389							
HOUSTON, TX 77277-1389	23-7062976	501(c)(3)	90,000	0			FAMILIES
BOAT FEOFIE SOS, INC.							
11360 BELLAIRE BLVD., SUITE 910 HOUSTON IX 77072	54-1563619	501(C)(3)	115,000,	0,			FAMILIES
EMGAGE FOUNDATION, INC.							
11222 RICHMOND DRIVE, SUITE 111							
HOUSTON, TX 77082	26-1441032	501(c)(3)	90,000	0			CIVIL RIGHTS
וואוויי מוויםפפרגפו הפגרים פווים				_			
INC 4141 SOUTHWEST FWY. SUITE							
- HOUSTON, TX 77027	74-1905927	501(c)(3)	90,000,	0			RELIGION
JOET INITIATIVE							
PO BOX 4185	000	767707	6	c			משחטום וווונס
≓l	85/90/T-79	D01(C)(3)	30,000				Atents
	and government or	ganizations listed in th	listed in the line 1 table				13.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	Table					
LHA For Paperwork Reduction Act Notice, see the Instructions for For	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) HOUSTON IN ACTION Fort II Continuation of Grants and Other Assistance to Governments and	N ACTION Assistance to Go		izations in the Un	ited States (Sche	Organizations in the United States (Schedule (Form 990), Part II)		83-0940984 Page 1
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MI FAMILIA VOTA EDUCATION FUND HEADQUARTERS 1140 EAST WASHINGTON STREET SUITE 206 - PHOENIX, AZ 85034	20-0182824	501(C)(3)	000 06	0			CIVIL RIGHTS
OCA - GREATER HOUSTON CHAPTER 9800 TOWN PARK DRIVE, SUITE 142 HOUSTON, TX 77036	52-1306678	501(C)(3)	000 06	0			CIVIL RIGHTS
TEXAS FREEDOM NETWORK EDUCATION FUND - PO BOX 1624 - AUSTIN, TX 78767	74-2788317	501(C)(3)	90 000	0		ı	CIVIL RIGHTS
TEXAS ORGANIZING PROJECT EDUCATION FUND - PO BOX 120296 - SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	,000,06	0			COMMUNITY DEVELOPMENT
UNITED WE DREAM NETWORK PO BOX 33231 WASHINGTON, DC 20033	46-2216565	501(C)(3)	,000,06	0			CIVIL RIGHTS
WORKERS DEFENSE PROJECT, INC. OFFICE 5604 MANOR ROAD AUSTIN, TX 78723	35-2296166	501(C)(3)	000'06	0,0	,		COMMUNITY DEVELOPMENT
HOUSTON AREA URBAN LEAGUE, INC. 1301 TEXAS AVENUE HOUSTON, TX 77002	74-1611455	501(c)(3)	90,000,	0			COMMUNITY DEVELOPMENT
				`			Schedule I (Form 990)

Schedule I (Form 990) (2019)

932 102 10-26-19

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

HOUSTON IN ACTION

Employer identification number 83-0940984

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			Ì
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		-	ļ
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	.		٠ ا
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		ļ	
•	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			i
	☐ Independent compensation consultant ☐ Compensation survey or study			٠ '
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom ood or other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			ļ
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			┨ .
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			ļ
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III		,	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	L	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that aren't listed on Form 990, Part VIII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	<u> </u>	(i) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	compensation	SHELLS	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
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Schedule J (Form 990) 2019

| Part III | Supplemental Information

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SCHEDULE J, PART I, LINE 4B:
THE RELATED ORGANIZATION HAS ENTERED INTO A DEFERRED COMPENSATION
AGREEMENT WITH AN EXECUTIVE EMPLOYED BY GREATER HOUSTON COMMUNITY
FOUNDATION. THE TERM OF THE AGREEMENT IS COEXTENSIVE WITH THE TERM OF
THE EMPLOYEE'S EMPLOYMENT WITH THE FOUNDATION. THE AGREEMENT PROVIDES
ONLY DEFERRED AND CONTINGENT COMPENSATION WHICH IS PAYABLE AS THE
EMPLOYEE BECOMES VESTED IN THAT COMPENSATION.
SCHEDULE J, PART I, LINE 8:
THE DEFERRED COMPENSATION AGREEMENT DISCLOSED IN LINE 4B IS SUBJECT TO
THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGS. SECTION
53.4958-4(A)(3).
Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOUSTON IN ACTION

Employer identification number 83-0940984

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEADERSHIP AND BREAK DOWN SYSTEMATIC BARRIERS TO CIVIC PARTICIPATION SO
THAT EVERY RESIDENT REGARDLESS OF SOCIAL IDENTITY HAS EQUAL OPPORTUNITY
TO PARTICIPATE AND HAVE A MEANINGFUL IMPACT ON CIVIC LIFE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEANINGFUL IMPACT ON CIVIC LIFE.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEE WITH THE AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINAL DOCUMENT WAS DISTRIBUTED VIA EMAIL TO THE BOARD MEMBERS FOR
REVIEW PRIOR TO FILING.
THE ASSISTANT CONTROLLER AND TAX MANAGER OF THE GREATER HOUSTON COMMUNITY
FOUNDATION INITIALLY REVIEW THE 990. UPON THE RESOLUTION OF ANY QUESTIONS
RAISED BY THESE TWO INDIVIDUALS AND ANY CHANGES THAT RESULT FROM THIS
REVIEW, THE COMPLETED DOCUMENT IS THEN DISTRIBUTED TO THE PRINCIPAL OFFICER
FOR HIS REVIEW. ONCE REVIEWED BY THIS INDIVIDUAL, AND UPDATED WITH ANY
CHANGES, A FINALIZED COPY IS PROVIDED TO THIS INDIVIDUAL FOR FINAL REVIEW
AND APPROVAL, PRIOR TO DISTRIBUTION TO THE BOARD.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization HOUSTON IN ACTION	Employer identification number 83-0940984
HOUSTON IN ACTION IS A CO-EMPLOYER WITH INSPERITY THROUGH	THE CENTER
FOR COMMUNITY INITIATIVES OF THE GREATER HOUSTON COMMUNIT	Y FOUNDATION
AND DOES NOT FILE FORM W-3. INSPERITY FILES THIS FORM UND	ER ITS TAX
IDENTIFICATION NUMBER.	
	·
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL DIR	ECTORS,
NON-DIRECTOR COMMITTEE MEMBERS, AND EMPLOYEES ANNUALLY. T	HEY ARE ASKED TO
ACKNOWLEDGE RECEIPT BY RETURNING A SIGNED ACKNOWLEDGEMENT	. WHEN DISCUSSION
OCCURS AND/OR VOTES ARE TAKEN IN COMMITTEE AND/OR BOARD M	EETINGS AND A
MEMBER INDICATES A CONFLICT OF INTEREST, SUCH CONFLICTS A	RE NOTED IN THE
MINUTES OF THE MEETING AND THE MEMBER ABSTAINS FROM ANY V	OTE TAKEN.
FORM 990, PART VI, SECTION C, LINE 19:	- · · · · · · · · · · · · · · · · · · ·
COPIES OF THE CERTIFICATE OF FORMATION, BYLAWS, AND CONFL	ICT OF INTEREST
POLICY MAY BE OBTAINED BY CALLING THE OFFICE. THE ORGANIZ	ATION'S FINANCIALS
ARE NOT AUDITED. A COPY OF THE COMBINED AUDITED FINANCIAL	
ORGANIZATION, GREATER HOUSTON COMMUNITY, MAY BE REQUESTED	BY CALLING THE
OFFICE.	
	·
V	

SCHEDULE R (Form 990)

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

► Attach to Form 990.

2019

OMB No 1545-0047

Open to Public Inspection

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

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

HOUSTON IN ACTION

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Employer identification number 83-0940984

(1) Direct controlling entity			related tax-exempt
(e) End-of-year assets			se it had one or more
(d) Total income			ırt IV, lıne 34, becau
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990, Pa
(b) Primary activity			tions. Complete if the organization an
(a) Name, address, and EIN (if applicable) of disregarded entity			Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.
			Part II

(g) Section 512(b)(13) controlled entity?	N _o			×	_		_		
Section con	Yes								
(f) Direct controlling entity				N/A					
(e) Public charity status (if section	501(c)(3))			LINE 8					
(d) Exempt Code section				501(C)(3)					
(c) Legal domicile (state or foreign country)				TEXAS					
(b) Primary activity		PROVIDE SERVICES AND	FINANCIAL ASSISTANCE TO	THE COMMUNITY					
(a) Name, address, and EIN of related organization		GREATER HOUSTON COMMUNITY FOUNDATION -	23-7160400, 515 POST OAK BLVD, STE 1000,	HOUSTON, TX 77027					

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

Schedule R (Form 990) 2019

83-0940984 Page 2

Schedule R (Form 990) 2019 HOUSTON IN ACTION

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

General or Percentage managing Ownership 玉 Yes No 9 Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) \equiv Oisproporbonate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **(e)** (d)
| Direct controlling | entity (c)
Legat
domicite
(state or
foreign Primary activity 9 Name, address, and EIN of related organization

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

1						ı		ı		ı			
۽ ا	5	Je 512(b)(13) p controlled	À	Yes					_				
	ď	512(cont	ě	Yes									
(L)	:	Percentage ownership											
(b)		Share of end-of-year											
		Share of total income											
(e)		Type of entity (C corp, S corp,	or trust)	6000									
(P)		Direct controlling entity											
(3)		Legal domicile (state or	foreign	country)	_								
(a)		Primary activity											
(a)		Name, address, and EIN of related organization											

Schedule R (Form 990) 2019

Page 3

Yes No

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

				-	⊢	١.
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	;		9 = = -		Yes	2
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	ig transactions with one or more related organizations listed in Parts II-19 or	In Parts II:V		+	:
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>-</u>	1	×
b Gift, grant, or capital contribution to related organization(s)				4		X
c Gift. grant. or capital contribution from related organization(s)				ည	×	
				;	Ľ	>
d Loans or loan guarantees to or for related organization(s)				2	1	4
e Loans or loan guarantees by related organization(s)				1 e		×
f Dividends from related organization(s)				16		×
a Sale of assets to related organization(s)				10		×
				ŧ		×
						: >
i Exchange of assets with related organization(s)				;	+	×
 j Lease of facilities, equipment, or other assets to related organization(s) 				=	1	⋈
b lease of facilities equinoment or other assets from related organization(s)				<u> </u>		×
	anization(s)			=		×
					Þ	:
	anization(s)			Ę ;	+	>
n sharing or facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			=	1	4
 Sharing of paid employees with related organization(s) 				9		×
n Reimbursement paid to related organization(s) for expenses				5		×
Townson of the second of the s				•	+	: :
 Reimbursement paid by related organization(s) for expenses 				5		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	iis line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(2)						
(3)						
(4)						İ
(5)						
932163 06-10-19			Schedule R (Form 990) 2016	R (Form	990) 2	5

83-0940984 . Page 4

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Schedule R (Form 990) 2019 HOUSTON IN ACTION

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

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

age thip	•				
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					
General or Progression (1) General or Progression (1) Ves No			-		
Gen (Gen 11 Par 14 Yes	 			:	
(r) e V-UBI t in box edule K- edule K- n 1065)					
Code mount of Form					
Dispropor- bonate al allocations? Ves No	 	 			
Disp. Disp. Ves.		 		-	
(g) Share of end-of-year assets					
Share of total income					
Are all Are all Soft(s) Off(s)					
der 500 Ye					
Predominant income particulated, unrelated, excluded from tax undersections 512-514)					
cile eign	-				
(c) Legal domicile (state or foreign country)	-				
Leg.					
(b) Primary activity					
(b)					
and E					
(a) Idress of entit					
(a) Name, address, and EIN of entity					
S					

Schedule R	(Form 990) 2019 HOUSTON IN ACTION	83-0940984 Page 5
Part VII	Supplemental Information	
•	Provide additional information for responses to questions on Schedule R. See instructions	
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Office of the Secretary of State

CERTIFICATE OF FILING OF

Houston in Action 803011419

[formerly: Harris County Civic Engagement Initiative]

The undersigned, as Secretary of State of Texas, hereby certifies that a Restated Certificate of Formation for the above named domestic nonprofit corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 02/22/2019

Effective: 02/22/2019

HEALERAS

David Whitley Secretary of State

Dial: 7-1-1 for Relay Services Document: 870487220002

FILED
In the Office of the
Secretary of State of Texas

RESTATED CERTIFICATE OF FORMATION WITH AMENDMENTS FEB 2 2 2019 OF HOUSTON IN ACTION Corporations Section

Pursuant to Sections 3.057 to 3.063 and Sections 22.105 to 22.108 of the Texas Business Organizations Code (the "TBOC"), Harris County Civic Engagement initiative, a Texas nonprofit corporation (the "Corporation") hereby sets forth: (A) amendments to its original Certificate of Formation and (B) Restated Certificate of Formation.

11/1

•

The existing name of the Corporation is Harris County Civic Engagement Initiative. The Corporation's file number assigned by the Secretary of State of the State of Texas is 0803011419.

11.

The Corporation does not have members. Each new amendment has been made in accordance with the provisions of the Texas Business Organizations Code. The amendments to the Certificate of Formation and the Restated Certificate of Formation have been approved in the manner required by the TBOC and by the governing documents of the Corporation.

111

The Restated Certificate includes changes to the Certificate of Formation set forth in the attached Exhibit A as follows:

1. The name of the organization is amended to be Houston in Action.

The Existing Certificate of Formation is hereby superseded in its entirety by the Restated Certificate of Formation with Amendments attached hereto as **Exhibit A**, which accurately states the text of the Certificate of Formation being restated and each amendment to the Certificate of Formation being restated that is in effect, and as further amended by the Restated Certificate of Formation and such Restated Certificate of Formation contains no other change in any provision of the Certificate of Formation, and which contains no other change in any provision thereof, other than omissions permitted under TBOC § 3.059(b).

IV.

This document becomes effective when the document is filed by the secretary of state.

The undersigned affirms that the entity designated as registered agent in the Restated Certificate of Formation has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filling instrument.

Date: 12/2/18

HOUSTON IN ACTION

By: M. Oformani Name: MEGHNA GORNAMI