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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation
Cheniere Foundation

A Employer identification number
82-2691447

Number and street (or P.O. box number if mail is not delivered to street address)
700 Milam Street 1900

Room/suite

B Telephone number (see instructions)
(713) 375-5000

City or town, state or province, country, and ZIP or foreign postal code
Houston, TX 77002

C If exemption application is pending, check here

G Check all that apply:

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here.....
2. Foreign organizations meeting the 85% test, check here and attach computation ...

H Check type of organization:

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 97,561

J Accounting method:

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 2,151,798 | | |
| | 2 Check if the foundation is not required to attach Sch. B | | | |
| | 3 Interest on savings and temporary cash investments | 3,136 | 3,136 | |
| | 4 Dividends and interest from securities | | | |
| | 5a Gross rents | | | |
| | b Net rental income or (loss) | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | |
| | b Gross sales price for all assets on line 6a | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | |
| | 8 Net short-term capital gain | | | |
| | 9 Income modifications | | | |
| | 10a Gross sales less returns and allowances | | | |
| b Less: Cost of goods sold | | | | |
| c Gross profit or (loss) (attach schedule) | | | | |
| 11 Other income (attach schedule) | | | | |
| 12 Total. Add lines 1 through 11 | 2,154,934 | 3,136 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | | | |
| | 14 Other employee salaries and wages | | | |
| | 15 Pension plans, employee benefits | | | |
| | 16a Legal fees (attach schedule) | | | |
| | b Accounting fees (attach schedule) | 10,211 | 5,105 | 5,106 |
| | c Other professional fees (attach schedule) | 4,020 | | 4,020 |
| | 17 Interest | | | |
| | 18 Taxes (attach schedule) (see instructions) | 2,105 | | |
| | 19 Depreciation (attach schedule) and depletion | | | |
| | 20 Occupancy | | | |
| | 21 Travel, conferences, and meetings | | | |
| | 22 Printing and publications | | | |
| | 23 Other expenses (attach schedule) | 2,037 | 205 | 1,832 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 18,373 | 5,310 | 10,958 |
| | 25 Contributions, gifts, grants paid | 2,445,621 | | 2,445,621 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 2,463,994 | 5,310 | 2,456,579 | |
| | 27 Subtract line 26 from line 12: | | | |
| | a Excess of revenue over expenses and disbursements | -309,060 | | |
| | b Net investment income (if negative, enter -0-) | | 0 | |
| c Adjusted net income (if negative, enter -0-) | | | | |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | | Beginning of year | End of year | |
|--|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 406,621 | 97,561 | 97,561 |
| | 3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U.S. and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 406,621 | 97,561 | 97,561 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ _____) | | | |
| | 23 Total liabilities (add lines 17 through 22) | | 0 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30. | | | |
| | 24 Net assets without donor restrictions | 406,621 | | |
| | 25 Net assets with donor restrictions | | 2,405 | |
| | Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 29 Total net assets or fund balances (see instructions) | 406,621 | 97,561 | |
| | 30 Total liabilities and net assets/fund balances (see instructions) . | 406,621 | 97,561 | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|---|----------|----------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 406,621 |
| 2 Enter amount from Part I, line 27a | 2 | -309,060 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 97,561 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . | 6 | 97,561 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|---|---|-------------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|--------------------------|---|--|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---|---|--|---|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | |
|---|----------|--|
| 2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$ | 2 | |
| | 3 | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 | | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

| 1 Reserved | | | |
|-------------------------------|-----------------|-----------------|-----------------|
| (a) Reserved | (b) Reserved | (c) Reserved | (d) Reserved |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 Reserved | | | 2 |
| 3 Reserved. | | | 3 |
| 4 Reserved | | | 4 |
| 5 Reserved | | | 5 |
| 6 Reserved | | | 6 |
| 7 Reserved | | | 7 |
| 8 Reserved , | | | 8 |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

| | | | |
|-----------|---|-----------|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) | | |
| b | Reserved. | 1 | 0 |
| c | All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | |
| 3 | Add lines 1 and 2. | 3 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-. | 5 | |
| 6 | Credits/Payments: | | |
| a | 2020 estimated tax payments and 2019 overpayment credited to 2020 | 6a | |
| b | Exempt foreign organizations—tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d. | 7 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached. | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . | 10 | |
| 11 | Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | |

Part VII-A Statements Regarding Activities

| | | Yes | No |
|-----------|---|-----------|-----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | 1b | No |
| c | Did the foundation file Form 1120-POL for this year? | 1c | No |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____ | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____ | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i> | 2 | No |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> | 3 | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i> | 5 | No |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | Yes |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> | 7 | Yes |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> TX _____ | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i> | 8b | Yes |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> | 9 | No |
| 10 | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> | 10 | No |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|-----------|---|-----------|------------|-----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u> | 13 | Yes | |
| 14 | The books are in care of ▶ <u>Andrea Carter-Virtanen</u> Telephone no. ▶ <u>(713) 375-5000</u> | | | |

Located at ▶ 700 Milam Street Suite 1900 Houston TXZIP+4 ▶ 77002

| | | | | |
|-----------|---|-----------|------------|-----------|
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/> | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | |
| 16 | At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶ | | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

| | | Yes | No |
|-----------|--|------------|-----------|
| 1a | During the year did the foundation (either directly or indirectly): | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> | 1b | No |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? <input type="checkbox"/> | 1c | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a | At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) <input type="checkbox"/> | 2b | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____ | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) <input type="checkbox"/> | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? | 4b | No |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | Yes | No |
|-----------|--|---|----|
| 5a | During the year did the foundation pay or incur any amount to: | | |
| (1) | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) | Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (5) | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. | 5b | |
| | Organizations relying on a current notice regarding disaster assistance check here. | <input type="checkbox"/> | |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | 6b | No |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? | 7b | |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

| 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions | | | | |
|---|---|---|---|---------------------------------------|
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000. | | | | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. ► | | |

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|----------|----------|
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| 3 | |
| | |
| | |
| 4 | |
| | |
| | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3 ► | |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|--|-----------|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities. | 1a | 0 |
| b | Average of monthly cash balances. | 1b | 784,454 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 784,454 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | 784,454 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 11,767 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 772,687 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 38,634 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|-----------|--|-----------|--------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 38,634 |
| 2a | Tax on investment income for 2020 from Part VI, line 5. | 2a | |
| b | Income tax for 2020. (This does not include the tax from Part VI.). | 2b | |
| c | Add lines 2a and 2b. | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 38,634 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | 38,634 |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 38,634 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 2,456,579 |
| b | Program-related investments—total from Part IX-B. | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 2,456,579 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 2,456,579 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2020 from Part XI, line 7 | | | | 38,634 |
| 2 Undistributed income, if any, as of the end of the 2020: | | | | |
| a Enter amount for 2019 only. | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015. | | | | |
| b From 2016. | | | | |
| c From 2017. | | | | |
| d From 2018. | | | | 1,495,638 |
| e From 2019. | | | | 1,476,345 |
| f Total of lines 3a through e. | 2,971,983 | | | |
| 4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 2,456,579 | | | | |
| a Applied to 2019, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | 0 | | | |
| d Applied to 2020 distributable amount. | | | | 38,634 |
| e Remaining amount distributed out of corpus | 2,417,945 | | | |
| 5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 5,389,928 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b. | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. | | | | |
| d Subtract line 6c from line 6b. Taxable amount—see instructions. | | | | |
| e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. | | | | |
| f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | 25,000 | | | |
| 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). | | | | |
| 9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a. | 5,364,928 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2016. | | | | |
| b Excess from 2017. | | | | |
| c Excess from 2018. | | | | 1,470,638 |
| d Excess from 2019. | | | | 1,476,345 |
| e Excess from 2020. | | | | 2,417,945 |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

| | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶ | | | | | |
| b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5) | | | | | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year | Prior 3 years | | | (e) Total |
| | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test—enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . | | | | | |
| c "Support" alternative test—enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

| | |
|--|--|
| 1 Information Regarding Foundation Managers: | |
| a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) | |
| b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. | |
| 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: | |
| Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions | |
| a The name, address, and telephone number or email address of the person to whom applications should be addressed: | |
| b The form in which applications should be submitted and information and materials they should include: | |
| c Any submission deadlines: | |
| d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: | |

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total ▶ 3a | | | | 2,445,621 |
| b <i>Approved for future payment</i> | | | | |
| | | | | |
| Total ▶ 3b | | | | |

Enter gross amounts unless otherwise indicated.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2020)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | |
|---|--|--------------|------------|-----------|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | | |
| (1) Cash. | | 1a(1) | | No |
| (2) Other assets. | | 1a(2) | | No |
| b Other transactions: | | | | |
| (1) Sales of assets to a noncharitable exempt organization. | | 1b(1) | | No |
| (2) Purchases of assets from a noncharitable exempt organization. | | 1b(2) | | No |
| (3) Rental of facilities, equipment, or other assets. | | 1b(3) | | No |
| (4) Reimbursement arrangements. | | 1b(4) | | No |
| (5) Loans or loan guarantees. | | 1b(5) | | No |
| (6) Performance of services or membership or fundraising solicitations. | | 1b(6) | | No |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | | 1c | | No |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | | |

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

| b If "Yes," complete the following schedule. | | |
|--|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|----------------------|--|-----------------------------|-------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| | ***** _____ Signature of officer or trustee | 2021-10-14 _____ Date | ***** _____ Title |

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

| | | | | | |
|---------------------------------------|---|----------------------|------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P01638285 |
| | Kurt Coburn | | | | |
| | Firm's name ► Blazek & Vetterling | | | | Firm's EIN ► 76-0269860 |
| | Firm's address ► 2900 Wesleyan Suite 200 Houston, TX 77027 | | | | Phone no. (713) 439-5739 |

| Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation | | | | |
|--|---|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| Julie Nelson | President 10.00 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Andrea Carter-Virtanen | Corporate Sec 2.00 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Lisa Cohen | Treasurer 1.50 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Ari Aziz | Director 0.00 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Tom Bullis | Director 0.50 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Michael Dove | Director 0.50 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Ramzi Mroueh | Director 0.00 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Deanna Newcomb | Director 1.00 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Hillary Ware | Director 0.50 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |
| Wendy Craven | Executive Dir. 25.00 | 0 | | |
| 700 Milam Street Ste 1900 Houston, TX 77002 | | | | |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Abrahams Tent Association 2300 Fruge St Lake Charles, LA 706010000 | N/A | PC | Employee Giving Fund distribution | 3,000 |
| American Cancer Society 250 Williams St Nw Ste 400 Atlanta, GA 303031032 | N/A | PC | Strides breast cancer walk sponsorship | 5,000 |
| Barbara Bush Houston Literacy Fdn 7887 San Felipe Houston, TX 77063 | N/A | PC | Education and reading programs in Houston and surrounding communities | 2,500 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Beauregard Fire Department 220 11080 Hwy 171 Longville, LA 70641 | N/A | GOV | Water rescue boat | 20,000 |
| Benevolent Healthcare Fdn 10377 E Geddes Ave No 200 Centennial, CO 801123740 | N/A | PC | COVID-19 pandemic relief | 50,000 |
| Building Conservation Trust 6919 Portwest Dr Ste 100 Houston, TX 770248049 | N/A | PC | Deployment of artificial reef materials into the TPWD Sabine HI20 near-shore reefing site to provide important habitat for fish species in the area | 30,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|--|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Cameron Council on the Aging Po Box 8801 Lake Charles, LA 706060000 | N/A | PC | Hurricane Laura disaster relief/ COVID-19 community response | 36,500 |
| Cameron Parish School Board 510 Marshall St Cameron, LA 70631 | N/A | GOV | Hurricane Laura disaster relief/ Scholarship/ Virtual learning for students | 76,000 |
| Cameron Preservation Alliance 115 Boudreaux Lane Lake Charles, LA 70607 | N/A | PC | Preservation of Sabine Pass Lighthouse | 10,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|--|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Capitol Area Food Bank 4900 Puerto Rico Ave Ne Washington, DC 200172313 | N/A | PC | COVID-19 community response | 25,000 |
| Care Help of Sulphur 200 N Huntington St Sulphur, LA 706632604 | N/A | PC | Hurricane Laura disaster relief | 50,000 |
| Catholic Charities of the Archdioce 924 G St Nw Washington, DC 200014532 | N/A | PC | COVID-19 Community response in DC area | 25,000 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Christus Spohn Health Develop Fdn 600 Elizabeth St Corp Christi, TX 784042235 | N/A | PC | Mammogram (breast health) program in San Patricio County | 10,000 |
| City of GregoryPo Box 297 Gregory, TX 78359 | N/A | GOV | Community awareness and movie nights @ children's park/ Purchase of new park equipment | 26,196 |
| City of Portland1900 Billy G Webb Drive Portland, TX 78374 | N/A | GOV | Local library initiative | 5,000 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| City of TaftPo Box 416 Taft, TX 78390 | N/A | GOV | Community awareness and movie nights @ children's park/ Purchase of new park playground equipment | 37,990 |
| Coast Guard Fdn394 Taugwonk Rd Stonington, CT 063781807 | N/A | PC | Build a fully covered outdoor pavilion for the new HQ | 24,000 |
| Coastal Bend Bays Estuaries Program 615 N Upper Broadway Suite 1200 Corpus Christi, TX 78401 | N/A | PC | Environmental Sustainability (Nesting bird program) | 100,000 |
| Total ► 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Coastal Bend Food Bank826 Krill St Corp Christi, TX 784082515 | N/A | PC | COVID-19 community response | 77,500 |
| Communities in Schools of the Coast Po Box 331203 Corpus Christi, TX 784631203 | N/A | PC | Program that supplies clothing for school-aged children | 10,000 |
| Community Fdn of Southwest Louisian PO Box 3125 Lake Charles, LA 70602 | N/A | PC | Hurricane Laura disaster relief/ COVID-19 pandemic | 550,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|-----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Connections Individual Family Svcs 209 Cedar St Portland, TX 78374 | N/A | PC | Employee Giving Fund distribution | 1,000 |
| Cristo Rey Work Study Program 6700 Mount Carmel St Houston, TX 770876624 | N/A | PC | High school students in Houston | 15,750 |
| Del Mar College101 Baldwin Blvd Corp Christi, TX 784043805 | N/A | PC | Purchase of a vacuum ejector | 1,850 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|--|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Dress for Success Houston 3310 Eastside St Houston, TX 770981914 | N/A | PC | Employee Giving Fund distribution | 1,000 |
| Driscoll Childrens Hospital Develop 3533 S Alameda St Corp Christi, TX 784111721 | N/A | PC | Purchase of safety equipment for children in the community (bike helmets/life jackets) | 5,000 |
| Family and Youth Counseling 220 Louie St Lake Charles, LA 706017250 | N/A | PC | Mental health services in southwest LA | 15,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|------------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| FareshareFareshare Ltd London SE85HY UK | N/A | PC | COVID-19 Community response in UK | 25,000 |
| Friends for Life107 E 22Nd St Houston, TX 77008 | N/A | PC | Employee Giving Fund distribution | 2,000 |
| Genesys Works Houston 601 Jefferson St Ste 3950 Houston, TX 770029926 | N/A | PC | Local high school technology needs | 6,215 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Gulf Coast Humane Society 3118 Cabaniss Rd Corp Christi, TX 784155906 | N/A | PC | Employee Giving Fund distribution | 1,000 |
| Houston Food Bank535 Portwall St Houston, TX 770291332 | N/A | PC | COVID-19 Community response in Houston area | 125,000 |
| IEA Inspire Encourage Achieve 20 N 11Th Street Beaumont, TX 777022231 | N/A | PC | COVID-19 Community response | 15,000 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Interfaith Ministires for Greater H 3303 Main Street Houston, TX 770029322 | N/A | PC | COVID-19 Community response | 50,000 |
| Joe A Gonzales Education is Our Fre 4009 Oak Forest D Corpus Christi, TX 78413 | N/A | PC | Scholarship awards and math clinic for Corpus Christi students | 8,000 |
| Julie Rogers Gift of Life2390 Dowlen Rd Beaumont, TX 777062537 | N/A | PC | Sponsorship of community mammograms | 10,000 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Kids Meals 2200 West Loop South Suite 525 Houston, TX 77027 | N/A | PC | Meals on Wheels program for kids 5 and under/ COVID-19 relief | 52,500 |
| LCTCS Fdn265 S Foster Dr Baton Rouge, LA 708064104 | N/A | PC | Hurricane Laura disaster relief | 100,000 |
| Action Homeless Leicester Ridgeway House Little Hill Newton Leicester LE18 3SE UK | N/A | PC | COVID-19 Community Response in UK | 25,000 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--------------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Lone Survivor Fdn1414 11Th Street Huntsville, TX 77340 | N/A | PC | Employee Giving Fund distribution | 1,100 |
| Louisiana Wildlife and Fisheries Fd Po Box 80378 Baton Rouge, LA 708980378 | N/A | PC | Hurricane Laura disaster relief | 50,000 |
| McNeese State University Fdn Po Box 91989 Lake Charles, LA 706090001 | N/A | GOV | Hurricane Laura disaster relief | 75,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|--|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Oasis A Safe Haven for Survivors of Po Box 276 Lake Charles, LA 706020276 | N/A | PC | Employee Giving Fund distribution | 5,000 |
| Outdoor Association for Texas Heroe 27314 Piney Ranch Ln Katy, TX 774941567 | N/A | PC | Veteran services | 5,000 |
| Port Arthur Education Fdn 501 Procter Street Suite 300 Port Arthur, TX 776406448 | N/A | PC | Cheniere mentorship program/ Education projects | 50,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Port Arthur International Seamens C Po Box 1646 Port Arthur, TX 776411646 | N/A | PC | Offset increased operating due to COVID-19 restrictions | 15,000 |
| Restore Americas Estuaries 2300 Clarendon Blvd Ste 603 Arlington, VA 222013392 | N/A | PC | Environmental efforts in southwest LA and southeast TX | 50,000 |
| Sabine Pass Independent School Dist Po Box 1148 Sabine Pass, TX 77655 | N/A | GOV | COVID-19 protection measures | 20,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Second Harvest Food Bank of Greater 700 Edwards Ave New Orleans, LA 701233121 | N/A | PC | Hurricane Laura disaster relief | 50,000 |
| Society of the Roman Catholic Churc Po Box 3223 Lake Charles, LA 706023223 | N/A | PC | Hurricane Laura disaster relief | 25,000 |
| Southeast Texas Food Bank Po Box 21012 Beaumont, TX 777201012 | N/A | PC | Purchase of mobile food pantry/ COVID-19 pandemic relief | 60,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Spindletop Center655 S 8Th Street Beaumont, TX 77701 | N/A | PC | Mental health services in Southeast Texas | 7,020 |
| Star of Hope Mission4848 Loop Central Houston, TX 770812356 | N/A | PC | COVID-19 Community response in Houston area | 25,000 |
| Sufra-NW London160 Pitfield Way London NW10 0PW UK | N/A | PC | COVID-19 Community response in UK | 25,000 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|---|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Taft Public LibraryPo Box 416 Taft, TX 78390 | N/A | GOV | Books for summer reading program and the library | 2,500 |
| The British Red Cross British Red Cross Society London EC2Y 9AL UK | N/A | PC | COVID-19 Community response in UK | 25,000 |
| The Giving Field CO St Anne Church 2715 Calder Ave Beaumont, TX 77702 | N/A | PC | Sponsorship of community vegetable garden | 1,000 |
| Total ▶ 3a | | | | 2,445,621 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| The Montrose Center 401 Branard 2Nd Floor Houston, TX 770065015 | N/A | PC | Employee Giving Fund distribution | 1,000 |
| The Salvation Army521 Josephine St Corpus Christi, TX 78401 | N/A | PC | COVID-19 Community response homelessness | 75,000 |
| Triangle Community Outreach 3505 Procter St Port Arthur, TX 776428322 | N/A | PC | Food insecurity in the Golden Triangle area | 5,000 |
| Total ▶ 3a | | | | 2,445,621 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Warrior Bonfire ProjectPo Box 1398 Vicksburg, MS 391811398 | N/A | PC | Veteran services | 5,000 |
| Wesley Community CenterPo Box 586 Robstown, TX 783800586 | N/A | PC | Support back to school initiative | 5,000 |
| West Calcasieu Cameron Hospital Fdn 701 Cypress St Sulphur, LA 706635053 | N/A | PC | Hurricane Laura disaster relief/COVID-19 community response | 230,000 |
| Total ▶ 3a | | | | 2,445,621 |

TY 2020 Accounting Fees Schedule**Name:** Cheniere Foundation**EIN:** 82-2691447**Software ID:** 20011551**Software Version:** 2020v4.0

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------|--------|--------------------------|------------------------|---|
| Tax compliance | 10,211 | 5,105 | 0 | 5,106 |

TY 2020 Applied to Prior Year Election

Name: Cheniere Foundation

EIN: 82-2691447

Software ID: 20011551

Software Version: 2020v4.0

Election: Pursuant to Regulation 53.4942(a)-3(c)(2)(iv), the foundation hereby elects to treat, as a current distribution out of corpus, the following unused prior years distributions that were treated as corpus distributions under Regulation 53.4942(a)-3(d)(1)(iii) in such prior tax year: Tax Year: 2018 Amount: 25000 Tax Year: 0 Amount: 0

TY 2020 Other Expenses Schedule**Name:** Cheniere Foundation**EIN:** 82-2691447**Software ID:** 20011551**Software Version:** 2020v4.0**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------------|--------------------------------------|--------------------------|------------------------|---|
| Bank charges | 410 | 205 | | 205 |
| Membership dues | 1,000 | | | 1,000 |
| Postage & delivery fees | 298 | | | 298 |
| Supplies and materials | 329 | | | 329 |

TY 2020 Other Professional Fees Schedule**Name:** Cheniere Foundation**EIN:** 82-2691447**Software ID:** 20011551**Software Version:** 2020v4.0

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------|---------------|----------------------------------|--------------------------------|--|
| Philanthropic consulting | 4,020 | 0 | 0 | 4,020 |

TY 2020 Taxes Schedule**Name:** Cheniere Foundation**EIN:** 82-2691447**Software ID:** 20011551**Software Version:** 2020v4.0**Taxes Schedule**

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| Excise tax | 2,105 | | | |

| | | |
|--|---|---|
| Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small> | Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information. | OMB No. 1545-0047 2020 |
| | Name of the organization Cheniere Foundation | Employer identification number 82-2691447 |

Organization type (check one):

| | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Cheniere Foundation

Employer identification number
82-2691447

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | Cheniere Energy Inc 700 Milam St 1900 Houston, TX 77002 | \$ 2,000,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 2 | Jack Fusco 700 Milam Suite 1900 Houston, TX 77002 | \$ 18,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 3 | Fusco Foundation 2727 Kirby Drive Apt 27D Houston, TX 77098 | \$ 25,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 4 | Mark Wooldridge 700 Milam St 1900 Houston, TX 77002 | \$ 10,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 5 | Vicky A Bailey 3101 New Mexico Ave Unit 249 Washington, DC 20016 | \$ 5,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 6 | David Kilpatrick 35 Harbor Ridge Drive Newport Beach, CA 92660 | \$ 5,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization Cheniere Foundation | Employer identification number 82-2691447 |
|---|--|

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

82-2691447

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)