

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2020

<b>Prepared for</b>	MONTGOMERY COUNTY COMMUNITY FOUNDATION 2001 TIMBERLOCH PLACE NO. 500 THE WOODLANDS, TX 77380
<b>Prepared by</b>	BRIGGS & VESELKA CO. NINE GREENWAY PLAZA, SUITE 1700 HOUSTON, TX 77046
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	<p>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.</p> <p>*** FOR FASTER PROCESSING, YOU MAY FAX YOUR SIGNED FORM 8879 TO 713-218-5475 OR EMAIL TO 8879@BVCCPA.COM ***</p>

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**MONTGOMERY COUNTY COMMUNITY FOUNDATION**

**76-0082098**

Name and title of officer or person subject to tax

**JASON MANN  
CHAIRMAN OF THE BOARD**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,455,476.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **BRIGGS & VESELKA CO.** to enter my PIN **77046**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**76448477046**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ **BRIGGS & VESELKA CO.** Date ▶ **10/27/21**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MONTGOMERY COUNTY COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2001 TIMBERLOCH PLACE 500</b> City or town, state or province, country, and ZIP or foreign postal code <b>THE WOODLANDS, TX 77380</b> <b>F</b> Name and address of principal officer: <b>JASON MANN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>76-0082098</b> <b>E</b> Telephone number <b>281-363-8158</b> <b>G</b> Gross receipts \$ <b>1,570,848.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.MCCFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1983</b>		<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CREATING LEGACIES TO FULFILL PHILANTHROPIC DREAMS THROUGH GRANTS TO NONPROFITS AND SCHOLARSHIPS.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>16</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>16</b> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>2</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>74</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">236,380.</td> <td style="text-align: right;">915,921.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">407,454.</td> <td style="text-align: right;">502,715.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">67,521.</td> <td style="text-align: right;">36,840.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">711,355.</td> <td style="text-align: right;">1,455,476.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	236,380.	915,921.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	407,454.	502,715.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	67,521.	36,840.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	711,355.	1,455,476.							
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<b>Net Assets or Fund Balances</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">7,988,314.</td> <td style="text-align: right;">8,968,074.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">137,915.</td> <td style="text-align: right;">140,522.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">7,850,399.</td> <td style="text-align: right;">8,827,552.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	7,988,314.	8,968,074.	<b>21</b> Total liabilities (Part X, line 26) .....	137,915.	140,522.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	7,850,399.	8,827,552.													
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**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>JASON MANN, CHAIRMAN OF THE BOARD</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANGELA K ARMSTRONG</b>	Preparer's signature <b>ANGELA K ARMSTRONG</b>	Date <b>10/27/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00847658</b>
	Firm's name ▶ <b>BRIGGS &amp; VESELKA CO.</b>	Firm's EIN ▶ <b>74-1769118</b>			
	Firm's address ▶ <b>NINE GREENWAY PLAZA, SUITE 1700 HOUSTON, TX 77046</b>		Phone no. <b>713-667-9147</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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: THE MISSION OF MONTGOMERY COUNTY COMMUNITY FOUNDATION (MCCF) IS TO PROVIDE LEADERSHIP IN MONTGOMERY COUNTY BY DIRECTING SUSTAINABLE FINANCIAL RESOURCES THAT STRENGTHEN OUR COMMUNITY AND IMPROVE THE QUALITY OF LIFE FOR CURRENT AND FUTURE GENERATIONS. MCCF STRIVES TO

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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 183,160. including grants of \$ 183,160.) (Revenue \$ ) GRANTS: CREATING LEGACY GRANTS MATCHES DONOR PASSIONS WITH NONPROFITS IMPROVING THE QUALITY OF LIFE IN MONTGOMERY COUNTY. ENABLING DOCUMENTS FOR DONOR ADVISED FUNDS, FIELD OF INTEREST FUNDS, DESIGNATED AGENCY FUNDS, AND UNRESTRICTED FUNDS GUIDE A TEAM OF 15 DISTRIBUTION COMMITTEE VOLUNTEERS WHO REVIEW AND VET GRANT REQUESTS. DURING 2020, 39 GRANTS WERE GIVEN TO FEED THE HUNGRY, HELP WITH RENT AND UTILITIES, CARE FOR ABUSED AND NEGLECTED CHILDREN, HELP CHILDREN START SCHOOL WITH NEW CLOTHES AND SCHOOL SUPPLIES, OFFER EQUINE THERAPY TO VETERANS AND CHILDREN, PROVIDE HEALTH CARE SERVICES AND PRESCRIPTIONS, SUPPORT CONCERTS, CULTURAL AND HERITAGE PROGRAMS, SUPPORT ANIMAL WELFARE AND MORE.

4b (Code: ) (Expenses \$ 18,200. including grants of \$ 18,200.) (Revenue \$ ) SCHOLARSHIPS: HIGH SCHOOL AND COMMUNITY COLLEGE STUDENTS ARE AWARDED GRANTS TO FURTHER THEIR POST HIGH SCHOOL EDUCATIONAL PURSUITS. DURING 2020, 15 STUDENTS RECEIVED SCHOLARSHIPS FROM LEGACY FUNDS TO EXPAND THEIR CHANCE FOR SUCCESS. EACH FUND TARGETS SOMETHING DIFFERENT, SUCH AS A LOCAL HIGH SCHOOL, SPECIFIC ATTRIBUTES LIKE SERVICE ABOVE SELF, ACADEMIC PERFORMANCE, FINANCIAL NEEDS, AND SPORTS. EACH FUND HAS A SELECTION COMMITTEE APPROVED BY THE BOARD WHO USES FAIR AND OBJECTIVE CRITERIA TO SELECT THIER NOMINEE(S). ALL CRITERIA, COMMITTEES AND FINAL SCHOLARSHIP RECIPIENTS ARE APPROVED BY THE DISTRIBUTION COMMITTEE AND BOARD OF DIRECTORS.

4c (Code: ) (Expenses \$ 71,416. including grants of \$ 71,416.) (Revenue \$ ) LONG TERM DISASTER RECOVERY FUND: IN RESPONSE TO HURRICANE HARVEY AND THE CONTINUOUS NATURAL DISASTERS EXPERIENCED BY THE RESIDENTS OF MONTGOMERY COUNTY, THE BOARD OF MCCF CREATED THE LONG TERM DISASTER RECOVERY FUND. THE FLEXIBILITY OF THE FUND HELPS HOUSEHOLDS BECOME LIVABLE BY GIVING THE FINAL FUNDS NEEDED FOR REPAIRS OR APPLIANCES OR TO PAY FOR SOMETHING FOR WHICH NO OTHER FUND WILL PAY. WHILE THE MAXIMUM GRANT IS \$10,000, THE AVERAGE GRANT IS ABOUT \$4,600. MCCF WORKS THROUGH LOCAL DISASTER CASE MANAGERS WHO COLLECT NEEDED PAPERWORK, ENSURE REPAIRS ARE MADE AND WORKS WITH AND ON BEHALF OF THE SURVIVOR TO HELP THEM BACK INTO A SAFE AND HEALTHY HOME. DURING 2020, 5 HOUSEHOLDS OF 22 INDIVIDUALS HAD THEIR HOMES LEVELED, REPAIRED, ELEVATED AND REBUILT THANKS TO THIS FUND.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 272,776.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b> X	
<b>d</b> 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part 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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 O.		
	<b>1a</b> 16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>		X	
<b>b</b>	Other officers or key employees of the organization		X
<b>15b</b>			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **TX**
- 18** 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JULIE P MARTINEAU - 281-363-8158**  
**2001 TIMBERLOCH PLACE STE 500, THE WOODLANDS, TX 77380**



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE MARTINEAU PRESIDENT & CEO	40.00			X			104,000.	0.	0.	
(2) AMANDA TRAPP CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) BRENT WUNDERLICH VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(4) CHRIS NORTH TREASURER	1.00	X		X			0.	0.	0.	
(5) CRAIG DOYAL DIRECTOR	0.50	X					0.	0.	0.	
(6) DEBBIE CAMPBELL DIRECTOR	0.50	X					0.	0.	0.	
(7) ERIC THIERSGOOD DIRECTOR	0.50	X					0.	0.	0.	
(8) GEORGE SOWERS DIRECTOR	0.50	X					0.	0.	0.	
(9) GREGG HOPE DIRECTOR	0.50	X					0.	0.	0.	
(10) JASON MANN DIRECTOR	0.50	X					0.	0.	0.	
(11) KYLE ROJAS DIRECTOR	0.50	X					0.	0.	0.	
(12) LELAND DUSHKIN DIRECTOR	0.50	X					0.	0.	0.	
(13) MELINA MCGOWAN SECRETARY	1.00	X		X			0.	0.	0.	
(14) TIM WELBES DIRECTOR	0.50	X					0.	0.	0.	
(15) WYNN DEE BAKER DIRECTOR	0.50	X					0.	0.	0.	
(16) BILL CROWL DIRECTOR	0.50	X					0.	0.	0.	
(17) LAURA LEA PALMER DIRECTOR	0.50	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	80,042.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	22,700.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	813,179.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....							915,921.
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			389,993.			389,993.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	70,987.					
	<b>c</b> Gain or (loss) .....	<b>7c</b>	112,722.					
	<b>d</b> Net gain or (loss) .....			112,722.			112,722.	
<b>8 a</b> Gross income from fundraising events (not including \$ 80,042. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>							
<b>b</b> Less: direct expenses .....	<b>8b</b>	44,385.						
<b>c</b> Net income or (loss) from fundraising events .....			36,840.			36,840.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				1,455,476.	0.	0.	539,555.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 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	183,160.	183,160.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	89,616.	89,616.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,000.		104,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	22,404.		22,404.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,935.		6,935.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,950.		12,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,381.		15,381.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,802.		3,802.	
12 Advertising and promotion	1,635.		1,635.	
13 Office expenses	3,077.		3,077.	
14 Information technology	5,932.		5,932.	
15 Royalties				
16 Occupancy	17,856.		17,856.	
17 Travel	901.		901.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,398.		1,398.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74.		74.	
23 Insurance	1,687.		1,687.	
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 O.)				
a <b>PRINTING</b>	3,681.		3,681.	
b <b>DUES &amp; SUBSCRIPTIONS</b>	3,165.		3,165.	
c <b>BANK SERVICE CHARGES</b>	387.		387.	
d <b>CREDIT CARD BANK FEES</b>	151.		151.	
e All other expenses	131.		131.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	478,323.	272,776.	205,547.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,514.	<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,352,673.	<b>2</b>	822,819.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,173.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,770.	2,477.	<b>10c</b> 2,403.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	6,617,600.	<b>13</b>	8,142,352.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	50.	<b>15</b>	500.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,988,314.	<b>16</b>	8,968,074.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	137,915.	<b>25</b>	140,522.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	137,915.	<b>26</b>	140,522.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	635,357.	<b>27</b>	595,521.
	<b>28</b> Net assets with donor restrictions .....	7,215,042.	<b>28</b>	8,232,031.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,850,399.	<b>32</b>	8,827,552.
<b>33</b> Total liabilities and net assets/fund balances .....	7,988,314.	<b>33</b>	8,968,074.	

**Part 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	1,455,476.
2	Total expenses (must equal Part IX, column (A), line 25)	2	478,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	977,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,850,399.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior 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	8,827,552.

**Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,030,992.	380,450.	528,668.	236,380.	893,221.	3,069,711.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1,030,992.	380,450.	528,668.	236,380.	893,221.	3,069,711.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3,069,711.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	1,030,992.	380,450.	528,668.	236,380.	893,221.	3,069,711.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	189,409.	215,541.	274,596.	301,707.	389,993.	1,371,246.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						4,440,957.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	28,806.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	69.12 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	66.59 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 .....

**20 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</b> Did the activities described in line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **MONTGOMERY COUNTY COMMUNITY FOUNDATION** Employer identification number **76-0082098**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	11	44
2 Aggregate value of contributions to (during year) .....	26,510.	780,515.
3 Aggregate value of grants from (during year) .....	37,050.	208,415.
4 Aggregate value at end of year .....	1,314,182.	1,340,329.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,526,841.	7,316,351.	6,807,744.	6,318,294.	5,247,704.
b Contributions	813,024.	139,484.	407,743.	315,949.	963,881.
c Net investment earnings, gains, and losses	494,445.	396,724.	305,304.	343,401.	253,761.
d Grants or scholarships	272,776.	325,718.	204,440.	169,900.	147,052.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,519,893.	7,485,200.	7,316,351.	6,807,744.	6,318,294.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  3.4000 %
  - b Permanent endowment  96.6000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,173.	2,770.	2,403.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,403.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>FIXED INCOME BONDS</b>	2,330,867.	END-OF-YEAR MARKET VALUE
(2) <b>EQUITY FUNDS</b>	12,405.	END-OF-YEAR MARKET VALUE
(3) <b>EXCHANGE TRADED FUND</b>	5,742,892.	END-OF-YEAR MARKET VALUE
(4) <b>CERTIFICATES OF DEPOSIT</b>	56,188.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	8,142,352.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>AGENCY ENDOWMENTS</b>	140,522.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	140,522.

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...





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SKEET SHOOT (event type)	WINE DINNER (event type)	NONE (total number)	
1	Gross receipts .....	53,917.	107,350.		161,267.
2	Less: Contributions .....	39,492.	40,550.		80,042.
3	Gross income (line 1 minus line 2) .....	14,425.	66,800.		81,225.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	9,012.	35,373.	
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				44,385.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				36,840.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

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\_\_\_\_\_



**SCHEDULE I  
(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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **MONTGOMERY COUNTY COMMUNITY FOUNDATION** Employer identification number **76-0082098**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABANDONED ANIMAL RESCUE PO BOX 1206 TOMBALL, TX 77375	94-3424576		5,000.	0.			WORK TOWARD ENDING PET OVERPOPULATION THAT RESULTS IN THE EUTHANASIA OF UNWANTED CATS AND
ACCESS SPECIAL NEEDS PROGRAM OF THE ARK CHURCH - 450 HUMBLE TANK ROAD - CONROE, TX 77304	76-0506871		10,245.	0.			ACCESS EXISTS TO CREATE APPEALING, ENGAGING AND HELPFUL ENVIRONMENTS FOR KIDS, TEENS AND ADULTS
ALL EARS! LISTENING & LANGUAGE CENTER - 4881 WEST PANTHER CREEK - THE WOODLANDS, TX 77381	46-5209696		7,300.	0.			TO EMPOWER FAMILIES OF CHILDREN WHO ARE DEAF OR HARD OF HEARING WITHOUT FINANCIAL BURDEN, WHO
ANGEL REACH 206A S LOOP 336 W 203 CONROE, TX 77301	20-5665097		10,000.	0.			TRANSITIONAL LIVING PROGRAM FOR MC TEENS WHO HAVE AGED OUT OF FOSTER CARE
BIG THINKERS 3450 GARY LANE SPRING, TX 77380	36-4980010		600.	0.			ONE-ON-ONE TUTORING AT NO COST FOR UNDERSERVED ELEMENTARY SCHOOL STUDENTS IN TITLE 1
BRIDGEWOOD FARMS 11680 ROSE ROAD CONROE, TX 77303	74-1595096		6,800.	0.			ENABLING INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO REACH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **29.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COMMUNITY ASSISTANCE CENTER (FORMERLY MC EMERGENCY ASSISTANCE) - 1022 MCCALL AVE. - CONROE, TX 77301	76-0000798		1,300.	0.			EMERGENCY FINANCIAL ASSISTANCE OF HOUSING, UTILITIES, FOOD AND CLOTHING FOR MOCO
COMMUNITY CHRISTIAN LEGAL AID 2001 TIMBERLOCH PLACE THE WOODLANDS, TX 77380	83-3541978		2,000.	0.			FREEING OUR NEIGHBORS LEGAL BURDENS IN JESUS NAME
CONROE SYMPHONY ORCHESTRA 1500 NORTH FRAZIER STREET, #3 CONROE, TX 77301	76-0541320		4,600.	0.			ADDING TO THE CULTURAL ENRICHMENT OF THE COMMUNITY, ASSURING A BETTER QUALITY OF LIFE
EAGLES NEST MINISTRIES OF CONROE 1450 BLAKE ROAD CONROE, TX 77304	16-1767012		7,200.	0.			HEALING HEARTS AND RESTORING LIVES, ONE PERSON AT A TIME. OFFER ASSISTANCE, GUIDANCE, &
FOB RASOR 262 BEACH AIRPORT ROAD CONROE, TX 77301	84-5056183		400.	0.			TO BRING AWARENESS TO THE 22 A DAY SUICIDE EPIDEMIC AMONG OUR WARRIORS. OUR MISSION IS THAT ALL
FOREVER FAITHFUL MINISTRIES 13955 LAKE MOUNT PLEASANT MONTGOMERY, TX 77356	16-1315813		5,950.	0.			REACHING, TEACHING, & HEALING THROUGH HORSES
GOD'S GARAGE 2106 EAST DAVIS STREET CONROE, TX 77301	47-5406083		1,900.	0.			ASSIST SINGLE MOTHERS, WIDOWS AND WIFES OF DEPLOYED MILITARY WITH RELIABLE TRANSPORTATION
HOPE'S BRIDGE RESOURCE CENTER PO BOX 1901 MONTGOMERY, TX 77356	84-1770790		500.	0.			TO BUILD A BRIDGE OF HOPE THROUGH TANGIBLE RESOURCES, A RELATIONAL WALK, AND THE GOSPEL
HOUSTON FURNITURE BANK 8220 MOSLEY ROAD HOUSTON, TX 77075	47-0907461		1,974.	0.			FURNISH HOPE MAKING EMPTY HOUSES HOMES BY PROVIDING FAMILIES WITH RESIDENTIAL FURNITURE AND FURNISHINGS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
INSPIRATION RANCH (FORMERLY PANTHER CREEK INSPIRATION RANCH) - P.O. BOX 130001 - SPRING, TX 77355	20-5323335		5,881.	0.			EQUINE THERAPY FOR INDIVIDUALS WITH PHYSICAL, MENTAL AND EMOTIONAL CHALLENGES
KID'S MEALS 330 GARDEN OAKS BLVD HOUSTON, TX 77018	76-0330447		4,600.	0.			TO END CHILDHOOD HUNGER BY DELIVERING FREE HEALTHY MEALS TO THE DOORSTEPS OF HOUSTON'S
LIFE GIVING LIFE " THE RECOVERY PROJECT" - 8505 TECHNOLOGY FOREST - THE WOODLANDS, TX 77361	83-2844138		2,042.	0.			DEDICATED TO HELPING OUR COMMUNITY TACKLE SUBSTANCE ABUSE EPIDEMIC THAT HAS BEEN RAPIDLY
MEALS ON WHEELS MC 111 SOUTH 2ND STREET CONROE, TX 77301	23-7310650		10,000.	0.			FOSTER THE INDEPENDENCE AND DIGNITY OF HOMEBOUND SENIORS IN MONTGOMERY COUNTY BY PROVIDING THEM
MONTGOMERY COUNTY FOOD BANK ONE FOOD FOR LIFE WAY CONROE, TX 77385	76-0153892		5,900.	0.			UNITING OUR COMMUNITY TO FIGHT HUNGER.
MOSAICS OF MERCY 33300 EGYPT LANE, K300 MAGNOLIA, TX 77354	82-2349260		4,100.	0.			SERVES AS A HUB FOR HOPE, RESOURCES AND EDUCATION EMPOWERING EACH JOURNEY TOWARD MENTAL BEING.
NEW CANEY NEW HORIZONS P. O. BOX 711 NEW CANEY, TX 77357	76-0377281		2,658.	0.			TO ENRICH THE LIVES OF PEOPLE WITH INTELLECTUAL & DEVELOPMENTAL DISABILITIES THROUGH
PTSD FOUNDATION OF AMERICA 9724 DERRINGTON ROAD HOUSTON, TX 77064	20-3864341		7,600.	0.			TO BRING HOPE AND HEALING TO COMBAT VETERANS AND THEIR FAMILIES SUFFERING FROM THE EFFECTS OF
THE ROSE 12700 NORTH FEATHERWOOD DRIVE, SUITE HOUSTON, TX 77034	76-0193812		5,000.	0.			PROVIDES BREAST CANCER SCREENING, DIAGNOSTIC & ACCESS TO TREATMENT REGARDLESS OF ABILITY TO

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
SOCIETY OF SAMARITANS P. O. BOX 912 MAGNOLIA, TX 77355	76-0187004		8,000.	0.			TO COMMUNICATE THE GOSPEL AS WE MODEL THE LOVE AND COMPASSION OF JESUS CHRIST BY PROVIDING FOOD,
SPECIAL OLYMPICS TEXAS 5800 MESA DRIVE HOUSTON, TX 77029	74-1998367		2,000.	0.			TO EMPOWER CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES TO LIVE HEALTHY, FULFILLING AND
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET, SUITE 30 TOMBALL, TX 77375	76-0280324		10,000.	0.			CHRISTIAN MINISTRY THAT BY THE GRACE OF GOD AND IN RESPONSE TO LOVE OF JESUS, PROVIDES QUALITY
TRI-COUNTY'S CONSUMER FOUNDATION 233 SGT. ED HOLCOMB CONROE, TX 77304	30-0950954		900.	0.			ENSURING FISCALLY RESPONSIBLE MANAGEMENT OF DOLLARS TO PROVIDE NEEDED SERVICES TO THE CONSUMERS
YES TO YOUTH (FORMERLY MC YOUTH SERVICES) - P. O. BOX 1316 - CONROE, TX 77305	46-5233484		9,900.	0.			PROVIDES CRISIS INTERVENTION COUNSELING, SHELTER PROGRAMS & PREVENTION SERVICES TO

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	15	18,200.	0.		
NATURAL DISASTER RELIEF	22	71,416.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

GRANT AGREEMENTS REQUIRE THE GRANTEE TO PROVIDE A WRITTEN GRANT REPORT THAT INCLUDES DIGITAL PHOTOGRAPHIC SUPPORT OF BENEFICIARIES OF THE GRANT WHO WERE PERSONALLY INVOLVED IN THE PROGRAM AND A 2-3 SENTENCE NARRATIVE ABOUT HOW THEY BENEFITED FROM THE FUNDING THAT WAS PROVIDED. THE REPORT MUST ALSO CONTAIN AN EXPLANATION FROM THE GRANTEE ON HOW THE FUNDING IMPROVED THE LIFE OF SOMEONE IN MONTGOMERY COUNTY. THE GRANT REPORT IS REVIEWED BY THE DISTRIBUTION COMMITTEE PRIOR TO DISCUSSION ON THE SUBSEQUENT YEAR'S FUNDING REQUEST FROM A GRANTEE. IF A GRANTEE DOES NOT MAKE A FUNDING

**Part IV** Supplemental Information

REQUEST THE SUBSEQUENT YEAR, THE GRANT REPORT IS REVIEWED BY THE EXECUTIVE DIRECTOR. ADDITIONALLY, THE GRANT AGREEMENTS REQUIRE THAT ANY FUNDS NOT USED OR COMMITTED FOR THE SPECIFIC PURPOSE OF THE GRANT WITHIN THE SPECIFIED TERM OF JAN. 1 THROUGH DEC. 31 OF THE GRANT YEAR MUST BE RETURNED TO MCCF, UNLESS OTHERWISE AUTHORIZED IN WRITING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ABANDONED ANIMAL RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: WORK TOWARD ENDING PET OVERPOPULATION THAT RESULTS IN THE EUTHANASIA OF UNWANTED CATS AND DOGS.

NAME OF ORGANIZATION OR GOVERNMENT:

ACCESS SPECIAL NEEDS PROGRAM OF THE ARK CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESS EXISTS TO CREATE APPEALING, ENGAGING AND HELPFUL ENVIRONMENTS FOR KIDS, TEENS AND ADULTS WITH PHYSICAL, MENTAL AND BEHAVIORAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ALL EARS! LISTENING & LANGUAGE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER FAMILIES OF CHILDREN WHO ARE DEAF OR HARD OF HEARING WITHOUT FINANCIAL BURDEN, WHO HAVE CHOSEN LISTENING AND SPOKEN LANGUAGE AS THEIR CHILD'S COMMUNICATION OPTION BY TEACHING THEM LISTENING, SPEAKING AND LITERACY SKILLS IN ORDER TO PROMOTE INDEPENDENCE

NAME OF ORGANIZATION OR GOVERNMENT: BIG THINKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: ONE-ON-ONE TUTORING AT NO COST FOR UNDERSERVED ELEMENTARY SCHOOL STUDENTS IN TITLE 1 SCHOOLS IN MONTGOMERY COUNTY

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGEWOOD FARMS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLING INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO REACH THEIR HIGHEST POTENTIAL

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ASSISTANCE CENTER (FORMERLY MC EMERGENCY ASSISTANCE)

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY FINANCIAL ASSISTANCE OF HOUSING, UTILITIES, FOOD AND CLOTHING FOR MOCO RESIDENTS IN FINANCIAL CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: CONROE SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDING TO THE CULTURAL ENRICHMENT OF THE COMMUNITY, ASSURING A BETTER QUALITY OF LIFE FOR THE CONROE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: EAGLES NEST MINISTRIES OF CONROE

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALING HEARTS AND RESTORING LIVES, ONE PERSON AT A TIME. OFFER ASSISTANCE, GUIDANCE, & TRAINING TO MEN RECENTLY RELEASED FROM PRISON.

NAME OF ORGANIZATION OR GOVERNMENT: FOB RASOR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING AWARENESS TO THE 22 A DAY SUICIDE EPIDEMIC AMONG OUR WARRIORS. OUR MISSION IS THAT ALL VETERANS, YOUNG & OLD, SUFFERING OR NOT, RECEIVES A BUDDY CHECK EVERY FRIDAY. START TODAY, CALL A BUDDY AND GIVE THEM ORDERS TO DO THE SAME.

NAME OF ORGANIZATION OR GOVERNMENT: GOD'S GARAGE

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST SINGLE MOTHERS, WIDOWS AND WIFES OF DEPLOYED MILITARY WITH RELIABLE TRANSPORTATION BY GRANTING FREE VEHICLE REPAIRS AND FREE VEHICLES

NAME OF ORGANIZATION OR GOVERNMENT: HOPE'S BRIDGE RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A BRIDGE OF HOPE THROUGH TANGIBLE RESOURCES, A RELATIONAL WALK, AND THE GOSPEL MESSAGE OF JESUS CHRIST

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON FURNITURE BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FURNISH HOPE MAKING EMPTY HOUSES HOMES BY PROVIDING FAMILIES WITH RESIDENTIAL FURNITURE AND FURNISHINGS TO IMPROVE SLEEP, MEALTIME, AND HOME COMFORTS TO PROMOTE A HAPPY AND HEALTHY LIFESTYLE.

NAME OF ORGANIZATION OR GOVERNMENT: KID'S MEALS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO END CHILDHOOD HUNGER BY DELIVERING FREE HEALTHY MEALS TO THE DOORSTEPS OF HOUSTON'S HUNGRIEST PRESCHOOL-AGED CHILDREN. RECENTLY EXPANDED TO MONTGOMERY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

LIFE GIVING LIFE " THE RECOVERY PROJECT"

(H) PURPOSE OF GRANT OR ASSISTANCE: DEDICATED TO HELPING OUR COMMUNITY TACKLE SUBSTANCE ABUSE EPIDEMIC THAT HAS BEEN RAPIDLY AFFECTING INDIVIDUALS, FAMILIES, YOUTH AND OUR VETERANS THROUGHOUT OUR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS MC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER THE INDEPENDENCE AND DIGNITY

**Part IV** Supplemental Information

OF HOMEBOUND SENIORS IN MONTGOMERY COUNTY BY PROVIDING THEM WITH  
NUTRITIOUS MEALS, TRANSPORTATION AND CARING CONNECTIONS

NAME OF ORGANIZATION OR GOVERNMENT: NEW CANEY NEW HORIZONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENRICH THE LIVES OF PEOPLE WITH  
INTELLECTUAL & DEVELOPMENTAL DISABILITIES THROUGH EMPLOYMENT, TRAINING  
AND LIFE EXPERIENCES THAT BUILD SELF-ESTEEM AND PROMOTE PERSONAL  
INDEPENDENCE AT HOME; AT WORK AND WITHIN THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: PTSD FOUNDATION OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING HOPE AND HEALING TO COMBAT  
VETERANS AND THEIR FAMILIES SUFFERING FROM THE EFFECTS OF COMBAT-RELATED  
POST TRAUMATIC STRESS.

NAME OF ORGANIZATION OR GOVERNMENT: THE ROSE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BREAST CANCER SCREENING,  
DIAGNOSTIC & ACCESS TO TREATMENT REGARDLESS OF ABILITY TO PAY

NAME OF ORGANIZATION OR GOVERNMENT: SOCIETY OF SAMARITANS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMMUNICATE THE GOSPEL AS WE  
MODEL THE LOVE AND COMPASSION OF JESUS CHRIST BY PROVIDING FOOD, CLOTHES,  
AND EMERGENCY FINANCIAL ASSISTANCE AND OTHER NECESSITIES TO THE NEEDY OF  
THE GREATER MAGNOLIA AREA

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER CHILDREN AND ADULTS WITH  
INTELLECTUAL DISABILITIES TO LIVE HEALTHY, FULFILLING AND MEANINGFUL  
LIVES. WE REALIZE OUR VISION OF ACCEPTANCE AND INCLUSION THROUGH HEALTH,

**Part IV Supplemental Information**

LEADERSHIP AND ADVOCACY PROGRAMS, AS WELL AS OUR MISSION TO PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-STYLE SPORTS WITH INTELLECTUAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: TOMAGWA HEALTHCARE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CHRISTIAN MINISTRY THAT BY THE GRACE OF GOD AND IN RESPONSE TO LOVE OF JESUS, PROVIDES QUALITY HEALTHCARE, OFFERS HOPE AND RESTORES DIGNITY TO UNINSURED, LOW-INCOME FAMILIES AND INDIVIDUALS IN TRI-COUNTY REGION REGARDLESS OF RACE, ETHNICITY, CREED, RELIGION OR ABILITY TO PAY

NAME OF ORGANIZATION OR GOVERNMENT: TRI-COUNTY'S CONSUMER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURING FISCALLY RESPONSIBLE MANAGEMENT OF DOLLARS TO PROVIDE NEEDED SERVICES TO THE CONSUMERS OF TRI-COUNTY BEHAVIORAL HEALTHCARE

NAME OF ORGANIZATION OR GOVERNMENT:

YES TO YOUTH (FORMERLY MC YOUTH SERVICES)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CRISIS INTERVENTION COUNSELING, SHELTER PROGRAMS & PREVENTION SERVICES TO STRENGTHEN FAMILIES, KEEP YOUTH IN SCHOOL AND PREPARE THEM TO BE PRODUCTIVE CITIZENS



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MONTGOMERY COUNTY COMMUNITY FOUNDATION

Employer identification number

76-0082098

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GROW EFFECTIVE PHILANTHROPY THROUGH ACCOUNTABLE AND EFFICIENT  
STEWARDSHIP OF ENDOWED CONTRIBUTIONS. MCCF OFFERS ENDOWMENT DONORS  
SIMPLICITY AND FLEXIBILITY IN CARRYING OUT THEIR LONG TERM CHARITABLE  
GOALS AND WORKS TO CONTINUALLY MEET NEEDS AND INCREASE DONOR IMPACT IN  
THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - THE FOUNDATION'S PRESIDENT & CEO AND THE BOARD OF  
DIRECTORS REVIEW THE 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES, BOARD OF DIRECTORS, COMMITTEES, AND INVESTMENT ADVISORS ARE  
COVERED BY THE CONFLICT OF INTEREST POLICY. CONFLICTS OF INTEREST ARE  
DETERMINED AT EACH LEVEL - BOARD, EXECUTIVE DIRECTOR AND COMMITTEE, AND  
ACTUAL CONFLICTS OF INTEREST ARE REVIEWED AT THE SAME LEVELS. WHEN A  
CONFLICT OF INTEREST IS IDENTIFIED, THE INDIVIDUAL MUST RECUSE THEMSELVES  
FROM DELIBERATIONS AND ABSTAIN FROM VOTING ON SUCH MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE MCCF BOARD OF DIRECTORS REVIEWS AND VOTES ON COMPENSATION AWARDED TO  
THE PRESIDENT & CEO ANNUALLY. FOR THIS REVIEW, THEY ARE PROVIDED THE  
COUNCIL ON FOUNDATIONS EMPLOYEE COMPENSATION SUMMARY FOR COMMUNITY  
FOUNDATIONS WITH A COMPARABLE ASSET SIZE. ADDITIONALLY, THE BOARD CONDUCTS  
AN ANNUAL EVALUATION OF THE PRESIDENT AND CEO'S JOB PERFORMANCE.

