	IRS e-file Signature Authorization		OMB No. 1545-0047						
Form 8879-EO	for an Exempt Organization	or an Exempt Organization							
	For calendar year 2020, or fiscal year beginning $_$ OCT 1 , 2020, and ending $_$ SEP 30	, 20 <u>21</u>	2020						
Department of the Treasury	Do not send to the IRS. Keep for your records.		ΖυΖυ						
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.								
Name of exempt organization		Taxpayer	identification number						
	ITAL INVESTING IN DEVELOP-		460260						
	DYMENT OF ADULTS, INC.	47-2	462360						
Name and title of officer or pe MICHELLE PAUL	rson subject to tax								
EXECUTIVE DIR	۲CͲOR								
	Return and Return Information (Whole Dollars Only)								
	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, f	rom the retur	m. lf vou						
	2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wi								
	2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ent	tered -0- on tl	ne						
return, then enter -0- on th	e applicable line below. Do not complete more than one line in Part I.								
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,217,436.						
2a Form 990-EZ check h									
3a Form 1120-POL chec									
4a Form 990-PF check h									
5a Form 8868 check here									
6a Form 990-T check he									
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)								
	I declare that X I am an officer of the above organization or I am a person su	2	5						
(name of organization)	, (EIN), rn and accompanying schedules and statements, and, to the best of my knowledge and								
true, correct, and complete	e. I further declare that the amount in Part I above is the amount shown on the copy of	the electronic	c return.						
I consent to allow my inter	mediate service provider, transmitter, or electronic return originator (ERO) to send the reas an acknowledgement of receipt or reason for rejection of the transmission, (b) the reas	eturn to the I	RS and						
processing the return or re	fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its	designated F	Financial						
Agent to initiate an electro	nic funds withdrawal (direct debit) entry to the financial institution account indicated in	the tax prepa	aration						
software for payment of th	e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days price	s account. To) revoke						
(settlement) date. I also au	thorize the financial institutions involved in the processing of the electronic payment of	taxes to rece	eive						
confidential information ne	cessary to answer inquiries and resolve issues related to the payment. I have selected	a personal							
PIN: check one box only	as my signature for the electronic return and, if applicable, the consent to electronic fu	inus withurav	val.						
- -									
I authorize	FD0 #	to enter m	Enter five numbers, but						
	ERO firm name		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 conv of th	e return is being filed with						
, .	es) regulating charities as part of the IRS Fed/State program, I also authorize the aforem		U						
	n's disclosure consent screen.								
X As an officer or	person subject to tax with respect to the organization, I will enter my PIN as my signatu	re on the tax	vear 2020						
	d return. If I have indicated within this return that a copy of the return is being filed with								
regulating charit	ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure of	consent scre	en.						
	Michelle Paul		July 19, 2022						
Signature of officer or person subject	et to tax 🕨	Dat							
Part III Certifica	tion and Authentication								
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification								
number (EFIN) followed by	your five-digit self-selected PIN. 7629979155								
	Do not enter all zero								
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indica eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inforr								
IRS e-file Providers for Bus		nation for Au	Ithonzed						
	eshome Date ► 07	/11/22							
		/ 1 1 / 22							
	ERO Must Retain This Form - See Instructions	0.							
	Do Not Submit This Form to the IRS Unless Requested To Do	o So							
LHA For Paperwork Rec	uction Act Notice, see instructions.		Form 8879-EO (2020)						
-			. /						
023051 11-03-20									

	-		Return of Organization Exempt F	rom I	ncome Tax	OMB No. 1545-0047
Forr	n g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (2020
1 011			Do not enter social security numbers on this form a	-		LOLO
Depa Intern	rtment al Reve	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and 	-	=	Open to Public Inspection
					SEP 30, 2021	
_	heck if		D Employer identifi	cation number		
	oplicat	le.	TON'S CAPITAL INVESTING IN DEVELOP-	_		
	Addr		AND EMPLOYMENT OF ADULTS, INC.			
	Name Chan		usiness as CAPITAL IDEA HOUSTON		47-24623	60
	Initia			Room/suite		
		2101	CRAWFORD STREET #211		832-280-	
	termi	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,217,436.
	Amer returr	ided UOTTC	TON, TX 77002		H(a) Is this a group re	eturn
	Appli tion		nd address of principal officer: MICHELLE PAUL		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates ir	
IT	ax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 🗌 527		list. See instructions
			CAPITALIDEAHOUSTON.ORG		H(c) Group exemptio	
κF	orm o	f organization:	X Corporation Trust Association Other ►	L Year		A State of legal domicile: TX
	rt I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: CAPIT	AL ID	EA HOUSTON'S	S MISSION
Governance			NVEST IN WORKING ADULTS BY PROVIDIN			
nai	2	Check this bo	x 🕨 🥅 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
Iove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3	13
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	13
8 8	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)		5	20
Activities &	6	Total number	of volunteers (estimate if necessary)		6	23
vctiv	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		1,281,554.	2,217,436.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
leve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
щ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,281,554.	2,217,436.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		263,390.	1,095,082.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		514,886.	819,002.
sue			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense				0.		224 225
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		324,477.	334,806.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,102,753.	2,248,890.
	19	Revenue less	expenses. Subtract line 18 from line 12		178,801.	-31,454.
Net Assets or Fund Balances		-			eginning of Current Year	End of Year
Sset	20	Total assets (F			772,844. 138,678.	725,437. 122,725.
let A Ind 1	21		(Part X, line 26)		634,166.	602,712.
	22 rt II	Net assets or Signature	fund balances. Subtract line 21 from line 20		024,100.	002,112.
		-	I declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of m	knowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of white			r nitowieuye allu bellei, it is
<u>u</u> e,	LOLLE		שבנומומווטוו טו שובשמובו (טנוובו נוומוו טווונצו) וג שמצע טוו מו וווטווומנוטוו טו אווו	un preparer	nas any knowleuge.	

Sign	Signature of officer		Date									
Here	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date Check] PTIN								
Paid	Print/Type preparer's name Preparer's signature Date Check PTIN Paid TENE THOMAS Preparer's signature Date Check PTIN											
Preparer	Firm's name MCCONNELL & JONE	S LLP	Firm's EIN 🕨 76	5-0488832								
Use Only	Firm's address 4828 LOOP CENTRA	L DRIVE SUITE 1000										
	HOUSTON, TX 7708	1	Phone no. 713-	-968-1600								
May the If	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No								
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	HOUSTON'S CAPITAL INVESTING IN DEVELOP-
	990 (2020) MENT AND EMPLOYMENT OF ADULTS, INC. 47-2462360 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CAPITAL IDEA HOUSTON'S MISSION IS TO INVEST IN WORKING ADULTS BY
	PROVIDING EDUCATIONAL PATHWAYS FROM LOW-WAGE TO LIVING-WAGE CAREERS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	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 \$ 2,048,002. including grants of \$ 1,095,082.) (Revenue \$ 0.)
	THE ORGANIZATION PROVIDES EDUCATION, TRAINING, AND OTHER SUPPORT FOR
	INDIVIDUALS WHO ARE ECONOMICALLY DISADVANGED OR FACE MULTIPLE BARRIERS TO EMPLOYMENT. CAPITAL IDEA HOUSTON COLLABORATES WITH HIGHER EDUCATION
	SCHOOL AND GOVERNMENT AGENCIES IN OFFERING MEANINGFUL ADULT EDUCATION.
	THE ORGANIZATION HELPS COORDINATE CHILD CARE, TRANSPORTATION
	ASSISTANCE, FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO BOOKS,
	TUITION, AND TUTORING, ADVICE ON WORK-SCHOOL-LIFE BALANCE, AND SOFT
	SKILLS. THE ORGANIZATION ASSISTS GRADUATES IN OBTAINING JOBS THAT PAY A
	LIVING WAGE AND IN PURSUING CAREER PATHS THAT WILL SUPPORT A FAMILY,
	PROVIDE BENEFITS AND OFFER OPPORTUNITIES FOR PROFESSIONAL ADVANCEMENT
	DURING THE FISCAL YEAR ENDED 9/30/2021, CAPITAL IDEA HOUSTON ASSISTED
	541 INDIVIDUALS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,048,002.
	Form 990 (2020)
032002	12-23-20
	2

MENT AND EMPLOYMENT OF ADULTS, INC. 47-2462360 Page 3

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X 1 Is the organization required to complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 1 X				Yes	No
If Yes, "complete Schedule A 1 X 2 Is the organization required to complete Schedule P, Perl I 3 X 3 Did the organization required to complete Schedule Q, Perl I 3 X 4 Section S01(C)(3) organizations. Did the organization engages in bobying activities on behalf of or in opposition to candidates for similar amounts as defined in Perunaphese Schedule Q, Perl I 3 X 5 Is the organization matchin any diom radius activities on behalf of or in opposition to candidates for similar amounts as defined in Perunaphese Schedule Q, Perl I 5 X 6 Did the organization matchin any diom radius activities on thesis or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds assements, bothesis assemes, or the amile assemes. The reserve open space. The environment, histoin cland aceas, or histoin shuch linking assements to pressive open space. The environment, histoin cland aceas, or intotic shuchures? If Yes, "complete Schedule D, Parl II 7 X 10 Did the organization matchin any diom radius classes in donor-restricted endowments? 9 X 11 If the organization indept an amount in Parl X. Ime 21, for socrew or custodial account liability, serve as a custodian for an outsto in foust inductive biolet and organization. The Parl X. 9 X 11 If the organization anionarestrict cunusaling, decin management, readit reparls, consplete Sc	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization encode in direct or index topicate accounting output time on behalf of or in opposition to candidate for public official if if were index of index of public official accounting activities on behalf of or in opposition to candidate for public official if were index or public official if any activities on them a section 501(h) election in effect during the taxy year? If weight complete Schedule Q. Part II 3 X 6 Section 501(h) election in effect of index of public accounts for which all receives membership dues, assessments, or similar anounts as defined in Revenue Procedure 98-19? If 'yeg,' complete Schedule Q. Part II 5 X 6 Ib the organization maritain any dome advised hands or any similar funds or accounts? If 'yeg,' complete Schedule D. Part II 6 X 7 X Bott the organization maritain collections of works of art, historical treasures, or other similar assets? If 'Yeg,' complete Schedule D. Part II 6 X 7 X Bott the organization maritain collections of works of art, historical treasures, or other similar assets? If 'Yeg,' complete Schedule D. Part II 8 X 9 Dick the organization regort an amount in Part X, line 21, the earce w or custodial account liability, serve as a custodian for amount in part M integ, the organization, folded maritary, complete Schedule D, Part V 9 X 9 Dick the organization regort an amount for land, buildings, and equipment in Part X, line 102' H'Yeg,' complete Schedule D, Part V			1	Х	
public office? If Y max i complete Schedule Q, Part I 3 X 4 Sectors 601(63) organizations. Dit the organization engage in lobbying activities, or have a section 501(b) election in effect 4 X 5 Is the organization ascino 501(c)(4). 501(c)(5), or 501(c)(6) organization that recoves membrahip dues, assessments, or similar amounts as defined in Pervine Proceedure 817 if Y max, complete Schedule Q, Part II 5 X 6 Did the organization maintain any door advised hads or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such hads or accounts for Ymax, Complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization induction of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 10 X 9 Did the organization amount in Part X, line 21, for score or or custodial account liability, serve as a custodian for amount in an instate direction in hold assets in donor-metric tele medionismestro or in usation amount for the adjusted in Part X, ine 27, If "Yes," complete Schedule D, Part V 10 X 10 X as applicable. Part VI 10 X 11 If t	2		2	Х	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? <i>II</i> 'Yes, 'complete Schedule C, Part <i>II</i>. Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 84-V87 <i>II</i> 'Yes,' complete Schedule C, Part <i>II</i>. Did the organization neither and yoon or advised tinks or a symilar tinks or a accounts' <i>II</i> 'Yes,' complete Schedule D, Part <i>II</i>. Did the organization metric and areas, or historic structures? <i>II</i> 'Yes,' complete Schedule D, Part <i>II</i>. Did the organization metric and areas, or theories attractures are uncertain function assessments. Did the organization metric and areas, or theories attractures are uncertain function are uncertain the second or any solid structures? <i>II</i> 'Yes,' complete Schedule D, Part <i>II</i>. Did the organization recent conseling, debt management, credit repair, or debt negotiation services? <i>II</i> 'Yes,' complete Schedule D, Part <i>II</i>. Did the organization recent conseling, debt management, the assets? <i>II</i> 'Yes,' complete Schedule D, Part <i>II</i>. Did the organization recent amount for intert structures of the solution are uncertain to a section <i>II</i> and the organization recent amount for intert section <i>II</i>. Did the organization recent amount for intertements - other securities in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part <i>II</i>. Did the organization report an amount for intertements - other securities in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part <i>VI</i>. Did the organization report an amount for intertements - other securities in Part X, line 12? <i>II</i> the St 50 or more of IIs total assets reported in Part X, line 12? <i>II</i> repaired and the secure sethic Part X and the secure secure secure secure secure secure	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c)(a) organization. Bid the organization engage in tobbying activities, or have a section 501(b) election in effect during the survey? If Yes, "complete Schedule C, Part II 4 5 Is the organization ascion 501(c)(4), 501(c)(6), or 501(c)(6) or 501		public office? If "Yes," complete Schedule C, Part I	3		X
6 Is the organization a section S01(c)(4), S01(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure DB 197 (**es, "complete Schedule C, Part II) 5 X 6 Did the organization matching any donor adviced 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for theres" complete Schedule D, Part II 6 X 7 X Bib dit the organization matching oblemositic funds carsy similar funds or ascounts for the second second. Funds account flability, serve as a custodial negative funds or any similar assets in provide credit counseling, debt management, credit repair, or debt negatiation services? 7 X 9 Did the organization is and the flabiving questions is "Yes," then complete Schedule D, Part VI 10 X 9 Did the organization is any of the flabiving questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VII, VII, VII, VII,	4				
similar amounts as defined in Revenue Procedure 96-169 // **xe, *complete Schedule 0, Part II 5 X 6 Dot the organization matchina my doorn advised funds or any semilar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to 6 6 X 7 Did the organization necesive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If **xe, *complete Schedule 0, Part II 7 X 8 Did the organization matchin collections of vorks of at, historical treasures, or other similar assets? If **xe, *complete Schedule 0, Part IV 8 X 9 Did the organization, ainextly or through a related organization, hold assets in donorrestricted endownents 7 X 10 Did the organization, ainextly or through a related organization, hold assets in donorrestricted endownents 7 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If *xes, *complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16' If *xes, *complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any done advised funds or accounts for which dones have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dones have the right to the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	5				
provide advice on the distribution or investment of anounts in such funds or accounts? // **es,* complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization receive or hold a conservation assuments, including easements to preserve open space. 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other small asset? // *Yes,* complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cardidu conselling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? 10 X 11 If the organization report an amount for linvestments - other securities in Part X, line 10? II * Yes,* complete Schedule D, Part VI 10 X 12 Did the organization report an amount for linvestments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? II * Yes,* complete Schedule D, Part VI 110 X 13 Did the organization report an amount for linvestments - other securities in Part X, line 16? II * Yes,* complete Schedule D, Part		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lard areas, or historic structure? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collection of works of art, historical treasures, or propiete Schedule D, Part III 8 X 9 Did the organization maintain collection of works of art, historical treasures, or propiete Schedule D, Part IV 8 X 10 Did the organization services? 9 X 11 The s, "complete Schedule D, Part IV 9 X 10 If the organization services? 9 X 11 If the organization services? 9 X 11 If the organization service to report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, "complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments- orbare sociaties in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, "complete Schedule D, Part IV 110 X 12 Did the organization report an amount for other assets in Part X, line 25? If 'Yes, "complete Schedule D, Part X 111 X 13 Did the organization method in the origites Schedule D, Part X 111 X 111	6				
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part II 10 X 11 If the organization is enswer to any of the following questions is "Yes," then complete Schedule D, Part X, a sepplicable. 10 X a bid the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If Yes," complete Schedule D, Part VII 11a X C Did the organization report an amount for investments - program related in Part X, line 157. If Yes," complete Schedule D, Part XII 11b X 111 X 11d X 11d X C Did the organization report an amount for investments - program related in Part X, line 157. If Yes," complete Schedule D, Part X 11d X 112			6		X
9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted andowments 0 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, X, or X as applicable. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 13 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 167 If 'Yes,' complete Schedule D, Part VII 11b X 14 Did the organization report an amount for other iassetin Part X, line 157 If 'Yes,' complete Schedule D, Part VII 11c X 11 Did the organization seport an amount for other iassetin Part X, line 157 If 'Yes,' complete Schedule D, Part XII 11c X 11 Did the organization report an amount for other iassetin Part X, line 120'I' 'Yes,' complete Sc	7				
Schedule D, Part III III III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? IIII 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? /// Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part VI 10 X 2 Did the organization report an amount for investments - organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part VI 11a X 9 Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part VII 11d X 9 Did the organization report an amount for investments - program related in Part X, line 167 // Yes,' complete Schedule D, Part X 11d X 9 Did the organization separate or consolidated financial statements for the tax year? 11d X 10 Did the organization report an amount for investments - organ related inscial statements for the tax year? 11d X 12a Did the organization separa			7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 0 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V, VII, VIII, K, or X as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI 11d X 14 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? If 'Yes,'' complete Schedule D, Part X 11e X 11 Did the organization is parate in dependent audited financial statements for the tax year? 11te X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? 11te X 12 Did the organization included in consolidated, independent audited financial statements	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? g X If 'Yes,'' complete Schedule D, Part IV 10 X Dott the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 X If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part V 10 X a Did the organization report an amount for investments - other securities in Part X, line 12? If 'Yes,'' complete Schedule D, Part V 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11b X c 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? If 'Yes,'' complete Schedule D, Part VII 11c X c Did the organization report an amount for investments or the taxy ear/ include a footnote that addresses the organization report an amount for other assets in Part X, line 15? If 'Yes,'' complete Schedule D, Part X 11d X c Did the organization separate in operate independent audited financial statements for the taxy ear? 11t X 11d X 11d X 11d X 2 Did the organization included in consolidated, independent audited financial statements for the taxy ear?<			8		X
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in domorrestricted endowments 10 X 11 If the organization factory or through a related organization, hold assets in domorrestricted endowments 10 X as applicable. as applicable. 11 X 11 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11a X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X c 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? If "Yes," complete Schedule D, Part VIII 11d X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 112 Did the organization sizeparate or consolidated financial statements for the tax year? If Yes, "and if the organization subsets in Part X, line 15, that is 5% or more of its total assets reported in Part X 11d X 12a Did the organization is eparate, independent audited financial statements for the tax year? If Yes, "and	9				
10 Doth the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable. 11a X a Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,'' complete Schedule D, Part VII 11b X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11c X c Did the organization report an amount for investments - program related in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11d X d Did the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X 11d X d Did the organization is parate or consolidated financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X and XII 11d X 12a Did the organization asparate or consolidated, independent audited financial statements for the tax year? 11d X 12a X If 'Yes,'' complete Schedule D, Part X I and XII is optional 12a X 12a Did the organization nexene exerces orexeneses or more than SL000 f					
or in quase endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 10? // 'Yes," complete Schedule D, Part VI 11a X c) Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes," complete Schedule D, Part VII 11c X d) 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? // 'Yes," complete Schedule D, Part VII 11c X d) Did the organization separate or consolidated financial statements for the tax year: complete Schedule D, Part X 11e X f) Did the organization steparate, independent audited financial statements for the tax year? 11' Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Part X X II to QLOD 12a X 12a Did the organization and described in section 1700(IV)(IV)(IV) 'Y 'Yes," complete Schedule D, Part X X II at X 12a X 12a X 11d X 12a X 12a Did the organization cohord described in section 1700			9		X
11 if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VI, VII, VII, VI, VII,	10				v
as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes," complete Schedule D, Part VI 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? // *Yes," complete Schedule D, Part VII c) Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part VII d) Did the organization report an amount for other lassets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X Did the organization report an amount for other labilities in Part X, line 25? // *Yes," complete Schedule D, Part X D) Did the organization obtain separate, independent audited financial statements for the tax year? H *Yes," complete Schedule D, Part X D) Did the organization obtain separate, independent audited financial statements for the tax year? H *Yes," and if the organization naintain an office, employes, or ageresto ustide of the United States? D) Did the organization naintain an office, employes, or ageresto ustide of the United States? D) 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 report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If *Yes," complete Schedule F, Parts II and IV D) Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign in		or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, ' complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, ' complete Schedule D, Part VII 11b X c 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? If 'Yes, ' complete Schedule D, Part VIII 11c X d Did the organization report an amount for other sasets in Part X, line 25? If 'Yes, ' complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes, ' complete Schedule D, Part X 11d X 11d X 11d X 11d X 12a Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes, ' complete Schedule D, Part X 11d X 12a X 11d X 11d X 13 It he organization islability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes, ' complete Schedule D, Part X 11d X 14a Did the organization islability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes, ' complete Schedule E 13 X 14b <td>11</td> <td></td> <td></td> <td></td> <td></td>	11				
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c 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? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X e Did the organization separate or consolidated financial statements for the tax year include a footnot that addresses the organization ascent reported in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization separate or consolidated financial statements for the tax year includes a footnot that addresses the organization asched report N to line 12a, then completing Schedule D, Part X and XI is optional 11t X 12a Did the organization asched schedule F, Parts I and IV 11d X X 14a Did the organization asched schedule A, Nime 18, Nime 18, Nime 18, Nime 18, Indepandent audited financial statements for the assistance to or for any foreign organization asched schedule F, Parts I and IV 12a X 14a Did the organization asched deschedule A, Nime 18, Nime 18, Nime 10, Nime 3, more than					
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? // "Yes," complete Schedule D, Part VII 11b X c 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? // "Yes," complete Schedule D, Part VII 11c X d 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? // "Yes," complete Schedule D, Part X 11c X f Did the organization report an amount for other isbibilities in Part X, line 257 // "Yes," complete Schedule D, Part X 11d X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization silability for uncertain tax positions under FIN 48 (ASC 7407) // "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 13 Is the organization natinal an office, employees, or agents outside of the United States? 11d X 14a Did the organization maintain an office, Part J, and IV 11d X 14a Did the organization natinal an office, Part J, and IV 11d X	а			v	
assets reported in Part X, line 16? /f *Yes, * complete Schedule D, Part VII 11b X c 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? /f *Yes, * complete Schedule D, Part VII 11c X d 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? /f *Yes, * complete Schedule D, Part X 11d X e Did the organization report an amount for other labilities in Part X, line 25? /f *Yes, * complete Schedule D, Part X 11e X e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11d X 14a Did the organization ashool described in section 170(b)(1)/(4)(ii)? If *Yes, * complete Schedule D, Parts XI and XII is optional 11a X 14b Did the organization ashool described in section 170(b)(1)/(4)(ii)? If *Yes, * complete Schedule F 13 X 14a Did the organization ashool described Schedule D, Parts XI and XII is optional 14a X 14b Did the organization report on Part X, col			11a	A	
c 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? /f "Yes," complete Schedule D, Part VII 11c X d 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? /f "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11f X f Did the organization abanesed and the pendent audited financial statements for the tax year? /f 'f 'f 'f 'se," complete Schedule D, Part X 11f X f Was the organization abchol described in section 170b(h(M)(M)? /f 'f 'f 'se," complete Schedule E 13 X 14a Did the organization nave agregate revenues or expenses of more than \$10.000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 or more? 14a X 15 Did the organization report no Part IX, column (A), li	D		446		v
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d 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? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 11t X b Was the organization included in consolidated, independent audited financial statements for the tax year? 11d X 11d X 11d X 11d X b Was the organization answered "No" to line 12a, then completing Schedule D, Part X N and XII is optional 11d X 11d Did the organization answered "No" to line 12a, then completing Schedule D, Part X N and XII is optional 11d X 11d Did the organization as chool described in Section 170(b)(11/A)(ii)? "Yes," complete Schedule E 11a X 11a Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, inve	•				
d 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? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 13a Is the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 13a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization neord on part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 17 X 16 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? If "Yes," complete Schedule G, Part II 16 X 17 Did the organization report more than \$15,000 of g	C		110		x
Part X, line 16? /f "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? // # "Yes," complete Schedule D, Part X 11e X f 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)? // # "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 13 the organization answered "No" to line 12a, then completing Schedule D, Part X and XII 12a X 14a Did the organization naintain an office, employees, or agents outside of the United States? 13a X 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or for granization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part I 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization? If "Yes," complete Schedule G, Par	Ь				
e Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X 11t X f Did the organization's iseparate or consolidated financial statements for the tax year include a footnote that addresses the organization shiability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? // *Yes," complete Schedule D, Part X 11t X b Was the organization included in consolidated, independent audited financial statements for the tax year? // *Yes," complete Schedule D, Part X and XII is optional 12a X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? // *Yes," complete Schedule E 13a X 14a It X 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? // *Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, colu	u		114		x
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? // #'Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? // #'Yes," complete Schedule D, Part X // and X// 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? // #'Yes," complete Schedule D, Parts XI and XII is optional 12a X 13 Is the organization achoes described in section 170(b(1)(A(iii)? // #'Yes," complete Schedule E 13a X 14a 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? // #'Yes," complete Schedule F, Parts II and IV 14b X 15 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? // #'Yes," complete Schedule F, Parts II and IV 14b X 16 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? // #'Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization repor	۵			x	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X					
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> . 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 12a X 13 Is the organization answered "No" to <i>line 12a, then completing Schedule D, Parts XI and XII is optional</i> 13 X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X b Did the organization navered <i>E, Parts I and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assis	•		11f	х	
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X ff "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization answered "No" to line 12a, then completing Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 17 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part I 17 X	12a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? Image: the first organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Image: the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Image: the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Image: the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Image: the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Image: the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Image: the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Image: the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Image: the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Image: the organization point as a off the United States? Image: the organization point as a off the United States? Image: the organization point as a off the United States? Image: the organization point aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule T, Parts II and IV Image: the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Image: the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II Image: the organization report on re			12a	х	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income form gaming a	b				
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			12b		Х
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedul	13		13		Х
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a XX 20b C 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 302003 12-23-20	14a		14a		Х
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a XX 20b C 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 302003 12-23-20	b				
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X Did the organization report more than \$5,000 of grasts or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X 20b 20a X 20b 20a X 20b 20b 20b 20b 20c 20a X 20b 20b 20c X 20b 20a <					ł
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20b 20a X 203 12-23-20 Form 990 (2020		or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
16 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 20b 20a X 20a X 20b 20a X 20b 20a X 2032003 12-23-20 Form 990 (20205 20205	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
16 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i>		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 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</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 032003 12-23-20 Form 990 (2020)	16				
column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 21 X 032003 12-23-20 Form 990 (2020)		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 20a X 032003 12-23-20 Form 990 (2020)	17				_
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X 032003 12-23-20 Form 990 (2020)			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 032003 12-23-20 Form 990 (2020)	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X 032003 12-23-20 Form 990 (2020)			18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X 032003 12-23-20 Form 990 (2020)	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i> 21 X 032003 12-23-20 Form 990 (2020)					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21 21 X 032003 12-23-20 Form 990 (2020)					X
domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>			20b		
032003 12-23-20 Form 990 (2020	21				v
				990	
	032003		⊢orm	330	,2020)

10030719 783345 100000263.2100

Form 990 (2020)

Part IV Checklist of Required Schedules

MENT AND EMPLOYMENT OF ADULTS, INC.

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а Х "Yes," complete Schedule L, Part IV 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If С Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 Yes No 31 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? **1**c Form 990 (2020) 032004 12-23-20

Form 990 (2020)

2020.06000 HOUSTON'S CAPITAL INVESTI 10000021

47-2462360

Page 4

orm	990 (2020) MENT AND EMPLOYMENT OF ADULTS, INC. 47-24623	360	Pa	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	ta At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	9 Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	-								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans 13b	-								
	Enter the amount of reserves on hand	44-		X						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	40		x						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x						
16										
	If "Yes." complete Form 4720. Schedule O									

Form 990 (2020)

032005 12-23-20

Form 990 (2020) Part V

Page 6 MENT AND EMPLOYMENT OF ADULTS, INC. 47-2462360 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. X

	Check if Schedule O contains a response or note to any line in this Part VI					X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.											
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3		X						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5												
6												
7a												
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st											
	persons other than the governing body?			7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
a	The governing body?	-	-	8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read											
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vonuo	Code)									
		venue	0000.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100								
		-	, anniacos,	10b								
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		x						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		e ming the form:									
				12a	Х							
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	X							
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			120	- 23							
С		,		12c	х							
40	in Schedule O how this was done			13	- 23	x						
13	Did the organization have a written whistleblower policy?					X						
14 15				14								
15	Did the process for determining compensation of the following persons include a review and approva		dependent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	х							
	The organization's CEO, Executive Director, or top management official			15a								
a	Other officers or key employees of the organization			15b	X							
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent to use the user?			40		v						
-	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ											
<u> </u>	exempt status with respect to such arrangements?			16b								
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	I-T (Section 501(c)(3)	s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	d finano	cial							
	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 boo		d records									
	SHERRILL CONSULTING ASSOCIATES, LLC - (832)387-8684	Ł										
	P.O. BOX 1702, BAYTOWN, TX 77522			_	000							
032006	12-23-20			Form	990	(2020)						
	6											

Form 990 (2020)

60 _{Page} 7
ation's tax year.
npensation.

T) T T A T T A A

• 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	(do		(C Pos	ition	than o	ne	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss per	son i	s both r/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHELLE PAUL	45.00							0.5 4.5 0		
EXECUTIVE DIRECTOR	10.00			X				87,450.	0.	4,075.
(2) SARAH COVE	10.00									•
PRESIDENT		Х		X				0.	0.	0.
(3) MELINDA LIGHTSEY-FORD SECRETARY	2.00	x		x				0.	0.	0.
(4) ANA CUMMINGS	2.00									
TREASURER		x		x				0.	0.	0.
(5) FATHER RODNEY ARMSTRONG	2.00									
MEMBER		Х						0.	0.	0.
(6) TENESHA BROWN	2.00									
MEMBER		Х						0.	0.	0.
(7) EMILY COLE	2.00									
MEMBER		Х						0.	0.	0.
(8) REV. NOEL DENISON	2.00									
MEMBER		Х						0.	0.	0.
(9) BOB FLEMING	2.00									
MEMBER		Х						0.	0.	0.
(10) ZACHARY HARTMAN	2.00									
MEMBER		Х						0.	0.	0.
(11) LINDA HOLLINS MEMBER	2.00	x						0.	0.	0.
(12) AYO KUYINU	2.00								0.	0.
MEMBER	2.00	х						0.	0.	0.
(13) BENJAMIN MUNSTER	2.00									5.
MEMBER		x						0.	0.	0.
(14) MATTHEW STROM	2.00	- -								3 •
MEMBER		x						0.	0.	0.
022007 12 22 20	<u> </u>	L	I	I	L	I	I	1		Eorm 990 (2020)

032007 12-23-20

Form 990 (2020)

10030719 783345 100000263.2100

7

HOUST	ron's	CAPITAL	INVES	STING	IN	DEVELOP-
MENT	AND	EMPLOYMEN	NT OF	ADULT	s,	INC.

47-2462360 Page 8

	990 (2020) MENT AND									47-24	<u>162</u> :	360	Page 8
Par			oloye	ees,			ghes	t Co		s (continued)	—		
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not ch unles cer and	neck r ss per	nore f son is rector	than o s both r/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d s	Esti amo o comp	(F) mated bunt of ther ensation m the
		related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2) 1000 Mile		orgai and	nization related nizations
											_		
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A					I		87,450. 0. 87,450.		0.0.		,075. 0. ,075.
2	Total number of individuals (including but no compensation from the organization							o re	ceived more than \$100,	000 of reportable	;		0 /es No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	ich individual										3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a											-	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ch p	berso	on .					5	X
1	Complete this table for your five highest cor	npensated ind	eper	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comp	bensat	ion fron	n
	the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith o	or wit	hin I		ear.		(0)	
	(A) Name and business	address	NC	ONE]				(B) Description of s	ervices	C	(C) ompens	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	l to t	thos 0		ted	above) who received mo	ore than			

Form 990 (2020)

032008 12-23-20

|--|

					LOYMENT OF	ADULTS,	INC.	47-2462	360 Page 9
Pa	rt \	/111	Statement of Reve	enue					
			Check if Schedule O co	ontains a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C) Unrelated	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	business revenue	
									sections 512 - 514
ts ts	1	а	Federated campaigns	1a	31,536.				
ran			Membership dues						
⊡ G			Fundraising events						
ifts Ir A			Related organizations						
s, G nila			Government grants (contrib		,234,018.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, gr		· · · · ·				
her		•	similar amounts not included a		951,882.				
ot		a	Noncash contributions included in line						
Con		-	Total. Add lines 1a-1f			2,217,436.			
0					Business Code				
•	2	а							
Program Service Revenue	2	b							
Ser									
m S ven		C d							
gra Re		d							
roj		e							
			All other program service re						
	0		Total. Add lines 2a-2f						
	3		Investment income (includin						
			other similar amounts)						
	4		Income from investment of	-	E E E E E E E E E E E E E E E E E E E				
	5		Royalties	(i) Real					
	_				(ii) Personal				
	6			6a					
			· ···	6b					
				6c					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
				7a					
		b	Less: cost or other basis						
venue				7b					
			-	7c					
Re			Net gain or (loss)		····· 🕨				
Other Re	8	а	Gross income from fundraising	· · ·					
Ð			including \$						
			contributions reported on lir						
			Part IV, line 18						
			Less: direct expenses		p				
			Net income or (loss) from fu		▶				
	9	а	Gross income from gaming						
			Part IV, line 19						
			Less: direct expenses		b				
		С	Net income or (loss) from ga	aming activities	🕨				
	10	а	Gross sales of inventory, les	ss returns					
			and allowances		a				
		b	Less: cost of goods sold		b				
		с	Net income or (loss) from sa	ales of inventory	🕨				
"					Business Code				
šno e	11	а							
evenue:		b							
eve:		с							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d		🕨				
	12		Total revenue. See instructions			2,217,436.	0.	0.	0.
03200	9 12	-23-							Form 990 (2020)

HOUSTON'S CAPITAL INVESTING IN DEVELOP-Form 990 (2020) MENT AND EMPLOYMENT OF ADULTS, INC. Part IX | Statement of Functional Expenses

47-2462360 Page 10

bect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ιριειε column (Α).	Г
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,095,082.	1,095,082.		
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	91,525.	64,067.	27,458.	
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	727,477.	615,551.	111,926.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	193,496.	160,565.	32,931.	
12	Advertising and promotion				
3	Office expenses	6,200.	4,831.	1,369.	
14	Information technology	20,172.	17,187.	2,985.	
15	Royalties				
16	Occupancy	32,088.	26,627.	5,461.	
17	Travel	7,949.	5,469.	2,480.	
8	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,072.	5,868.	1,204.	
23	Insurance	3,240.		3,240.	
.4	Other expenses. Itemize expenses not covered				
•	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	50,073.	42,668.	7,405.	
b	COMMUNICATION	11,363.	7,433.	3,930.	
c	EVENTS/MEETINGS	3,153.	2,654.	499.	
d			_,		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,248,890.	2,048,002.	200,888.	C
25 26	Joint costs. Complete this line only if the organization	2,240,050.	2,010,0020		
.0					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

10

032010 12-23-20

10030719 783345 100000263.2100

Form 990 (2020)

HOUSTO	N'S	CAPITAL	INV	ESTI	NG	IN	DEVELOP-
MENT A	ND E	MPLOYMEN	O TI	F AD	ULT	s,	INC.

	tX	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
	1	Cash - non-interest-bearing	378,156.	1	160,001
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	363,672.	3	545,691
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,191.	9	4,800
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a101,470.Less: accumulated depreciation10b88,979.	15,371.	10c	12,491
	11	Investments - publicly traded securities		11	· · · ·
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,454.	15	2,45
	16	Total assets. Add lines 1 through 15 (must equal line 33)	772,844.	16	725,43
	17	Accounts payable and accrued expenses	83,821.	17	73,61
	18	Grants payable		18	· ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	54,857.	25	49,10
	26	Total liabilities. Add lines 17 through 25	138,678.	26	<u>49,10</u> 122,72
+		Organizations that follow FASB ASC 958, check here X			,
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	59,014.	27	414,85
	28	Net assets with donor restrictions	575,152.	28	187,86
		Organizations that do not follow FASB ASC 958, check here 🕨			•
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	634,166.	32	602,71
			772,844.	<u> </u>	725,43

032011 12-23-20

_	HOUSTON'S CAPITAL INVESTING IN DEVELOP- MENT AND EMPLOYMENT OF ADULTS, INC.	47 4	2462360	_	10
_	1990 (2020) MENT AND EMPLOYMENT OF ADULTS, INC.	4/-2	402300	Pag	<u>je</u> 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,217	,4	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,248	3,8	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	.,4	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	634	1,10	66.
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	602	2 , 71	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2020)

032012 12-23-20

SCHEDULE A				Duk	lie Che			J DL				OMB No. 1545-0047
(Form 990 or 990-EZ)					rity Statu						2020	
				Complet	complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							Ζυζυ
Department of the Treasury Internal Revenue Service						Attach to Form	990 or F	orm 990-	EZ.			Open to Public
						/Form990 for in האדע ד אדע די					Employor	Inspection identification number
INdi		une organizau				TAL INVE YMENT OF)P-		7-2462360
Pa	rt I	Reason				(All organization				ee instruction		/ 2402500
The	orgar					For lines 1 throu						
1	Ŭ		•			on of churches d	•		,)(A)(i).		
2						Attach Schedule						
3		A hospital or	a cooperat	ive hospit	al service orga	anization describ	bed in se	ction 170)(b)(1)(A)(ii	i).		
4		A medical res	earch orga	anization o	perated in co	njunction with a	hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	-									
5		-	-			llege or universit	ty owned	or operat	ed by a go	vernmental u	nit describe	d in
~		section 170					the state of the		70/1- \/ 4\/ 4\			
6 7	X	-		•	e	nental unit descr						while described in
'	22	section 170(nitial part of its s	upport in	JIII a yove	ennentari		le general p	oublic described in
8		-			-	(1)(A)(vi). (Comp	olete Part	II.)				
9		-				in section 170(ed in conju	nction with a	land-grant	college
		0		J.		ulture (see instru		• •			U U	•
		university:		-							-	
10		An organizati	on that nor	mally rece	eives (1) more	than 33 1/3% of	its suppo	ort from c	ontributior	is, membersh	ip fees, and	gross receipts from
												om gross investment
						(less section 51	1 tax) froi	m busines	sses acquii	red by the org	anization a	fter June 30, 1975.
		See section			-					0(-)(4)		
11	H	-	-	-		ively to test for p		•			ray out the	our and of and ar
12		-	-	-		id in section 50		-			•	ourposes of one or
				-		f supporting org						
а		-	-		• •	upervised, or co					-	aivina
				-	-	gularly appoint o		•	-			
		organizatio	n. You mus	st comple	ete Part IV, Se	ections A and B						
b		Type II. A s	upporting	organizati	on supervised	l or controlled in	connecti	on with it	s supporte	d organizatio	n(s), by hav	ing
		control or n	nanagemer	nt of the si	upporting org	anization vested	in the sa	me perso	ns that co	ntrol or manag	ge the supp	orted
	_	¬ ~	. ,			Sections A and						
C		••	-	-		g organization o	•				ly integrate	d with,
			Ũ). You must co	-			-	tod organia	ation(a)
c						oorting organizat ation generally i	•				•	.,
			,	0	0	nplete Part IV, S					anallentiv	61633
е		-				written determin					II, Type III	
				•		nally integrated				JI / JI	<i>,</i> ,	
f	Ent	er the number	of supporte	ed organiz	ations							
<u>g</u>				tion about		d organization(s		(iv) le the ora	anization listed	6.) 6		
		 (i) Name of support organization 			(ii) EIN	(iii) Type of orga (described on lin		in your govern	anization listed ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		5. gai nzation				above (see instru	uctions))	Yes	No			
.												
Tota)onorwork D -	duotion A	at Nation	ooo the last	untions for From	m 000 -	000 57	000000		dulo A (Erm	m 000 or 000 EZ 0000
гць	FOL	- aperwork Re	auction AC	st notice,	see me mstr	uctions for For	11 990 OF	330-EZ.	032021 01-	20-21 3CHE	uule A (FOr	m 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MENT AND EMPLOYMENT OF ADULTS, INC.

47-2462360 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	444,201.	904,302.	893,517.	1281554.	2220556.	5744130.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities furnished by a governmental unit to												
	the organization without charge 444,201. 904,302. 893,517. 1281554. 2220556. 5744130												
	Total. Add lines 1 through 3	444,201.	904,302.	893,517.	1201554.	2220550.	5/44130.						
5	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)						5744130.						
	Public support. Subtract line 5 from line 4. ction B. Total Support						5/44150.						
	ndar year (or fiscal year beginning in)	(2) 2016	(b) 2017	(a) 2018	(d) 2019	(e) 2020	(f) Total						
	Amounts from line 4	(a) 2016 444,201.	904,302.	(c) 2018 893,517.	1281554.	2220556.	(f) Total 5744130.						
	Gross income from interest,	111,201.	504,5020	000,017.	1201334.	2220330.	57441500						
0	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources												
9	Net income from unrelated business												
Ŭ	activities, whether or not the												
	business is regularly carried on												
10	Other income. Do not include gain												
	or loss from the sale of capital												
	assets (Explain in Part VI.)												
11	Total support. Add lines 7 through 10						5744130.						
	Gross receipts from related activities,	etc. (see instructio	ons)			12							
	First 5 years. If the Form 990 is for the		,			01(c)(3)							
	organization, check this box and stop	phere											
Sec	ction C. Computation of Publi	ic Support Per	centage										
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	100.00 %						
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>100.00 %</u>						
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	k and						
	stop here. The organization qualifies	as a publicly supp	orted organization				X						
b	stop here. The organization qualifies as a publicly supported organization ▶ ▲ b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization												
17a	7a 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization												
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□]						
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or						
	more, and if the organization meets the												
	organization meets the facts-and-circl		•		• •		▶∐						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b									
					Sche	edule A (Form 990	or 990-EZ) 2020						

HOUSTON'S CAPITAL INVESTING IN DEVEL

Schedule A (Form 990 or 990 EZ) 2020 MENT AND EMPLOYMENT OF ADULTS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

47-2462360 Page 3

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

Sec	ction A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	-	-		-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
	check this box and stop here	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2019. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21			_	Sch	edule A (Form 990) or 990-EZ) 2020
			15)			

Schedule A (Form 990 or 990-EZ) 2020 MENT AND EMPLOYMENT OF ADULTS, INC.

47-2462360 Page 4

1

2

3a

3b

3c

4a

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

032024 01-25-21

4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MENT AND EMPLOYMENT OF ADULTS, INC. Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	l to satisfy the	e Integral Part Test d	uring the year	see instructions).
-					

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

С		The organization supported a governmental en	· Describe in Part VI how you supported a governmental e	ntity (see instruction <u>s).</u>
---	--	----------------------------------------------	----------------------------------------------------------	-----------------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a 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 Part VI.

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

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

10030719 783345 100000263.2100

2020.06000 HOUSTON'S CAPITAL INVESTI 10000021

1

Yes No

Schedule A (Form 990 or 990-EZ) 2020 MENT AND EMPLOYMENT OF ADULTS, INC. 4							
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							

47-2462360 Page 6

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.

Sect	ion A - Adjusted Net Income	(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				-

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

	47	-246236	0 Page 7
--	----	---------	----------

Sche Par	dule A (Form 990 or 990-EZ) 2020 MENT AND EMPLO	OYMENT OF ADUL [®] a)(3) Supporting Orga	TS, INC. Inizations (continu	4 ued)	7-2462360 Page	e 7
Sect	ion D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exer		1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020	
_1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
•	and 4c.					
8						
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

		HOUSTON'S CA				45 0460060	
Schedule A	(Form 990 or 990-EZ) 2020	MENT AND EME	LOYMENT OF	ADULTS,	INC.	47-2462360	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	2, 3b, 3c, 4b, 4c, 5a, 6, nes 2 and 3; Part IV, Se	9a, 9b, 9c, 11a, 11b, ction E, lines 1c, 2a, 2	and 11c; Part IV, 2b, 3a, and 3b; Pa	Section B, lines 1 art V, line 1; Part V	and 2; Part IV, Section , Section B, line 1e; Pa	rt V,
	(See instructions.)				-		
032028 01-25-2	21				Schedul	e A (Form 990 or 990-	EZ) 2020
			20		Concour		,

10030719 783345 100000263.2100

Schedule B

(Form 990, 990-EZ, or 990-PF) Departn Interna

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

Name	of the	organ	izatior	-

Internal Revenue Service		
Name of the organizat	ion HOUSTON'S CAPITAL INVESTING IN DEVELOP-	Employer identi
	MENT AND EMPLOYMENT OF ADULTS, INC.	47-2462
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	tion is covered by the General Rule or a Special Rule.	al Rula. Soo instructions
Note: Only a section a	i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ai nuie. See Instructions

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Name of organization

HOUSTON'S CAPITAL INVESTING IN DEVELOP-MENT AND EMPLOYMENT OF ADULTS, INC. Employer identification number

47-2462360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRIS COUNTY (CARES) 1001 PRESTON, SUITE 900 HOUSTON, TX 77002	\$ <u>469,076.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF HOUSTON CDBG 901 BAGBY STREET HOUSTON, TX 77002	\$611,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AUSTIN COMMUNITY COLLEGE DISTRICT 9101 TUSCANY WAY AUSTIN, TX 78754	\$ <u>383,176.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	METHODIST HOUSTON 2217 WELCH ST HOUSTON, TX 77019	\$ <u>325,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HOME BUILDERS INSTITUTE 1201 15TH STREET NW - SIXTH FLOOR WASHINGTON, DC 20005	\$155,442.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TEXAS TALENT CONNECTION - WAGNER PYSER 1100 SAN JACINTO AUSTIN, TX 78701	\$122,694.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

22

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

10030719 783345 100000263.2100

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

Name of organization

HOUSTON'S CAPITAL INVESTING IN DEVELOP-MENT AND EMPLOYMENT OF ADULTS, INC. Employer identification number

47-2462360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HARRIS HEALTH 4800 FOURNACE PLACE HOUSTON, TX 77401	\$89,603.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD. SUITE 1000 HOUSTON, TX 77027	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occurrence (Complete Part II for noncash contributions.)

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

023452 11-25-20

10030719 783345 100000263.2100

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
			Employer identification number
	ON'S CAPITAL INVESTING IN DEVELOP- AND EMPLOYMENT OF ADULTS, INC.		47-2462360
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Liste received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Liste received
		\$	
023453 11-25	5-20		B (Form 990, 990-EZ, or 990-PF) (2020)

90-EZ, or 990-PF) (2020) D (Г

24 2020.06000 HOUSTON'S CAPITAL INVESTI 10000021

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4					
	organization			Employer identification number					
	ON'S CAPITAL INVESTING								
	AND EMPLOYMENT OF ADULT			47-2462360					
Part III	from any one contributor. Complete columns (a) through (e) and the following line en	try. For organizations						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. on	ce.) ► \$					
(a) No.	Use duplicate copies of Part III if additional								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held					
<u> </u>									
		(e) Transfer of gif	t						
			B 1 11 11 11						
·	Transferee's name, address, a	na ZIP + 4	Relationship of tra	insferor to transferee					
			1						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I	((-, 3	(-,						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I				cription of now girt is new					
	(e) Transfer of gift								
	(-,								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from		(a) Has at with							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held					
		(e) Transfer of gif	t						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					
	·								
023454 11-25	5-20		Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)					
		25							

10030719 783345 100000263.2100

SC	HEDULE D	OMB No. 1545-0047						
(Forr	n 990)	Supplementa ► Complete if the org: Part IV, line 6, 7, 8, 9, 10	anization answered "Y	es" on Form 990.		2020		
	ment of the Treasury	▶	Attach to Form 990.			Open to Public Inspection		
-	I Revenue Service	■Go to www.irs.gov/Form9 HOUSTON'S CAPITAL				identification number		
Main	e of the organizatio	MENT AND EMPLOYMEN				7-2462360		
Pa	rt I Organizat	tions Maintaining Donor Advise						
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advise	ed funds	(b) Funds an	d other accounts		
1		d of year						
2		contributions to (during year)						
3		grants from (during year)						
4 5		end of year		ald in depart advisor	l fundo			
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? Yes								
6		n inform all grantees, donors, and donor a				Yes No		
•	•	uses and not for the benefit of the donor o	• •					
_		te benefit?		• • •	-	Yes No		
Pa	rt II Conserva	tion Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).					
	Preservation of	of land for public use (for example, recrea	tion or education)	Preservation of a	historically impor	tant land area		
		natural habitat		Preservation of a	certified historic	structure		
_		• •						
2	·	hrough 2d if the organization held a qualif	ried conservation contrib	oution in the form of				
2	day of the tax year.	asonyation assomants				at the End of the Tax Year		
a b		nservation easements						
c	•	ation easements on a certified historic stru						
	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure							
	listed in the Nationa							
3		ation easements modified, transferred, rel				g the tax		
	year 🕨							
4		here property subject to conservation eas	· · · -					
5	•	on have a written policy regarding the per	e , 1					
6	,	rcement of the conservation easements it hours devoted to monitoring, inspecting,		nd opforoing oppos				
0		nours devoted to morntoring, inspecting,	nandning of violations, a		valion easements	s during the year		
7		— s incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservatio	on easements dur	ng the vear		
-	► \$		g er melanene, and er	incremig concernatio		ing the year		
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requiremen	its of section 170(h)	(4)(B)(i)			
	and section 170(h)(4	4)(B)(ii)?				Yes No		
9	In Part XIII, describe	e how the organization reports conservation	on easements in its reve	nue and expense st	atement and			
		include, if applicable, the text of the footn	note to the organization's	s financial statemen	ts that describes	the		
Da		unting for conservation easements. tions Maintaining Collections of	Art Historical Tra	acurac or Oth	or Similar Ac			
ra		the organization answered "Yes" on Form				5013.		
12		elected, as permitted under FASB ASC 95		enue statement and	halance sheet w	vorks		
14	•	asures, or other similar assets held for put	· •			0113		
		Part XIII the text of the footnote to its finar						
b		elected, as permitted under FASB ASC 95			lance sheet works	s of		
	art, historical treasu	ires, or other similar assets held for public	exhibition, education, c	or research in furthe	rance of public se	rvice,		
	provide the followin	g amounts relating to these items:						
	(i) Revenue includ	ed on Form 990, Part VIII, line 1						
	.,							
2		eceived or held works of art, historical tre			jain, provide			
	-	nts required to be reported under FASB A	-		► ♠			
		on Form 990, Part VIII, line 1 Form 990, Part X						
		duction Act Notice, see the Instructions				dule D (Form 990) 2020		
	1 12-01-20				Cone			
100			26					

10030719 783345 100000263.2100

^{2020.06000} HOUSTON'S CAPITAL INVESTI 10000021

. .		'S CAPITAL						17 71	67760	_ 0
		D EMPLOYME							<u>62360</u>	
	t III Organizations Maintaining C								(continu	ed)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	s, check a	ny of the fo	ollowing th	at make si	ignificant ι	use of its		
а	Public exhibition	c	1 🗌 La	oan or exch	nange prog	gram				
b	Scholarly research	e		ther						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how the	further the	e organizat	tion's exer	not purpo	se in Part	XIII.	
5	During the year, did the organization solicit o									
-	to be sold to raise funds rather than to be ma		,		,				Yes	No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			gamzation				, r arcrv,		
1a	Is the organization an agent, trustee, custodi		liary for co	ntributions	or other a	ssets not	included			
14	on Form 990, Part X?		-						Yes	No
h	If "Yes," explain the arrangement in Part XII							L		
b		and complete the lo	nowing tac	ne.					Amount	
•	Paginning balance						1c		Amount	
	e Distributions during the year 1e									
	f Ending balance							7.		
5							Yes	No		
Par	If "Yes," explain the arrangement in Part XIII.									
T ai	t V Endowment Funds. Complete								() =	
_		(a) Current year	(b) Prie	or year	(c) I WO YE	ears back	(d) Three y	ears back	(e) Four y	ears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held an	d administ	ered for th	ne organiza	ation		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									•
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, I	ine 11a. Se	ee Form 99	90, Part X,	line 10.			
	Description of property	(a) Cost or c		(b) Cost			ccumulate	bd	(d) Book	/alue
		basis (investr		basis (1	preciation	-	(, 2001	
1a	Land									
	Buildings									
	Leasehold improvements				8,950.		8,9	50.		0.
					2,520		80,02		12	,491.
	Equipment				_,5200	•	00,01			, = ,
	Other			(D) "		I			10	,491.
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>quai ⊢orm 990, Part</u>	<u>x, column</u>	(B), line 10	JC.)			Cokerter		
								Schedule	D (Form 9	van) 2020

HOUSTON'S CAPITAL INVESTING IN DEVELOP-MENT AND EMPLOYMENT OF ADULTS, INC.

Schedule D (Form 990) 2020 MENT AND EME 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)		
Total. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Total. (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) DUE TO HCC	26,782.
(3) CREDIT CARD PAYABLE	22,325.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 49,107.

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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

	HOUSTON'S CAPITAL INVESTING	IN	DEVELOP-			
Sche	dule D (Form 990) 2020 MENT AND EMPLOYMENT OF ADUL	rs,	INC.	47-2	2462360	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,239	,256.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	21,820.			
е	Add lines 2a through 2d			2e	21	<u>,820.</u>
3	Subtract line 2e from line 1			3	2,217	<u>,436.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b						0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,217	,436.		
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per I	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · ·		
1	Total expenses and losses per audited financial statements			1	2,270	<u>,710.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d	21,820.			
е	Add lines 2a through 2d			2e	21	<u>,820.</u>
3	Subtract line 2e from line 1			3	2,248	<u>,890.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,248	,890.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, FEDERAL AND STATE

INCOME TAXES ARE NOT PROVIDED FOR IN THE ACCOMPANYING FINANCIAL

STATEMENTS.

032054 12-01-20

THE ORGANIZATION APPLIES THE PROVISIONS OF FASB ASC 740, INCOME TAXES,

WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC 740 ALSO PROVIDES GUIDANCE

ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

INTERIM PERIODS, DISCLOSURES, AND TRANSITION. THE ORGANIZATION BELIEVES

Schedule D (Form 990) 2020

10030719 783345 100000263.2100

HOUSTON'S CAPITAL INVESTING IN DEVELOP- Schedule D (Form 990) 2020 MENT AND EMPLOYMENT OF ADULTS, INC. 47-2462360 Page 5 Part XIII Supplemental Information (continued)
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. CURRENTLY, THERE ARE NO IRS AUDITS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
IN-KIND DONATION 21,820.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
IN-KIND DONATION 21,820.
032055 12-01-20 Schedule D (Form 990) 2020

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-00	147	
(Form 990)		Go	vernments, ar	nd Individual	ls in the Ŭni	ted States		2020		
Department of the Treasury Internal Revenue Service										
Name of the organizat			INVESTING I F OF ADULTS	N DEVELOP-				Employer identification nu $47 - 24623$		
Part I General I	nformation on Grants a			•				•		
criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	stance?	-						No 🖸	
Part II Grants an	nd Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any		
	hat received more than S					(f) Method of				
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
3 Enter total numb	per of section 501(c)(3) a per of other organization	s listed in the line 1	table							

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

Schedule I (Form 990) 2020 Part III

MENT AND EMPLOYMENT OF ADULTS, INC. 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
ASSISTANCE TO INDIVIDUALS FOR COST OF TUITION,					
BOOKS, TUTORING, ADMISSION RELATED FEES,					
TRANSPORTATION, CHILD CARE, AND OTHER SUPPORT					
SERVICES	541	1,095,082.	0.		

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

47-2462360

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. HOUSTON'S CAPITAL INVESTING IN DEVELOP-

INC.



47-2462360

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

MENT AND EMPLOYMENT OF ADULTS,

FROM LOW-WAGE TO LIVING WAGE CAREERS.

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

THE FINANCE COMMITTEE WILL REVIEW A COPY OF THE 990 PRIOR TO FILING.

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

ANNUAL CONFLICTS OF INTEREST DISCLOSURE BY THE BOARD. WHEN APPLICABLE

RECORDED IN BOARD MINUTES AND RELATED PARTY WILL ABSTAIN FROM VOTE.

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

THE BOARD PRESIDENT REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR IN

COMPARISON WITH THE STRATEGIC PLAN. THE PRESIDENT OBTAINS COMPARABLE DATA

TO DETERMINE COMPENSATION AND SOLICITS INPUT FORM OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST ONLY TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

33

SELECTION PROCESS DURING THE TAX YEAR.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

10030719 783345 100000263.2100

SCHE	D	U	LE	R
	-			

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2020 Open to Public Inspection

Employer identification number 47 - 2462360

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization HOUSTON'S CAPITAL INVESTING IN DEVELOP-MENT AND EMPLOYMENT OF ADULTS, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CAPITAL INVESTING IN DEVELOPMENT AND	PROVIDE SUPPORT, JOBS AND				HOUSTON'S CAPITAL
EMPLOYMENT OF ADULTS HOUSTON, LLC., 2101	EDUCATION TO ECONOMICALLY				INVESTING IN
CRAWFORD ST. #211, HOUSTON, TX 77002	CHALLENGED	TEXAS	2,220,556.	725,437.	DEVELOPMENT AND

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 MENT AND EMPLOYMENT OF ADULTS, INC.

47-2462360 Page 2

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

		,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
											<u> </u>
	-										
	-										
	1										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) tion b)(13) folled ity?
		country)		of truoty		400010		Yes	No
	-								

Schedule R (Form 990) 2020 MENT AND EMPLOYMENT OF ADULTS, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
ο	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		<u> </u>
<u> </u>	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

HOUSTON'S CAPITAL INVESTING IN DEVELOP-Schedule R (Form 990) 2020 MENT AND EMPLOYMENT OF ADULTS, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?	(f) Share of total	(g) Share of end-of-year	(h) Dispro tiona allocatio) por- te ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	(k) Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	<u> </u>

Schedule R (Form 990) 2020

MENT AND EMPLOYMENT OF ADULTS, INC.

Schedule R (Form 990) 2020 MENT
Part VII Supplemental Information

47-2462360 Page 5

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

CAPITAL INVESTING IN DEVELOPMENT AND EMPLOYMENT OF ADULTS

HOUSTON, LLC.

DIRECT CONTROLLING ENTITY: HOUSTON'S CAPITAL INVESTING IN DEVELOPMENT AND

EMPLOYMENT OF ADULTS, INC.

Schedule R (Form 990) 2020

032165 10-28-20