# PUBLIC INSPECTION COPY

Form **990** 

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α                              | For t    | he 2020 calen              | dar year, or tax year begin  | ning 6/01             | , 20                     | 020, and endin       | <b>g</b> 5/  | '31                                  | -          | <b>20</b> 2021               |
|--------------------------------|----------|----------------------------|--|-----------------------|--------------------------|----------------------|--------------|--------------------------------------|------------|------------------------------|
| В                              | Check    | if applicable:             | С  |                       |                          |                      |              | D Employ                             | er identi  | ification number             |
|                                | Д        | ddress change              | Junior League of   | Houston !             | Foundation               |                      |              | 30-0                                 | 0332       | 046                          |
|                                | N        | lame change                | 1811 Briar Oaks  | Lane                  |                          |                      |              | <b>E</b> Telepho                     |            |                              |
|                                |          | nitial return              | Houston, TX 7702   | 7                     |                          |                      |              | 713-                                 | -622       | -4191                        |
|                                | -        | inal return/terminated     |  |                       |                          |                      |              |                                      |            |                              |
|                                | -        | mended return              |  |                       |                          |                      |              | <b>G</b> Gross re                    | eceipts    | \$ 6,022,504.                |
|                                | -        | pplication pending         | F Name and address of principa   | officer: Do+h         | 7doblials                |                      | H(a) Is this | a group return                       |            |                              |
|                                | Ш.       | , pp                       | Same As C Above  | betii                 | Zueblick                 |                      | H(b) Are a   | II subordinates<br>," attach a list. | included   |                              |
| $\overline{\Gamma}$            | Tax      | -exempt status:            | X   501(c)(3)   501(c) (   | ) ◀ (inser            | t no.) 4947(a)(          |                      | If "No       | ," attach a list.                    | See ins    | structions — —               |
| <u>.</u>                       |          |                            | La www.jlh.org   | , (moor               | 1017(4)(                 | <u>′</u>             | H(c) Groun   | exemption nu                         | mher Þ     | •                            |
| K                              |          | m of organization:         | X Corporation Trust  | Association           | Other ►                  | L Year of formation  |              |                                      |            | egal domicile: TX            |
|                                | rt I     | Summai                     |  | Association           | Other                    | E rear or formati    | 511. 200     | ,                                    | tate or it | egai domicile. TX            |
| 1 0                            | 1        |                            | ibe the organization's missi   | on or most sig        | nificant activities:     | The Junion           | r T.eac      | nie of I                             | Hous       | ton                          |
| -                              |          | Foundati                   | on was formed for  | c charitat            | ole and educ             | rational p           | urpos        | es and                               | to 9       | serve as                     |
| Governance                     |          | custodia                   | an of funds for Th   | ne Junior             | League of H              | Houston, I           | nc.          | <u> </u>                             |            | <u> </u>                     |
| Пa                             |          |                            |  |                       |                          |                      |              |                                      |            |                              |
| Ş                              | 2        | Check this b               | ox ► if the organization   | n discontinued        | its operations or o      | disposed of mo       | re than 2    | 25% of its                           | net as     | sets.                        |
| Ğ                              | 3        |                            | oting members of the gover   |                       |                          |                      |              |                                      | 3          | 9                            |
| တ                              | 4        |                            | ndependent voting members  |                       |                          |                      |              |                                      | 4          | 9                            |
| iţie                           | 5        |                            | r of individuals employed in   |                       |                          |                      |              |                                      | 5          | 0                            |
| Activities &                   | 70       |                            | r of volunteers (estimate if ed business revenue from F                        |                       |                          |                      |              |                                      | 6<br>7a    | 12                           |
| ⋖                              |          |                            | d business taxable income  |                       |                          |                      |              | L                                    | 7a<br>7b   | 0.                           |
|                                |          | THE UNICIALE               | a business taxable income  | 101111 01111 330      | T, T dit i, iiilo TT.    |                      |              | Prior Year                           | 7.5        | Current Year                 |
|                                | 8        | Contributions              | s and grants (Part VIII, line  | 1h)                   |                          |                      |              | 26,6                                 | 37         | 28,534.                      |
| Revenue                        | 9        |                            | vice revenue (Part VIII, line  |                       |                          |                      |              | 20,0                                 | 57.        | 20,334.                      |
| Ver                            | 10       |                            | ncome (Part VIII, column (A  |                       |                          |                      |              | 566,1                                | 41.        | 1,057,572.                   |
| æ                              | 11       | Other revenu               | ıe (Part VIII, column (A), Iir   | nes 5, 6d, 8c, 9      | c, 10c, and 11e).        |                      |              |                                      |            | , ,                          |
|                                | 12       | Total revenu               | e - add lines 8 through 11   | (must equal Pa        | art VIII, column (A      | (a), line 12)        |              | 592,7                                | 78.        | 1,086,106.                   |
|                                | 13       | Grants and s               | similar amounts paid (Part I   | X, column (A),        | lines 1-3)               |                      |              | 470,4                                | 12.        | 472,477.                     |
|                                | 14       | Benefits paid              | d to or for members (Part I)   |                       |                          |                      |              |                                      |            |                              |
| 'n                             | 15       | Salaries, oth              |  |                       |                          |                      |              |                                      |            |                              |
| Expenses                       | 16 a     | Professional               |  |                       |                          |                      |              |                                      |            |                              |
| þer                            | Ŀ        | Total fundrai              | sing expenses (Part IX, col  | umn (D). line 2       | 25) ▶                    |                      |              |                                      |            |                              |
| Щ                              | 17       |                            | ses (Part IX, column (A), lir  |                       |                          |                      |              | 98,3                                 | 0.4        | 102,844.                     |
|                                | 18       |                            | ses. Add lines 13-17 (must e   |                       |                          |                      |              | 568,7                                |            | 575,321.                     |
|                                | 19       |                            | s expenses. Subtract line 1  |                       |                          |                      |              | 24,0                                 | _          | 510,785.                     |
| - s                            |          | 110101100100               | o expenses: easitaet into t  | 3 11 0111 11110 12 .  |                          |                      | _            | ing of Curren                        |            | End of Year                  |
| anc.                           | 20       | Total assets               | (Part X, line 16)  |                       |                          |                      |              | 5,809,1                              |            | 20,367,107.                  |
| Asse                           | 21       |                            | es (Part X, line 26)   |                       |                          |                      |              | 450,4                                |            | 472,477.                     |
| Net Assets or<br>Fund Balances | 22       | Net assets o               | r fund balances. Subtract li   | ne 21 from line       | 20                       |                      | 1            | 5,358,6                              |            | 19,894,630.                  |
|                                | rt II    | Signatu                    |  |                       |                          |                      | ·            | 3,330,0                              | 74.        | 17,074,030.                  |
| _                              |          |                            |  | rn including accom    | nanying schedules and    | statements, and to t | he hest of r | mv knowledae                         | and heli   | ef it is true correct and    |
| com                            | plete. [ | Declaration of preparation | eclare that I have examined this retu<br>arer (other than officer) is based on | all information of wh | nich preparer has any kn | nowledge.            | 5001 01 .    | my miomioago                         | aa 20      | or, it is true, correct, and |
|                                |          | ► EL                       | ectronically File  | d                     |                          |                      |              |                                      |            |                              |
| Sig                            | n        | Signati                    | ure of officer   |                       |                          |                      | D            | ate                                  |            |                              |
| Hè                             | re       | ▶ Bet                      | h Zdeblick   |                       |                          |                      | Chai         | r                                    |            |                              |
|                                |          | Type o                     | r print name and title   |                       |                          |                      |              |                                      |            |                              |
|                                |          | Print/Type                 | preparer's name  | Preparer's signatu    | ire                      | Date                 |              | Check                                | if         | PTIN                         |
| Pa                             | id       | Barba                      | ra Murphy  | Barbaro               | Murphy                   | 02/1                 | 3/22         | self-employe                         | ed         | P01386215                    |
| Pre                            | epar     |                            | e ► Blazek & Vett  |                       |                          |                      |              |                                      |            |                              |
|                                | e Oı     |                            | ress ► 2900 Weslayar   | n, Suite 2            | 200                      |                      |              | Firm's EIN                           | 76-        | -0269860                     |
| _                              |          |                            | Houston, TX  | 77027                 |                          |                      |              | Phone no.                            | (713       | 3) 439-5739                  |
| May                            | v the    | IRS discuss th             | nis return with the preparer   | shown above?          | See instructions         |                      |              |                                      |            | X Yes No                     |

472,477.

**4 e** Total program service expenses

|      |  |      | Yes | No |
|------|--|------|-----|----|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A  | 1    | Х   |    |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?  | 2    | Χ   |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.  | 3    |     | Х  |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II   | 4    |     | Х  |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III  | 5    |     | Х  |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I   | 6    |     | Х  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>  | 7    |     | Х  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   | 8    |     | Х  |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.            | 9    |     | Х  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V   | 10   | Х   |    |
| 11   | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |      |     |    |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>   | 11 a |     | Х  |
| 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.  | 11 b |     | Х  |
| 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   | 11 c |     | Х  |
| 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 IX.   | 11 d |     | Х  |
| e    | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  | 11 e |     | Χ  |
| 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)? <i>If 'Yes,' complete Schedule D, Part X.</i>   | 11 f |     | Х  |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII   | 12a  | Х   |    |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  | Х   |    |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13   |     | Χ  |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | Х  |
| 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  |     | Х  |
| 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   |     | Х  |
|      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>  | 16   |     | Х  |
| 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 See instructions.   | 17   |     | Х  |
| 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.  | 18   |     | X  |
| 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.  | 19   |     | Х  |
| 20a  | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20a  |     | Х  |
| 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? If 'Yes,' complete Schedule I, Parts I and II.   | 21   | Х   |    |

|      |   |     | Yes        | No   |
|------|---|-----|------------|------|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22  |            | Х    |
| 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? <i>If 'Yes,' complete Schedule J.</i>  | 23  |            | Х    |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a  | 24a |            | Х    |
| ŀ    | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |            |      |
| (    | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |            |      |
| (    | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d |            |      |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a |            | X    |
| ŀ    | s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I   | 25b |            | Х    |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>   | 26  |            | Х    |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27  |            | X    |
| 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):  |     |            |      |
| ā    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV  | 28a |            | Х    |
| ŀ    | A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.  | 28b |            | X    |
| (    | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.   | 28c |            | Х    |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29  |            | X    |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   | 30  |            | X    |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31  |            | X    |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.   | 32  |            | Х    |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>   | 33  |            | Х    |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.   | 34  | Х          |      |
|      | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |            | Х    |
| ŀ    | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2   | 35b |            |      |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 36  |            | Х    |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>  | 37  |            | Х    |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O   | 38  | X          |      |
| Pai  | rt V Statements Regarding Other IRS Filings and Tax Compliance  | _   | · <u> </u> |      |
|      | Check if Schedule O contains a response or note to any line in this Part V  |     | Yes        | No   |
| 1 a  | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |     |            | 1.0  |
|      | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |     |            |      |
| (    | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c | X          |      |
| BAA  |   |     | 990 (      | 2020 |

Form 990 (2020) Junior League of Houston Foundation

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

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 2 8 | a 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 2a 0   |     |     |    |
| ı   | f at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2 b |     |    |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |     |     |    |
|     | a Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a |     | X  |
| ı   | a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>   | 3 b |     |    |
|     | 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)? | 4 a |     | Х  |
| ı   | o 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).  |     |     | ,, |
|     | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5 a |     | X  |
|     | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b |     | X  |
|     | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c |     |    |
| 6 8 | a 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?                                  | 6 a |     | Х  |
|     | o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6 b |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |
| ä   | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and  | 7.  |     | X  |
|     | services provided to the payor?  | 7a  |     | Λ  |
|     | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file  | 7 b |     |    |
|     | Form 8282?   | 7с  |     | Х  |
|     | d If 'Yes,' indicate the number of Forms 8282 filed during the year  |     |     |    |
|     | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e |     | X  |
|     | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f |     | X  |
|     | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7 g |     |    |
| ı   | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7 h |     |    |
| 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   |     |    |
|     | Sponsoring organizations maintaining donor advised funds.  | _   |     |    |
|     | a Did the sponsoring organization make any taxable distributions under section 4966?   | 9 a |     |    |
|     | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9 b |     |    |
|     | Section 501(c)(7) organizations. Enter:  |     |     |    |
|     | a Initiation fees and capital contributions included on Part VIII, line 12   |     |     |    |
|     | Section 501(c)(12) organizations. Enter:   |     |     |    |
|     | a Gross income from members or shareholders  |     |     |    |
|     | Gross income from other sources (Do not net amounts due or paid to other sources   |     |     |    |
|     | against amounts due or received from them.)  |     |     |    |
|     | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |    |
|     | 5 If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  |     |     |    |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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.  | ısa |     |    |
| ı   | 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   |     |     |    |
|     | a Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | X  |
|     | a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O  | 14b |     |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |     |     |    |
|     | excess parachute payment(s) during the year?   | 15  |     | Х  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | Х  |
|     | If 'Yes,' complete Form 4720, Schedule O.  |     |     |    |

Form 990 (2020) Junior League of Houston Foundation 30-0332046 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* ... See .Schedule .Q ..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Becky Pivec 1811 Briar Oaks Lane Houston TX 77027 713-871-6656

| Form 990 (2020)  | ) Junior  | League | οf          | Houston        | Foundation    |
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30-0332046

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

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

|                                |  | (C)                               |                       |                        |                            |                                 |        |  |   |   |
|--------------------------------|--|-----------------------------------|-----------------------|------------------------|----------------------------|---------------------------------|--------|--|---|---|
| <b>(A)</b><br>Name and title   |  | thar                              | one<br>both           | box,<br>an o<br>ector/ | unles<br>officer<br>truste |                                 | on     | (D)  Reportable compensation from the organization | <b>(E)</b> Reportable compensation from related organizations | <b>(F)</b> Estimated amount of other                                  |
|                                | per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer                | Key employee               | Highest compensated<br>employee | Former | (W-2/1099-MISC)                                    | (W-2/1099-MISC)   | compensation from<br>the organization<br>and related<br>organizations |
| (1) Beth Zdeblick              | 2  |                                   |                       |                        |                            |                                 |        |  |   | ,   |
| Chair                          | 2  | Χ                                 |                       | Χ                      |                            |                                 |        | 0.   | 0.  | 0.  |
| (2) Megan Ryan                 | 1  |                                   |                       |                        |                            |                                 |        | _  | _   | _   |
| Vice Chair                     | 2  | Χ                                 |                       | Χ                      |                            |                                 |        | 0.   | 0.  | 0.  |
| (3) Melisse Reynolds Treasurer | 1  | Х                                 |                       | Х                      |                            |                                 |        | 0.   | 0.  | 0.  |
| (4) Pamela Lovett              | 1  |                                   |                       |                        |                            |                                 |        |  |   |   |
| Secretary                      | 0  | Χ                                 |                       | Χ                      |                            |                                 |        | 0.   | 0.  | 0.  |
| (5) Phillip Greendyke          | 1  |                                   |                       |                        |                            |                                 |        |  |   |   |
| Director                       | 0  | Х                                 |                       |                        |                            |                                 |        | 0.   | 0.  | 0.  |
| _(6) Carla Knobloch            | 1  |                                   |                       |                        |                            |                                 |        |  |   |   |
| Director                       | 0  | X                                 |                       |                        |                            |                                 |        | 0.   | 0.  | 0.  |
| _(7)_Connelly_McGreevy         | 1  |                                   |                       |                        |                            |                                 |        |  |   |   |
| Director                       | 0  | Χ                                 |                       |                        |                            |                                 |        | 0.   | 0.  | 0.  |
| _(8)_Whitney_Mears             | 1  | 1,7                               |                       |                        |                            |                                 |        |  | 0   | ^   |
| Director                       | 0  | Χ                                 |                       |                        |                            |                                 |        | 0.   | 0.  | 0.  |
| (9) Alan Stewart               | 0  | Х                                 |                       |                        |                            |                                 |        | 0.   | 0   | 0   |
| Director (10)                  | U  | Λ                                 |                       |                        |                            |                                 |        | 0.   | 0.  | 0.  |
|                                |  |                                   |                       |                        |                            |                                 |        |  |   |   |
| (11)                           |  |                                   |                       |                        |                            |                                 |        |  |   |   |
| <u>(12)</u>                    |  |                                   |                       |                        |                            |                                 |        |  |   |   |
| <u>(13)</u>                    |  |                                   |                       |                        |                            |                                 |        |  |   |   |
| (14)                           |  |                                   |                       |                        |                            |                                 |        |  |   |   |

| Part VII   Section A. Officers, Directors, Tr   | (B)                            | l                                 | LII                  | ))           |              | C3,                             | anc         | i riigilest coli   | ipensateu Linp  | Uyees (t         | onunueu)         |
|---|--------------------------------|-----------------------------------|----------------------|--------------|--------------|---------------------------------|-------------|--|---|------------------|------------------|
| 40.   |                                |                                   |                      | •            | •            | than                            |             | (D)  | <b>(E)</b>  | /E               | `                |
| <b>(A)</b><br>Name and title  | Average<br>hours<br>per        | box                               | , unle               | ss pe        | erson        | than<br>is both<br>or/trus      | n an        | ( <b>D</b> ) Reportable                                  | <b>(E)</b><br>Reportable                                      | (F)<br>Estimated |                  |
|   | week<br>(list any              |                                   |                      |              |              |                                 |             | compensation from<br>the organization<br>(W-2/1099-MISC) | compensation from<br>related organizations<br>(W-2/1099-MISC) | of oth compensat | her<br>tion from |
|   | hours<br>for                   | Individual trustee<br>or director | nstitutional trustee | Officer      | Key employee | Highest compensated<br>employee | Former      | (W-2/1033-WII30)   | (W-2/1033-WIIOO)  | the organ        | lated            |
|   | related<br>organiza<br>- tions | ctor<br>t                         | ional                | ٦.           | nploy        | t com                           | 17          |  |   | organiza         | alions           |
|   | below<br>dotted                | uste                              | trust                |              | 66           | pens                            |             |  |   |                  |                  |
|   | line)                          | ()                                | 8                    |              |              | ated                            |             |  |   |                  |                  |
| (15)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                | •                                 |                      |              |              |                                 |             |  |   |                  |                  |
| (16)  | <b> </b>                       |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (17)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   | 1                              |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (18)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| <u>(19)</u>   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (20)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| <u></u>   | 1                              | •                                 |                      |              |              |                                 |             |  |   |                  |                  |
| (21)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (22)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (22)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (23)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (24)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| (25)  |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                | •                                 |                      |              |              |                                 |             |  |   |                  |                  |
| 1 b Subtotal  |                                |                                   |                      |              |              |                                 | <b>&gt;</b> | 0.   | 0.  |                  | 0.               |
| c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)                            |                                |                                   |                      |              |              |                                 | <b>•</b>    | 0.   | 0.  |                  | 0.               |
| Total number of individuals (including but not limited  |                                |                                   |                      |              |              |                                 | ved         |  |   | ensation         | 0.               |
| from the organization • 0   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                |                                   |                      |              |              |                                 |             |  |   | Ye               | es No            |
| 3 Did the organization list any former officer, direct<br>on line 1a? If 'Yes,' complete Schedule J for suc | ctor, truste<br>ch individu    | e, ke<br><i>al</i>                | ey er                | mplo<br>     | oyee         | e, or                           | high        | nest compensated   | employee  | . 3              | X                |
| 4 For any individual listed on line 1a, is the sum of   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| the organization and related organizations great such individual  | er than \$1                    | 50,00                             | 00?                  | If '         | es,          | com                             | ıple        | te Schedule J for  |   | 4                | X                |
| 5 Did any person listed on line 1a receive or accru   | ıe comper                      | satio                             | n fr                 | om           | anv          | unre                            | late        | ed organization or                                       | individual  |                  | 21               |
| for services rendered to the organization? If 'Ye   | s,' comple                     | te So                             | ched                 | lule         | J fo         | r suc                           | ch p        | erson  |   | . 5              | X                |
| 1 Complete this table for your five highest comper compensation from the organization. Report compensation  | sated ind                      | epen                              | dent                 | COI          | ntrad        | ctors                           | tha         | t received more to                                       | han \$100,000 of  |                  |                  |
|   |                                | the c                             | alen                 | dar <u>:</u> | year         | endi                            | ng v        |  |   |                  |                  |
| <b>(A)</b><br>Name and business add   | Iress                          |                                   |                      |              |              |                                 |             | (B)<br>Description (                                     | of services   | (C)<br>Compensa  | ation            |
|   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
|   |                                |                                   |                      |              |              |                                 |             |  |   |                  |                  |
| 2 Total number of independent contractors (including  | but not lim                    | ited to                           | o the                | se I         | isted        | abo                             | ve)         | who received more  | than  |                  |                  |
| \$100,000 of compensation from the organization   | <b>o</b>                       |                                   |                      |              |              |                                 |             |  |   |                  | 0 (2020)         |

|   | 1 990 (2020) Junior League of   | Houston Found                   | ation                  |  | 30-0332046                              | Page \$  |
|---|---|---------------------------------|------------------------|--|---|--|
| Par   | t VIII Statement of Revenue Check if Schedule O contains a res  | snonse or note to any           | / line in this Part VI | II                                     |   |  |
|   |   |                                 | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Program Service Revenue and Other Similar Amounts | b Membership dues   | 28,534.  Business Code          | 28,534.                |  |   |  |
| Progra  | f All other program service revenue g Total. Add lines 2a-2f  |                                 |                        |  |   |  |
|   | Investment income (including dividends, other similar amounts)  | pt bond proceeds ►              | 387,980.               |  |   | 387,980.   |
|   | 6a Gross rents  | <b>&gt;</b>                     |                        |  |   |  |
|   | 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) | (ii) Other 0 . 8 .              | 660 502                |  |   | 660 502  |
| Other Revenue                                     | 8 a Gross income from fundraising events (not including \$_ of contributions reported on line 1c). See Part IV, line 18   | 8 a<br>8 b                      | 669,592.               |  |   | 669,592.   |
| δ   | I   | 9 a 9 b                         |                        |  |   |  |
|   | I ⊨   | 0a                              |                        |  |   |  |
| 10  | b Less: cost of goods sold c Net income or (loss) from sales of in  | 0b<br>ventory▶<br>Business Code |                        |  |   |  |
| neous<br>Tue                                      | 11a<br>h  |                                 |                        |  |   |  |

**d** All other revenue. e Total. Add lines 11a-11d.

12 Total revenue. See instructions.....

| Section 501(c)(3) and 501(c)(4) | ) organizations must com | plete all columns. A | All other organization: | s must complete column (A). |
|---------------------------------|--------------------------|----------------------|-------------------------|-----------------------------|
| Check if S                      | chedule O contains a r   | esponse or note to   | any line in this Pa     | rt IX                       |

|               | Check if Schedule O contains a f   |                       |   |  |                                       |
|---------------|--|-----------------------|---|--|---------------------------------------|
| Do r<br>6b, 1 | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b> Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1             | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 472,477.              | 472,477.                                  |  |                                       |
| 2             | Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |   |  |                                       |
| 3             | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |   |  |                                       |
| 4             | Benefits paid to or for members  |                       |   |  |                                       |
| 5             | Compensation of current officers, directors, trustees, and key employees   | 0.                    | 0.  | 0.   | 0.                                    |
| 6             | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.  | 0.   | 0.                                    |
| 7             | Other salaries and wages   | 0.                    | 0.  | 0.   | •                                     |
| 8             | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |   |  |                                       |
| 9             | Other employee benefits  |                       |   |  |                                       |
| 10            | Payroll taxes  |                       |   |  |                                       |
| 11            | Fees for services (nonemployees):  |                       |   |  |                                       |
| а             | Management   |                       |   |  |                                       |
|               | Legal  |                       |   |  |                                       |
|               | Accounting   | 6,450.                |   | 6,450.                                     |                                       |
|               | Lobbying   | 0,1001                |   | 0, 1001                                    |                                       |
| е             | Professional fundraising services. See Part IV, line 17  |                       |   |  |                                       |
| f             | Investment management fees   | 88,732.               |   | 88,732.                                    |                                       |
|               | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)   | 4,910.                |   | 4,910.                                     |                                       |
| 13            | Office expenses  | 262.                  |   | 262.                                       |                                       |
| 14            | Information technology   | 202.                  |   | 202.                                       |                                       |
| 15            | Royalties  |                       |   |  |                                       |
| 16            | Occupancy  |                       |   |  |                                       |
| 17            | Travel   |                       |   |  |                                       |
| 18            | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |   |  |                                       |
| 19            | Conferences, conventions, and meetings   |                       |   |  |                                       |
| 20            | Interest   |                       |   |  |                                       |
| 21            | Payments to affiliates   |                       |   |  |                                       |
| 22            | Depreciation, depletion, and amortization  |                       |   |  |                                       |
| 23<br>24      | Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)        | 2,490.                |   | 2,490.                                     |                                       |
| а             |  |                       |   |  |                                       |
| b             | ,  |                       |   |  |                                       |
| c             |  |                       |   |  |                                       |
| d             | ·  |                       |   |  |                                       |
| е             | All other expenses   |                       |   |  |                                       |
| 25            | Total functional expenses. Add lines 1 through 24e   | 575,321.              | 472,477.                                  | 102,844.                                   | 0.                                    |
| 26            | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |   |  |                                       |

|                            |      | Check if Schedule O contains a response or note to any I  | ine in this Part X               |                          |                                       |                        |
|----------------------------|------|---|----------------------------------|--------------------------|---------------------------------------|------------------------|
|                            |      |   |                                  | (A)<br>Beginning of year |                                       | (B)<br>End of year     |
|                            | 1    | Cash — non-interest-bearing   |                                  |                          | 1                                     |                        |
|                            | 2    | Savings and temporary cash investments  |                                  | 19,078.                  | 2                                     | 2,498.                 |
|                            | 3    | Pledges and grants receivable, net  |                                  |                          | 3                                     |                        |
|                            | 4    | Accounts receivable, net  |                                  |                          | 4                                     |                        |
|                            | 5    | Loans and other receivables from any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persons.        | cer, director,<br>ibutor, or 35% |                          | 5                                     |                        |
|                            | 6    | Loans and other receivables from other disqualified persons   | (as defined under                |                          |                                       |                        |
|                            |      | section 4958(f)(1)), and persons described in section 4958(d  | c)(3)(B)                         |                          | 6                                     |                        |
|                            | 7    | Notes and loans receivable, net   |                                  |                          | 7                                     |                        |
| sts                        | 8    | Inventories for sale or use   |                                  |                          | 8                                     |                        |
| Assets                     | 9    | Prepaid expenses and deferred charges   |                                  | 3,234.                   | 9                                     | 1,633.                 |
| A                          | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |                                  |                          |                                       |                        |
|                            | b    | Less: accumulated depreciation  |                                  |                          | 10 c                                  |                        |
|                            | 11   | Investments – publicly traded securities  |                                  | 15,786,794.              | 11                                    | 20,362,976.            |
|                            | 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  |                                  |                          | 15                                    |                        |
|                            | 16   | Total assets. Add lines 1 through 15 (must equal line 33)   |                                  | 15,809,106.              | 16                                    | 20,367,107.            |
|                            | 17   | Accounts payable and accrued expenses   |                                  | 17                       |                                       |                        |
|                            | 18   | Grants payable  | <u></u>                          | 450,412.                 | 18                                    | 472,477.               |
|                            | 19   | Deferred revenue  | _                                |                          | 19                                    |                        |
|                            | 20   | Tax-exempt bond liabilities   | <u> </u>                         |                          | 20                                    |                        |
| ies                        | 21   | Escrow or custodial account liability. Complete Part IV of S  | <u></u>                          |                          | 21                                    |                        |
| Liabilities                | 22   | Loans and other payables to any current or former officer, of key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons. | r 35%                            |                          | 22                                    |                        |
|                            | 23   | Secured mortgages and notes payable to unrelated third pa   | <u></u>                          |                          | 23                                    |                        |
|                            | 24   | Unsecured notes and loans payable to unrelated third partie   | <u> </u>                         |                          | 24                                    |                        |
|                            | 25   | Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24). Complete f   |                                  |                          | 25                                    |                        |
|                            | 26   | Total liabilities. Add lines 17 through 25  |                                  | 450,412.                 | 26                                    | 472,477.               |
| ıces                       |      | Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.   | X                                |                          |                                       |                        |
| lar                        | 27   | Net assets without donor restrictions   |                                  | 9,218,976.               | 27                                    | 12,208,769.            |
| B                          | 28   | Net assets with donor restrictions  |                                  | 6,139,718.               | 28                                    | 7,685,861.             |
| Net Assets or Fund Balance |      | Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33.  | re ► □                           |                          |                                       |                        |
| ō                          | 29   | Capital stock or trust principal, or current funds  |                                  |                          | 29                                    |                        |
| sts                        | 30   | Paid-in or capital surplus, or land, building, or equipment fu  |                                  |                          | 30                                    |                        |
| SS                         | 31   | Retained earnings, endowment, accumulated income, or oth  | ner funds                        |                          | 31                                    |                        |
| t A                        | 32   | Total net assets or fund balances   |                                  | 15,358,694.              | 32                                    | 19,894,630.            |
| Ne                         | 33   | Total liabilities and net assets/fund balances  |                                  | 15,809,106.              | 33                                    | 20,367,107.            |
| RΔ                         | ^    | TEEA01  | 11L 10/07/20                     | ,,                       | · · · · · · · · · · · · · · · · · · · | Form <b>990</b> (2020) |

Form **990** (2020)

| Pa  | rt XI Reconciliation of Net Assets  |        |     |     |               |         |
|---|---|--------|-----|-----|---------------|---------|
|   | Check if Schedule O contains a response or note to any line in this Part XI.  |        |     |     |               |         |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |     | 1,0 | 36,1          | .06.    |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2      |     | 5   | 75,3          | 321.    |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3      |     | 5:  | 10,7          | 785.    |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4      | 1:  | 5,3 | 58,6          | 594.    |
| 5   | Net unrealized gains (losses) on investments  | 5      |     | 4,0 | 25,1          | 51.     |
| 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     | 1 ( | 9 8 | 94,6          | 30      |
| Pa  | rt XII   Financial Statements and Reporting   |        |     | , 0 | <i>-</i> 1, 0 | , o o . |
| - 0.  | Check if Schedule O contains a response or note to any line in this Part XII  |        |     |     |               |         |
|   | Check if Schedule O contains a response of note to any line in this Fart All  |        |     | -   | Yes           | No      |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other  |        |     |     | 162           | NO      |
| •   |   |        | - 1 |     |               |         |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. |   |        |     |     |               |         |
| 2   | a Were the organization's financial statements compiled or reviewed by an independent accountant?   |        |     | 2 a |               | Χ       |
|   | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis | d on a | ·   |     |               |         |
|   | <b>b</b> Were the organization's financial statements audited by an independent accountant?   |        |     | 2b  | Χ             |         |
|   | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa  |        |     |     |               |         |
|   | basis, consolidated basis, or both:   |        |     |     |               |         |
|   | Separate basis Consolidated basis X Both consolidated and separate basis  |        |     |     |               |         |
| •   | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?            |        |     | 2 c | Х             |         |
|   | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |        |     |     |               |         |
| 3   | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |        |     | 3 a |               | Х       |
| I   | <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         |        |     | 3 b |               |         |
| BAA   |   |        |     | orm | 990 (         | (2020)  |

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Junior League of Houston Foundation 30-0332046 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No The Junior League of Houston, Inc (A) 74-1185659 Χ 575,321. (B) (C) (D) (E) Total 575,321.

# 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          | tion A. Public Support  |   |   |  | •  |  |                  |
|--------------|---|---|---|--|--|--|------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2016                         | <b>(b)</b> 2017                         | <b>(c)</b> 2018                        | <b>(d)</b> 2019                                | <b>(e)</b> 2020                          | <b>(f)</b> Total |
|              | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  |   |   |  |  |  |                  |
| 2            | Tax revenues levied for the organization'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   |   |   |  |  |  |                  |
| 4            | Total. Add lines 1 through 3  |   |   |  |  |  |                  |
| 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) |   |   |  |  |  |                  |
| 6            | Public support. Subtract line 5 from line 4   |   |   |  |  |  |                  |
| Sec          | tion B. Total Support   |   |   | _                                      |  |  |                  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2016                         | <b>(b)</b> 2017                         | <b>(c)</b> 2018                        | <b>(d)</b> 2019                                | <b>(e)</b> 2020                          | (f) Total        |
| 7            | Amounts from line 4   |   |   |  |  |  |                  |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |   |   |  |  |  |                  |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on  |   |   |  |  |  |                  |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |   |   |  |  |  |                  |
| 11           | Total support. Add lines 7 through 10   |   |   |  |  |  |                  |
| 12           | Gross receipts from related activ   | ities, etc. (see ins                    | structions)                             |  |  | 12                                       |                  |
| 13           | First 5 years. If the Form 990 is organization, check this box and  | for the organization                    | on's first, second                      | , third, fourth, or f                  | ifth tax year as a                             | section 501(c)(3)                        | ▶ □              |
| Sec          | tion C. Computation of Pul  | olic Support P                          | ercentage                               |  |  |  |                  |
|              | Public support percentage for 20  | •                                       | •                                       |  | •  |  | %                |
| 15           | Public support percentage from 2  | 2019 Schedule A,                        | Part II, line 14.                       |  |  | 15                                       | %                |
| 16a          | <b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization   |   |   |  |  |  |                  |
| b            | <b>33-1/3% support test—2019.</b> If th and <b>stop here.</b> The organization  | e organization did<br>qualifies as a pu | d not check a box<br>blicly supported o | on line 13 or 16a<br>organization      | a, and line 15 is 3                            | 3-1/3% or more, cl                       | heck this box    |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-  | meets the facts-a                       | nd-circumstances                        | s test, check this I                   | box and stop here                              | e. Explain in Part \                     | /I how           |
|              | <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and  | meets the facts-a<br>d-circumstances    | nd-circumstances<br>test. The organiz   | s test, check this lation qualifies as | box and <b>stop here</b><br>a publicly support | e. Explain in Part \<br>ted organization | /I how the►      |
| 18           | Private foundation. If the organiz  | zation did not che                      | ck a box on line                        | 13, 16a, 16b, 17a                      | , or 17b, check th                             | is box and see ins                       | tructions ►      |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec                          | tion A. Public Support  | ,  | <u> </u>   | ,   |                     |  |                                   |
|------------------------------|---|--|--|---|---------------------|--|-----------------------------------|
|                              | dar year (or fiscal year beginning in) ►  | <b>(a)</b> 2016  | <b>(b)</b> 2017  | <b>(c)</b> 2018   | <b>(d)</b> 2019     | <b>(e)</b> 2020                              | (f) Total                         |
|                              | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  |  | , ,  |   |                     | , ,  | ·                                 |
| 2                            | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |  |  |   |                     |  |                                   |
| 3                            | Gross receipts from activities that are not an unrelated trade or business under section 513.   |  |  |   |                     |  |                                   |
| 4                            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |  |  |   |                     |  |                                   |
| 5                            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |  |   |                     |  |                                   |
|                              | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  |  |  |   |                     |  |                                   |
| b                            | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year            |  |  |   |                     |  |                                   |
| С                            | Add lines 7a and 7b   |  |  |   |                     |  |                                   |
|                              | Public support. (Subtract line 7c from line 6.)   |  |  |   |                     |  |                                   |
| Sec                          | tion B. Total Support   |  |  |   |                     | 1  |                                   |
|                              | dar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016  | <b>(b)</b> 2017  | <b>(c)</b> 2018   | <b>(d)</b> 2019     | <b>(e)</b> 2020                              | (f) Total                         |
|                              | Amounts from line 6   |  |  |   |                     |  |                                   |
|                              | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |  |  |   |                     |  |                                   |
|                              | 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.                      |  |  |   |                     |  |                                   |
|                              | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |  |  |   |                     |  |                                   |
|                              | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |  |  |   |                     |  |                                   |
|                              | First 5 years. If the Form 990 is organization, check this box and  | stop here  |  | third, fourth, or f   | fifth tax year as a | section 501(c)                               | (3)<br>▶ □                        |
|                              | tion C. Computation of Pu   |  |  | 10 10   |                     |  | <u> </u>                          |
|                              | District the second second  | un luna U aalum  | n (t), aivided by lii  |   | •                   |  |                                   |
|                              | Public support percentage for 20  | •  | D4-111 11 15   |   |                     |  |                                   |
| 16                           | Public support percentage from  | 2019 Schedule A,   |  |   |                     | I  | 6 %                               |
| 16<br>Sec                    | Public support percentage from tion D. Computation of Inv   | 2019 Schedule A,<br>estment Inco   | ne Percentage  | •   |                     |  | ·                                 |
| 16<br><b>Sec</b><br>17       | Public support percentage from tion <b>D. Computation of Inv</b> Investment income percentage f   | 2019 Schedule A,<br>estment Incor<br>or 2020 (line 10c,  | ne Percentage<br>column (f), divide  | ed by line 13, col  | umn (f))            | 1  | 7 %                               |
| 16<br><b>Sec</b><br>17<br>18 | Public support percentage from tion D. Computation of Inv<br>Investment income percentage f<br>Investment income percentage f   | 2019 Schedule A,<br>estment Incor<br>or 2020 (line 10c,<br>rom 2019 Schedu   | me Percentage<br>column (f), divide<br>lle A, Part III, line   | ed by line 13, col  | umn (f))            |  | 7 %<br>8 %                        |
| 16<br>Sec<br>17<br>18<br>19a | Public support percentage from tion <b>D. Computation of Inv</b> Investment income percentage f   | estment Incor<br>or 2020 (line 10c,<br>rom 2019 Scheduthe organization of<br>this box and sto<br>the organization of | ne Percentage column (f), divide le A, Part III, line lid not check the bephere. The organ lid not check a box | ed by line 13, col<br>17<br>ox on line 14, ar<br>ization qualifies<br>x on line 14 or lir | umn (f))            | than 33-1/3%, ported organiza 6 is more than | 7 %<br>8 %<br>and line 17<br>tion |

30-0332046

# Part IV Supporting Organizations

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

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

|    |   |            | Yes | No |
|----|---|------------|-----|----|
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1          | X   |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2          |     | Х  |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.   | 3a         |     | X  |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b         |     |    |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3с         |     |    |
| 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>4</b> a |     | Х  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b         |     |    |
| С  | 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 <b>Part VI</b> 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.   | 4c         |     |    |
| 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 <b>Part VI</b> , 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). | 5a         |     | X  |
| b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b         |     |    |
| С  | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5с         |     |    |
| 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? <i>If 'Yes,' provide detail in Part VI.</i>  | 6          |     | Х  |
| 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).   | 7          |     | X  |
| 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).   | 8          |     | Х  |
| 9а | 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 <b>Part VI</b> .   | 9a         |     | Х  |
| 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 <b>Part VI.</b>  | 9b         |     | Х  |
| С  | 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 <b>Part VI</b> .  | 9с         |     | Х  |
| 0a | 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.  | 10a        |     | X  |
| 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.).   | 10b        |     |    |

| Part | t IV                             | Supporting Organizations (continued)   |        |        |     |
|------|----------------------------------|--|--------|--------|-----|
| 11   | ∐ac t                            | the organization accepted a gift or contribution from any of the following persons?  |        | Yes    | No  |
|      |                                  | son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,   |        |        |     |
|      |                                  | overning body of a supported organization?   | 11a    |        | X   |
| b    | A fan                            | nily member of a person described in line 11a above?   | 11b    |        | Х   |
|      |                                  | controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  | 11c    |        | X   |
| Sect | tion I                           | B. Type I Supporting Organizations   |        | 1      | 1   |
| 1    | D:4 th                           | he governing healt, members of the governing healt, officers eating in their official conscitutors membership of one   |        | Yes    | No  |
|      | or mo<br>office<br>organ<br>than | the governing body, members of the governing body, officers acting in their official capacity, or membership of one per supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers |        |        |     |
|      |                                  | g the tax year.  | 1      | Х      |     |
|      | that o                           | the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.  | 2      |        | Х   |
| Sect | tion (                           | C. Type II Supporting Organizations  | ı      |        |     |
|      |                                  |  |        | Yes    | No  |
|      | of each                          | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1      |        |     |
|      |                                  | D. All Type III Supporting Organizations   | 1      |        |     |
| 0000 |                                  | D. All Type in Supporting Siguinzations  |        | Yes    | No  |
|      | organ                            | he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |        |        |     |
|      | organ                            | nization'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  |        |        |     |
|      | orgar<br>the o                   | nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how<br>organization maintained a close and continuous working relationship with the supported organization(s).   | 2      |        |     |
|      | voice<br>all tin                 | ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played   | 3      |        |     |
|      |                                  | is regard.  E. Type III Functionally Integrated Supporting Organizations   | 3      |        |     |
| 3661 |                                  | L. Type in Functionally integrated Supporting Organizations  |        |        |     |
| 1    | Check                            | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |        |        |     |
| а    | ЦТ                               | The organization satisfied the Activities Test. Complete line 2 below.   |        |        |     |
| b    | T                                | The organization is the parent of each of its supported organizations. Complete line 3 below.  |        |        |     |
| С    | T                                | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see   | instru | uction | s). |
| 2    | Activi                           | ities Test. Answer lines 2a and 2b below.  |        | Yes    | No  |
|      | suppo<br>organ                   | substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted   |        |        |     |
|      |                                  | tantially all of its activities.   | 2a     |        |     |
|      | more                             | the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities  |        |        |     |
|      |                                  | or the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.   | 2b     |        |     |
| 3    | Parer                            | nt of Supported Organizations. Answer lines 3a and 3b below.   |        |        |     |
| а    | Did the each                     | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>   | 3a     |        |     |
|      |                                  | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b     |        |     |

| Pa  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga  | nizat   | tions  |                                      |
|-----|--|---------|--|--------------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | t on No | ov. 20, 1970 (explain ir<br>st complete Sections A | n Part VI). <b>See</b><br>through E. |
| Sec | tion A – Adjusted Net Income   |         | (A) Prior Year                                     | (B) Current Year<br>(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       |  |                                      |
| Sec | tion B — Minimum Asset Amount  |         | (A) Prior Year                                     | (B) Current Year<br>(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):  |         |  |                                      |
| - 7 | Average monthly value of securities  | 1a      |  |                                      |
|     | Average monthly cash balances  | 1b      |  |                                      |
|     | Fair market value of other non-exempt-use assets   | 1c      |  |                                      |
|     | Total (add lines 1a, 1b, and 1c)   | 1d      |  |                                      |
| •   | e Discount claimed for blockage or other factors (explain in detail in Part VI):   |         |  |                                      |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2       |  |                                      |
| 3   | Subtract line 2 from line 1d.  | 3       |  |                                      |
| 4   | Cash deemed held for exempt use. Enter 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       |  |                                      |
| Sec | tion 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   | <b>Distributable Amount.</b> 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 inte (see instructions).  | grated  | Type III supporting or                             | ganization                           |

Schedule A (Form 990 or 990-EZ) 2020

BAA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, 2 in excess of income from activity 3 **3** Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details 8 in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10

| Section E — Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2020   |                                |  |   |
| <b>a</b> From 2015  |                                |  |   |
| <b>b</b> From 2016  |                                |  |   |
| <b>c</b> From 2017  |                                |  |   |
| <b>d</b> From 2018  |                                |  |   |
| <b>e</b> From 2019  |                                |  |   |
| f Total of lines 3a through 3e  |                                |  |   |
| <b>g</b> 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: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| <b>b</b> Applied to 2020 distributable amount   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                                |  |   |
| 5 Remaining underdistributions for years prior to 2020, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>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 <b>Part VI</b> . See instructions.                      |                                |  |   |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2016  |                                |  |   |
| <b>b</b> Excess from 2017   |                                |  |   |
| c Excess from 2018  |                                |  |   |
| <b>d</b> Excess from 2019   |                                |  |   |
| e Excess from 2020  |                                |  |   |
| DAA   |                                | Calaadala A /Fa                        | 000 000 EZ\ 000                           |

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Schedule A (Form 990 or 990-EZ) 2020

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B

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

Department of the Treasury Internal Revenue Service

# PUBLIC DISCLOSURE COPY 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

Employer identification number

2020

|           |  | uston Foundation  | 30-0332046  |
|-----------|--|---|---|
| •         | ation type (check one)   |   |   |
| Filers of | :  | Section:  |   |
| Form 99   | 0 or 990-EZ  | $\overline{X}$ 501(c)( 3 ) (enter number) organization  |   |
|           |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  | on  |
|           |  | 527 political organization  |   |
| Form 99   | 0-PF   | 501(c)(3) exempt private foundation   |   |
|           |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |   |
|           |  | 501(c)(3) taxable private foundation  |   |
| -         | ,  | red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule.  | pecial Rule. See instructions.  |
| General   | Rule   |   |   |
| X         |  | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribu   |   |
| Special   | Rules  |   |   |
|           | under sections 509(a) received from any or                                 | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, linute contributor, during the year, total contributions of the greater of (1) \$5,000; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.   | e 13, 16a, or 16b, and that   |
|           | during the year, total purposes, or for the                                | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece<br>contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient<br>prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in<br>diaddress), II, and III.  | ific, literary, or educational  |
|           | during the year, cont<br>\$1,000. If this box is<br>charitable, etc., purp | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recerbutions exclusively for religious, charitable, etc., purposes, but no such cont checked, enter here the total contributions that were received during the year ose. Don't complete any of the parts unless the <b>General Rule</b> applies to this cively religious, charitable, etc., contributions totaling \$5,000 or more during the | ributions totaled more than<br>r for an <i>exclusively</i> religious,<br>organization because |
| Caution   | • An organization that   | sn't covered by the Ceneral Pule and/or the Special Pules doesn't file Schedu   | ulo B /Form 990, 990 F7, 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).

Name of organization

Junior League of Houston Foundation

Solution 100 Semployer identification number 100 September 100 Septem

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Employer identification number

Junior League of Houston Foundation

30-0332046

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional s | pace is needed.                                 |                         |
|---------------------------|--|---|-------------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
|                           | N/A  | \$  |                         |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
|                           |  | \$  |                         |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received    |
|                           |  | \$  |                         |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
|                           |  | \$<br>  |                         |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
|                           |  | \$  |                         |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
|                           |  | \$  |                         |
| BAA                       | Sch  | <br>edule B (Form 990, 990-E                    | <br>Z, or 990-PF) (2020 |

Name of organization Junior League of Houston Foundation Employer identification number 30-0332046

| Part III                  |   |  | ons described in section 501(c)(7), (8),           |
|---------------------------|---|--|--|
|                           | or (10) that total more than \$1,000 for the following line entry. For organizations of | <b>he year from any one contributor.</b> On the contributor of expending Part III. enter the total of expending the contributor. | complete columns <b>(a)</b> through <b>(e) and</b> |
|                           | contributions of \$1,000 or less for the year.  | (Enter this information once. See instr  | uctions.)  |
| <u>(a)</u>                | Use duplicate copies of Part III if additional  |  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                |
|                           | N/A   |  |  |
|                           |   |  |  |
|                           |   | (e) Transfer of gift   |  |
|                           | Transferee's name, addres   | s, and ZIP + 4   | Relationship of transferor to transferee           |
|                           |   |  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                |
|                           |   |  |  |
|                           |   |  |  |
|                           |   | (e) Transfer of gift   |  |
|                           | Transferee's name, addres   | s, and ZIP + 4   | Relationship of transferor to transferee           |
|                           |   |  |  |
|                           |   |  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                |
|                           |   |  |  |
|                           |   |  |  |
|                           |   | (e) Transfer of gift   |  |
|                           | Transferee's name, addres   | s, and ZIP + 4   | Relationship of transferor to transferee           |
|                           |   |  |  |
|                           |   |  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                |
|                           |   |  |  |
|                           |   |  |  |
|                           |   |  |  |
|                           | Transferee's name, addres   | (e) Transfer of gift<br>s, and ZIP + 4   | Relationship of transferor to transferee           |
|                           |   |  |  |
|                           |   |  |  |
|                           | r   |  |  |

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Junior League of Houston Foundation 30-0332046 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... 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?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. **b** Assets included in Form 990, Part X.....

| Part III Organizations Mainta  | ining Conections           | OI AIT, HISTORICA       | i ireasures, or o               | diler Sillillar Asse                  | :15 (COITHITE  | ieu)         |
|--|----------------------------|-------------------------|---------------------------------|---------------------------------------|----------------|--------------|
| 3 Using the organization's acquisition items (check all that apply):     | , accession, and other     | records, check any of   | the following that make         | e significant use of its o            | ollection      |              |
| <b>a</b> Public exhibition   |                            | d Loan or ex            | change program                  |                                       |                |              |
| <b>b</b> Scholarly research  |                            | e Other                 |                                 |                                       |                |              |
| c Preservation for future gener  | ations                     | <u> </u>                |                                 |                                       |                |              |
| 4 Provide a description of the organiz Part XIII.                        | ation's collections and    | explain how they furth  | er the organization's e         | xempt purpose in                      |                |              |
| 5 During the year, did the organiza to be sold to raise funds rather the | nan to be maintained       | as part of the organi   | zation's collection?            |                                       | Yes            | No           |
| Part IV Escrow and Custodia line 9, or reported an                       |                            |                         |                                 | ered 'Yes' on For                     | m 990, Pai     | rt IV,       |
| 1 a Is the organization an agent, trus<br>on Form 990, Part X?           | stee, custodian or oth     | er intermediary for c   | ontributions or other           | assets not included                   | Yes            | No           |
| <b>b</b> If 'Yes,' explain the arrangement                               | in Part XIII and com       | plete the following ta  | ble:                            |                                       |                |              |
|  |                            |                         |                                 | , A                                   | Amount         |              |
| c Beginning balance  |                            |                         |                                 | 1 c                                   |                |              |
| <b>d</b> Additions during the year                                       |                            |                         |                                 | 1 d                                   |                |              |
| e Distributions during the year  |                            |                         |                                 | 1 e                                   |                |              |
| f Ending balance   |                            |                         |                                 | 1f                                    |                |              |
| 2a Did the organization include an a                                     | mount on Form 990.         | Part X. line 21, for e  | scrow or custodial ac           | count liability?                      | Yes            | No           |
| <b>b</b> If 'Yes,' explain the arrangement                               |                            |                         |                                 | _                                     | _ · · · · _ ∟  | ⊣"           |
| <b>b</b> in 100, explain the arrangement                                 | in r dre / iiii onook n    | oro ii tilo explanation | Thas soon provided t            | orr are am                            |                |              |
| Part V Endowment Funds. C  | omplete if the ord         | ranization answe        | red 'Yes' on Forn               | n 990, Part IV, lin                   | e 10           |              |
| Endownient Funds.  | (a) Current year           | (b) Prior year          | (c) Two years back              | (d) Three years back                  | (e) Four year  | re hack      |
| <b>1 a</b> Beginning of year balance                                     | 15,358,694.                | 15,165,199.             | 14,553,921.                     | 13,664,643.                           | 12,520         |              |
| <b>b</b> Contributions   | 28,534.                    | ·                       |                                 | · · · · · · · · · · · · · · · · · · · |                |              |
| <b>D</b> Contributions   | 28,334.                    | 26,637.                 | 804,070.                        | 47,891.                               | 31,            | <u>,833.</u> |
| <b>c</b> Net investment earnings, gains, and losses                      | 4,993,991.                 | 651,249.                | 232,882.                        | 1,220,650.                            | 1,371,         |              |
| <b>d</b> Grants or scholarships  | 472,477.                   | 470,412.                | 410,620.                        | 365,000.                              | 245            | ,000.        |
| <b>e</b> Other expenditures for facilities and programs                  |                            |                         |                                 | 0.                                    |                |              |
| <b>f</b> Administrative expenses   | 14,112.                    | 13,979.                 | 15,054.                         | 14,263.                               |                | ,186.        |
| g End of year balance  | 19,894,630.                | 15,358,694.             | 15,165,199.                     | 14,553,921.                           | 13,664,        | ,643.        |
| 2 Provide the estimated percentag  | e of the current year      | end balance (line 1g    | column (a)) held as             | :                                     |                |              |
| a Board designated or quasi-endowm                                       | ent ► 61                   | .37 %                   |                                 |                                       |                |              |
| <b>b</b> Permanent endowment ▶   | 23.9 <del>6%</del>         |                         |                                 |                                       |                |              |
| c Term endowment ► 14  | <del>1.67 %</del>          |                         |                                 |                                       |                |              |
| The percentages on lines 2a, 2b, a                                       |                            | %.                      |                                 |                                       |                |              |
|  | •                          |                         |                                 |                                       |                |              |
| <b>3 a</b> Are there endowment funds not in to organization by:          | ne possession of the o     | rganization that are ne | id and administered to          | r tne                                 | Yes            | No           |
| (i) Unrelated organizations  |                            |                         |                                 |                                       | 3a(i)          | X            |
| (ii) Related organizations   |                            |                         |                                 |                                       | 3a(ii)         | X            |
| <b>b</b> If 'Yes' on line 3a(ii), are the rela                           |                            |                         |                                 |                                       | 3b             | - 1          |
| 4 Describe in Part XIII the intended                                     | -                          | •                       |                                 |                                       | 35             |              |
|  |                            | ation's endowment id    | nus. See rait                   | VIII                                  |                |              |
| Part VI Land, Buildings, and Complete if the organi                      | • •                        | 'Yes' on Form 99        | 0, Part IV, line 1              | 1a. See Form 990                      | ), Part X, li  | ne 10.       |
| Description of property  |                            | or other basis (b       | ) Cost or other basis (other)   | (c) Accumulated depreciation          | (d) Book va    | alue         |
| <b>1 a</b> Land  |                            |                         |                                 |                                       |                |              |
| <b>b</b> Buildings   |                            |                         |                                 |                                       |                |              |
| c Leasehold improvements   |                            |                         |                                 |                                       |                |              |
| <b>d</b> Equipment   |                            |                         |                                 |                                       |                |              |
| <b>e</b> Other   |                            |                         |                                 |                                       |                |              |
| Total. Add lines 1a through 1e. (Colum                                   |                            | m 990 Part X colum      | nn (B) line 10c )               | <b>&gt;</b>                           |                | 0.           |
| PAA  | iii (a) iiiasi equai i Oii | ii 550, i art A, coluii | ייי ( <i>בו</i> ), ווווכ וווכ.) |                                       | lo D (Form 90) |              |

Schedule D (Form 990) 2020

| Complete if the organization answere  (a) Description of security or category (including name of security)   | (b) Book value                                    |                          | ation: Cost or end-of-year market value |
|--|---|--------------------------|---|
| ) Financial derivatives  | ` '   | (0)                      |   |
| 2) Closely held equity interests   |   |                          |   |
| 3) Other   |   |                          |   |
|  | -   |                          |   |
| A)<br>B)<br>C)<br>D)<br>E)   |   |                          |   |
| <u>"</u>   | -   |                          |   |
| <u>"                                    </u>   |   |                          |   |
| <u>′</u>   | _   |                          |   |
|  |   |                          |   |
| <del>-</del> )   | -   |                          |   |
| <u>3)</u>  | _   |                          |   |
|  | _   |                          |   |
| l)   |   |                          |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)  |   | 27./2                    |   |
| Part VIII Investments – Program Related. Complete if the organization answere  | d 'Vas' on Form 991                               | N/A<br>Deart IV line 11c | See Form 990 Part Y line 1              |
| (a) Description of investment  | (b) Book value                                    | (c) Method of valuation  | on: Cost or end-of-year market value    |
|  | (b) Dook value                                    | (c) motilod of valuation | on Jose of Gra of year market value     |
| (1)  | +   |                          |   |
| (2)  | +   |                          |   |
| (3)  |   |                          |   |
| (4)  |   |                          |   |
| (5)  |   |                          |   |
| (6)  |   |                          |   |
| (7)  |   |                          |   |
| (8)  |   |                          |   |
| (9)  |   |                          |   |
|  |   |                          |   |
| 10)  |   |                          |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  |   |                          |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  | N/A   | Part IV line 11d         | Soo Form 990 Part V Jino 15             |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D   | N/A   | ), Part IV, line 11d.    | See Form 990, Part X, line 15           |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D   | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D  (1)  (2)   | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990                        | ), Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990                        | ), Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990                        | D, Part IV, line 11d.    |   |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990<br>escription          | O, Part IV, line 11d.    | (b) Book value                          |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  | N/A<br>d 'Yes' on Form 990<br>escription          | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) complete if the organization answered 'Yes' on  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column  Other Liabilities. Complete if the organization answered 'Yes' on  (1) Federal income taxes (2)   | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column (b | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5)  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6)  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7)  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (a) Descential income taxes (b) (c) (d) (d) (d) (d) (d) (e) (f) (g)   | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (b) Complete if the organization answere (a) D  (c) Complete if the organization answere (b) D  (d) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answered (c) Complete if  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |
| Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)  | N/A d 'Yes' on Form 990 escription  (B) line 15.) | O, Part IV, line 11d.    | (b) Book value                          |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R  | eturn     | •                               |
|--|-----------|---------------------------------|
| 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         | 5,022,525.                      |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |           |                                 |
| a Net unrealized gains (losses) on investments   |           |                                 |
| b Donated services and use of facilities   |           |                                 |
| c Recoveries of prior year grants  |           |                                 |
| d Other (Describe in Part XIII.)   |           |                                 |
| e Add lines 2a through 2d.   | 2 e       | 4,025,151.                      |
| 3 Subtract line 2e from line 1   | 3         | 997,374.                        |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |           |                                 |
| a Investment expenses not included on Form 990, Part VIII, line 7b   |           |                                 |
| b Other (Describe in Part XIII.)   |           |                                 |
| c Add lines 4a and 4b.   | 4 c       | 88,732.                         |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5         | 1,086,106.                      |
|  |           |                                 |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per   | Retu      | ·                               |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   | Retu      | ·                               |
|  | Retu<br>1 | ·                               |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  | 1         | rn.                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  | 1         | rn.                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1         | rn.                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  2 a  | 1         | rn.                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b  | 1         | rn.                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.  | 1         | rn.                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  | 1         | rn.                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  | 1<br>2 e  | 486,589.                        |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 88, 732.   | 1 2e 3    | 486,589.                        |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  4 B 88,732.           | 2 e 3     | 486,589.<br>486,589.            |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b. | 1 2e 3    | 486,589.<br>486,589.<br>88,732. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  4 B 88,732.           | 1 2e 3    | 486,589.<br>486,589.            |

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 V, Line 4 - Intended Uses Of Endowment Fund

The Junior League of Houston Foundation funds are designated to initiate, finance, sustain and expand the Community Program of The Junior League of Houston, Inc.

BAA Schedule D (Form 990) 2020

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Junior League of Houston Fo   | oundation              |                                    |                          |                                   |   | 30-033204                             |                                    |
|---|------------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grant Does the organization maintain records to |                        |                                    | assistance the grantees  | ' eligibility for the grants      | or assistance, and  |                                       |                                    |
| the selection criteria used to award the                                      | e grants or assistand  | :e?                                |                          |                                   |   |                                       | X Yes No                           |
| 2 Describe in Part IV the organization's pro                                  |                        |                                    |                          |                                   | See Pa  |                                       |                                    |
| <b>Part II Grants and Other Assistan</b> Form 990, Part IV, line 21,          |                        |                                    |                          |                                   |   |                                       |                                    |
| 1 (a) Name and address of organization or government                          | ( <b>b)</b> EIN        | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) The Junior League of Houston 1811 Briar Oaks Lane                         |                        |                                    |                          |                                   |   |                                       | Support for JLH Community          |
| Houston, TX 77027   | 74-1185659             | 501 (c) (3)                        | 472,477.                 | 0.                                |   |                                       | Program                            |
|   |                        |                                    |                          |                                   |   |                                       |                                    |
| (3)   |                        |                                    |                          |                                   |   |                                       |                                    |
|   |                        |                                    |                          |                                   |   |                                       |                                    |
| (4)   |                        |                                    |                          |                                   |   |                                       |                                    |
|   |                        |                                    |                          |                                   |   |                                       |                                    |
| (5)   |                        |                                    |                          |                                   |   |                                       |                                    |
|   |                        |                                    |                          |                                   |   |                                       |                                    |
| (6)   |                        |                                    |                          |                                   |   |                                       |                                    |
| (7)   |                        |                                    |                          |                                   |   |                                       |                                    |
|   |                        |                                    |                          |                                   |   |                                       |                                    |
| (8)   |                        |                                    |                          |                                   |   |                                       |                                    |
|   |                        |                                    |                          |                                   |   |                                       |                                    |
| 2 Enter total number of section 501(c)(3                                      |                        |                                    | in the line 1 table      |                                   |   |                                       | 1                                  |
| 3 Enter total number of other organization                                    | ons listed in the line | 1 table                            |                          |                                   |   | •                                     | ·                                  |

Page 2

Schedule I (Form 990) 2020

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

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

#### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The purpose of the Foundation's Community Endowment Fund is to finance, sustain, expand and initiate The Junior League of Houston, Inc.'s (the "League") designated Community Program. The Foundation adheres to a strict spending policy that provides for an allowable formulaic distribution when Foundation assets exceed \$10 million on May 31 of the calendar year which coincides with the end of the fiscal year for both organizations. The Foundation board submits the amount available for distribution to the League board after the August Foundation board meeting. The League board then votes on how much of the allowable distribution to accept. The distribution is restricted to the League's Community Program, and the League reports its specific use

of these funds to the Foundation board along with the request for funds.

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2020

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Junior League of Houston Foundation

30-0332046

Employer identification number

#### Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

A majority of the directors of the Foundation are selected by the Foundation's supported organization, The Junior League of Houston, Inc.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

All directors are provided a copy of the Form 990 via email for their review prior to filing with the IRS.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Annually all directors receive a copy of the Code of Ethics and Conflict of Interest policy for the Foundation. The Directors are asked to read both documents and sign an annual statement that they have reviewed and will comply with the contents. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors considering the proposed transaction or arrangement. Detailed procedures for dealing with a potential conflict are explained within the Conflict of Interest Policy document.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available to the public upon request.

### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

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

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Junior League of Houston Foundation

Employer identification number 30-0332046

| Name, address, and EIN (if applicable) of disregarded entity  |                               | <b>(b)</b><br>Primary activity          |   | (c) Legal domicile (state or foreign country) |                               | <b>(d)</b><br>Total income |  | (e)<br>End-of-year assets |  | Direct control entity |            | lling |
|---|-------------------------------|---|---|---|-------------------------------|----------------------------|--|---------------------------|--|-----------------------|------------|-------|
| <u>(1)</u>  |                               |   |   |   |                               |                            |  |                           |  |                       |            |       |
| <u>(2)</u>  |                               |   |   |   |                               |                            |  |                           |  |                       |            |       |
| <u>(3)</u>  |                               |   |   |   |                               |                            |  |                           |  |                       |            |       |
|   |                               |   |   |   |                               |                            |  |                           |  |                       |            |       |
| Part II Identification of Related Tax-Exempt On had one or more related tax-exempt organized | <b>ganizatio</b><br>anization | <b>ons.</b> Complete<br>s during the ta | if the org<br>ax year.                        | ganization                                    | answered                      | d 'Yes'                    | on Form 990                                    | ), Part                   | IV, line 34,                               | becau                 | se it      |       |
| (a) Name, address, and EIN of related organization  | Prim                          | <b>(b)</b><br>ary activity              | (c) Legal domicile (state or foreign country) |   | (d)<br>Exempt Code<br>section |                            | (e) Public charity statu (if section 501(c)(3) |                           | status<br>(c)(3)) Direct control<br>entity |                       | controlled |       |
| (1) The Junior League of Houston, Inc. 1811 Briar Oaks Lane Houston, TX 77027 74-1185659 (2)  |                               | Community<br>support                    |   | ľX  | 501(c)(3)                     |                            | 7  |                           | N/A  |                       | Yes        | No X  |
| <u>(3)</u>  |                               |   |   |   |                               |                            |  |                           |  |                       |            |       |
| <u>(4)</u>  |                               |   |   |   |                               |                            |  |                           |  |                       |            |       |
|   |                               |   |   |   |                               |                            |  |                           |  |                       |            |       |

| Part III | <b>Identification of Related Organizations Taxable as a Partnership.</b> 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. | , |
|----------|---|---|
|          | because it had one of more related organizations treated as a partnership during the tax year.  |   |

| (a) Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections | (f)<br>Share of total<br>income | Share of total   Share of   Dispropo |     | ropor-<br>nate | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form<br>1065) | Gene<br>mana<br>parti | )<br>ral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------|--|---------------------------------|--------------------------------------|-----|----------------|---|-----------------------|------------------------------|--------------------------------|
|  |                         | country)   |                               | 512-514)   |                                 |                                      | Yes | No             | 1065)   | Yes                   | No                           |                                |
| (1)  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
|  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
|  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
| (2)  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
|  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
|  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
|  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
| (3)  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
|  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |
|  |                         |  |                               |  |                                 |                                      |     |                |   |                       |                              |                                |

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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of<br>total income | (g)<br>Share of end-of-<br>year assets | (h)<br>Percentage<br>ownership | Sec 512<br>controlled | )<br>(b)(13)<br>d entity? |
|--|--------------------------------|---|--|---|---------------------------------|--|--------------------------------|-----------------------|---------------------------|
|  |                                | country)                                      | entity                                 | or trust)                                     |                                 |  |                                | Yes                   | No                        |
| (1)  |                                |   |  |   |                                 |  |                                |                       |                           |
|  |                                |   |  |   |                                 |  |                                |                       |                           |
|  | Ī                              |   |  |   |                                 |  |                                |                       |                           |
|  | Ī                              |   |  |   |                                 |  |                                |                       |                           |
| (2)  |                                |   |  |   |                                 |  |                                |                       |                           |
|  | Ī                              |   |  |   |                                 |  |                                |                       |                           |
|  | Ī                              |   |  |   |                                 |  |                                |                       |                           |
|  |                                |   |  |   |                                 |  |                                |                       |                           |
| (3)  |                                |   |  |   |                                 |  |                                |                       |                           |
|  | Ī                              |   |  |   |                                 |  |                                |                       |                           |
|  | İ                              |   |  |   |                                 |  |                                |                       |                           |
|  | †                              |   |  |   |                                 |  |                                |                       |                           |
|  | 1                              |   |  | I   |                                 | 1                                      |                                | ı .                   |                           |

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....

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?

| <b>b</b> Gift, grant, or capital       | al contribution to related organization(s)                         |  |                           |                            | 1 b                   | Χ                   |        |
|--|--|--|---------------------------|----------------------------|-----------------------|---------------------|--------|
| c Gift, grant, or capita               | al contribution from related organization(s)                       |  |                           |                            | 1 c                   |                     | X      |
| d Loans or loan guara                  | antees to or for related organization(s)                           |  |                           |                            | 1 d                   |                     | X      |
| e Loans or loan guara                  | antees by related organization(s)                                  |  |                           |                            | 1 e                   |                     | Χ      |
|  |  |  |                           |                            |                       |                     |        |
| f Dividends from rela                  | ted organization(s)  |  |                           |                            | 1 f                   |                     | X      |
| ~                                      | elated organization(s)   |  |                           |                            | 1 g                   |                     | X      |
|  | from related organization(s)                                       |  |                           |                            | 1 h                   |                     | X      |
|  | s with related organization(s)                                     |  |                           |                            | 1i                    |                     | X      |
| <b>j</b> Lease of facilities, e        | equipment, or other assets to related organization(s)              |  |                           |                            | 1 j                   |                     | X      |
|  |  |  |                           |                            |                       |                     |        |
|  | equipment, or other assets from related organization(s)            |  |                           |                            | 1 k                   |                     | X      |
|  | vices or membership or fundraising solicitations for related of    |  |                           |                            | 11                    |                     | X      |
|  | vices or membership or fundraising solicitations by related o      |  |                           |                            | 1 m                   | Χ                   |        |
|  | , equipment, mailing lists, or other assets with related organ     | • •                                      |                           |                            | 1 n                   | Χ                   |        |
| <ul> <li>Sharing of paid em</li> </ul> | ployees with related organization(s)                               |  |                           |                            | 1 o                   | Χ                   |        |
|  |  |  |                           |                            |                       |                     |        |
| •                                      | d to related organization(s) for expenses                          |  |                           |                            | 1 p                   | Χ                   |        |
| <b>q</b> Reimbursement pai             | d by related organization(s) for expenses                          |  |                           |                            | 1 q                   |                     | X      |
|  |  |  |                           |                            |                       |                     |        |
|  | sh or property to related organization(s)                          |  |                           |                            | 1 r                   |                     | X      |
|  | sh or property from related organization(s)                        |  |                           |                            | 1 s                   |                     | X      |
| 2 If the answer to any                 | of the above is 'Yes,' see the instructions for information on who | must complete this line, including cover |                           |                            |                       |                     |        |
|  | <b>(a)</b><br>Name of related organization                         |  | <b>(b)</b><br>Transaction | (c)<br>Amount involved Met | <b>(d</b><br>hod of c | <b>i)</b><br>determ | ninina |
|  | Tiamo di Foldica di gamentali.                                     |  | type (a-s)                | 6                          | amount                | involv              | ed     |
|  |  |  |                           |                            |                       |                     |        |
| 1)                                     |  |  |                           |                            |                       |                     |        |
|  |  |  |                           |                            |                       |                     |        |
| 2)                                     |  |  |                           |                            |                       |                     |        |
|  |  |  |                           |                            |                       |                     |        |
| 3)                                     |  |  |                           |                            |                       |                     |        |
| •                                      |  |  |                           |                            |                       |                     |        |
| 4)                                     |  |  |                           |                            |                       |                     |        |
| 7)                                     |  |  |                           |                            |                       |                     |        |
| E)                                     |  |  |                           |                            |                       |                     |        |
| 5)                                     |  |  |                           |                            |                       |                     |        |
| <b>~</b>                               |  |  |                           |                            |                       |                     |        |
| 6)                                     |  |  |                           | 0-1-1-1                    | D (F-                 | - 000               | 0000   |
| AA                                     |  | TEEA5003L 07/15/20                       |                           | Schedule I                 | (rorm                 | 1 990)              | 2020   |
|  |  |  |                           |                            |                       |                     |        |

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)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? |    | section |  | section |    | Share of total income | Share of end-of-year assets (h) Dispropor tionate allocations |     | n)<br>ropor-<br>nate<br>tions? | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1<br>(Form 1065) | General or managing partner? |  | (k)<br>Percentage<br>ownership |
|---|--------------------------------|---|---|---|----|---------|--|---------|----|-----------------------|---|-----|--------------------------------|---|------------------------------|--|--------------------------------|
|   |                                |   | from tax under<br>sections 512-514)                                 | Yes   | No |         |  | Yes     | No | ( 3                   | Yes   | No  | <u> </u>                       |   |                              |  |                                |
| <u>(1)</u>                              |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | _                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | -                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (2)                                     |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (2)                                     | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (3)                                     |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | _                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | -                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (4)                                     |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (4)                                     | -                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (5)                                     |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | _                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | -                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (6)                                     |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (6)                                     | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (7)                                     |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | _                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | -                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (8)                                     |                                |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| (8)                                     | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
|   | 1                              |   |   |   |    |         |  |         |    |                       |   |     |                                |   |                              |  |                                |
| DAA                                     | •                              | •   | •   |   |    |         |  |         |    | 0.1.1                 | L B /   | - 0 | 202 0000                       |   |                              |  |                                |

**BAA** TEEA5004L 07/15/20 Schedule **R** (Form 990) 2020

# Part VII Supplemental Information

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