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)

20**20**

Open to Public Inspection

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.

A	For t	he 2020	calendar year, or tax year beginning , 2020,	and ending			. 20	
B	Charle M	applicable:	C Name of organization	<u> </u>	D Employer ide	entification		
_	Check if	applicable:	CENTER FOR HOUSTON'S FUTURE INC		76-038			
		iress nge	Doing business as		70 050	0000		
	Nan	ne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umber		
	Initi	al return	701 AVENIDA DE LAS AMERICAS	900	(713) 84		3	
		al return/ ninated	City or town, state or province, country, and ZIP or foreign postal code	300	(715) 04	14 9303	,	
		ended	HOUSTON, TX 77010		G Gross receipt		1 22	2 002
		lication	F Name and address of principal officer: BRETT PERLMAN		H(a) Is this a gro	250000		3,903.
_	pen	ung	701 AVENIDA DE LAS AMERICAS, #900, HOUSTON,	TV 77010	subordinate	s?		
ī	Tax-e	xempt sta						
J			atus: X 501(c)(3) 501(c)() 4947(a)(1) o WWW.CENTERFORHOUSTONSFUTURE.ORG	or 527	A CONTRACTOR OF THE PARTY OF TH	attach a list. S		าร
K			V A	1.	H(c) Group exen			
	art I		ızation: A Corporation Trust Association Other ▶ mmary	L Year of f	formation: 1992 M	State of leg	jal domicile	E: TX
-	1			NIMED THE				
a)	١.	MATT	describe the organization's mission or most significant activities: THE CE	NTER INS	PIRES LEADER	S TO I	DENTI	FY
ũ		GREZ	TERS OF THE HIGHEST IMPORTANCE TO THE LONG-TER	M FUTURE	OF THE			
Activities & Governance			ATER HOUSTON REGION & TO COLLABORATE IN ADDRES					
8	2	Check	this box if the organization discontinued its operations or disposed	d of more than	25% of its net asset	s.		
S	3	Numbe	er of voting members of the governing body (Part VI, line 1a)			3		24.
es	4	Numbe	er of independent voting members of the governing body (Part VI, line 1b)			4		22.
Ϋ́	5	Total n	number of individuals employed in calendar year 2020 (Part V, line 2a)		While we writering to the	5		6.
cti	6	Total n	number of volunteers (estimate if necessary)		rana a anananci o o	6		40.
d	7a	Total u	inrelated business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net un	related business taxable income from Form 990-T, Part I, line 11			7b		0.
					Prior Year		Current '	Year
<u>e</u>	8	Contrib	outions and grants (Part VIII, line 1h)		1,139,42			7,863.
Revenue	9	Progra	m service revenue (Part VIII, line 2g)		319,99	100000000000000000000000000000000000000		4,450.
è	10	Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d).		3,715,4,715	0.		0.
I.E.	11	Other r	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	1	,590.
	12	Total re	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,459,42	17 CAR 1	1,223	
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		27100712	0.	1,220	0.
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)			0.		0.
S	15	Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5-10).		759,52		850	,623.
Expenses	16a	Profess	sional fundraising fees (Part IX, column (A), line 11e)		34,00			
g	b	Total fu	undraising expenses (Part IX, column (D), line 25) ► 138, 401.		34,00	0.	11	,000.
ũ	17	Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		690,92	1	241	151
	18	Total e	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,484,45			,151.
	19	Revenu	te less expenses. Subtract line 19 from line 10	· · · · ·			1,102	
es	10	TTOVOITE	ue less expenses. Subtract line 18 from line 12		-25,02		SUCKE THE STERNA	,129.
anc	20 21 22	Total a	ssets (Part X, line 16)	-	Beginning of Current Y		End of Ye	
Bal	21		abilities (Part X, line 16)		314,08			,299.
E de la	22				334,78			,872.
	rt II		sets or fund balances. Subtract line 21 from line 20		-20,70	۷.	100	,427.
true	, corre	ct, and c	perjury, I declare that I have examined this return, including accompanying schedule omplete. Declaration of preparer (other than officer) is based on all information of which	es and statemer n preparer has a	nts, and to the best of inv knowledge.	my knowle	dge and b	elief, it is
			(1) (A)		-1	1		
Sig	n	Sid	anature of officer		8/3	sire _		
ler	7.55				Date			
			Brett Jerman Cite					
			pe or print name and title /pe preparer's name Preparer's signature	-				
aid			()04	Date	Check	if PTIN		
	arer	AMAN	/ Viwy Cara	08/26/2	The second secon	2000	106777	17
	Only	Firm's r			Firm's EIN ▶ 4	4-0160	260	
		Firm's a	ddress ▶2700 POST OAK BLVD., STE 1500 HOUSTON, TX 77056		Phone no. 7	13.499	.4600	
/lay	the	IRS dis	cuss this return with the preparer shown above? (see instructions) .			X	Yes	No
or	Paper	work R	eduction Act Notice, see the separate instructions.				Form 990	

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Pa	art III			e Accomplishments a response or note to any lir	ne in this Part III		х
1		describe the organiz CHMENT 1					
2	prior Fo			nificant program services d			
3	Did the	e organization cea	se conductin	g, or make significant ch			
4	If "Yes," Describ expense	describe these cha e the organization es. Section 501(c)(nges on Sche s program s 3) and 501(c		or each of its three uired to report the a	largest program se	vices, as measured by
4a	(Code: ATTA) (Expe	nses \$	534,612. including grants of	of \$	_) (Revenue \$	132,950)
4b	(Code: ATTA) (Expe	nses \$	202,691. including grants of	of \$	_) (Revenue \$	121,500.
4c	-) (Expe CHMENT 4	nses \$	46,958. including grants of	of \$	_) (Revenue \$	10,000)
	(Expens	rogram services (D	including g	rants of \$) (Revenue \$)	

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	Checklist of Required Schedules		V	N.
	le the consciention described in continue 504/5/(0) on 4047/5/(4) /other there a private foundation/0 (f II)/coll		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	Х	
_	complete Schedule A	1 2	X	
2		2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		- 21
4	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,	4		- 21
J	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			
Ū	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</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	Х	
h	Schedule D, Parts XI and XII	12a		
b	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? 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		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х

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Part	Checklist of Required Schedules (continued)		V	
22	Did the comparisor report more than OF 000 of greate or other assistance to or for democitie individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
- u	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	X	
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			Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	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? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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		X
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? If "Yes," complete Schedule R, Part I.	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \[\bigs_{			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		37
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.5
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	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		X
	If "Yes," see instructions and file Form 4720, Schedule N.	-		
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.			
	•			

CENTER FOR HOUSTON'S FUTURE INC 76-0386539 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 24 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... 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? 15a Х Χ 15b 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 Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶_

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► GERALDINE RICHARDS 701 AVENTDA DE LAS AMERICAS, STE 900 HOUSTON, TX 77010 713-844-3600

Form **990** (2020)

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	box,	Po (do not check box, unless pofficer and a			is both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)BRETT PERLMAN	40.00									
PRESIDENT AND CEO	0.	Х		Х				331,340.	0.	10,850.
(2) LAURA GOLDBERG	40.00									
VP STRATEGIC INITIATIVES &COMM	0.			Х				121,238.	0.	17,312
(3) RUSSELL RICHARD	40.00									
VP LEADERSHIP AND ENGAGEMENT	0.			Х				114,588.	0.	9,412
(4) ANDY STEINHUBL	1.00									
DIRECTOR	0.	X						0.	0.	0
(5) ASTLEY BLAIR	1.00									
CHAIRMAN	0.	Х		Х				0.	0.	0
(6) BRENT A. BENOIT	1.00									
DIRECTOR	0.	X						0.	0.	0
(7) FREDDY WARNER	1.00									
DIRECTOR	0.	X						0.	0.	0
(8) GEORGE DEMONTROND	1.00									
EX OFFICIO	0.	X						0.	0.	0
(9) HARRIS KEMPNER, JR.	1.00									
DIRECTOR	0.	X						0.	0.	0
(10) JIM AJELLO	1.00									
DIRECTOR	0.	X						0.	0.	0
(11) JONATHAN HOMEYER	1.00									
DIRECTOR	0.	X						0.	0.	0
(12) KAREN OTAZO HOFMEISTER, PH.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0
(13) KENNETH GUIDRY	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14) MANOLO SANCHEZ	1.00								_	
DIRECTOR	0.	X						0.	0.	0

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Part VII Section A. Officers, Directors, T		y EII	ibio			anu f	ııyı			oriariu		
(A) Name and title	Average hours per week (list any hours for	box,	unles er and	s pe l a d	ition more rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	con	(F) Estimated mount of other mpensations at the control of the con	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orç ar	rom the ganization nd relate ganization	on d
15) ROBERT W. HARVEY	1.00							0	0			
EX OFFICIO 16) SCOTT BALLARD	1.00	Х						0	0.			(
	_+								0			(
DIRECTOR	0.	X						0	0.			(
17) BOBBY TUDOR	1.00	3,7							0			,
EX OFFICIO 18) STAN MAREK	0.	X						0	0.			(
L8) STAN MAREK DIRECTOR	1.00								0			,
	1.00	Х						0	0.			(
L9) STEPHEN KLINEBERG, PH.D.	0.								0			(
DIRECTOR 20) NORY ANGEL	1.00	X						0	0.			
	0.								0			
DIRECTOR	1.00	Х						0	0.			
21) WILLIAM CLAYTON	_+	3,7							0			
DIRECTOR 22) Y. PING SUN	1.00	X						0	0.			(
DIRECTOR	0.								0			
23) LICIA GREEN	1.00	Х						0	0.			
	0.								0			
DIRECTOR 4) JULIET MCBRIDE	1.00	Х						0	0.			
	-+								0			
DIRECTOR 25) BRUCE MANN	0.	X						0	0.			
`	1.00	3,7							0			
DIRECTOR	0.	Х						0	0.		37,	
1b Sub-total								567,166.	0.		3/,	
c Total from continuation sheets to Part VII,	-							0.	0.		37,	0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no	ot limited to t	hose		d al	bove	e) who	o re	567,166. eceived more than	0. \$100,000 of		3/,	5/4
reportable compensation from the organizat	ion 🕨		3									
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations (individual	greater than	\$15	50,0	00?	If	"Yes	5,"	complete Schedu	le J for such	4	X	
										4	125	
5 Did any person listed on line 1a receive of for services rendered to the organization? If										5		Х
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employ	yees (c	ontinue		age o
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	am	(F) timated tount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization d related anization	i
26) KENNETH MERCADO	1.00												
DIRECTOR	0.	X						0		0.			0
27) GERALDINE RICHARDS TREASURER	1.00			Х				0		0.			0
1b Sub-total		<u> </u>					>	0.		0.			0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						>						
2 Total number of individuals (including but not reportable compensation from the organization)			liste 3	d al	bove	e) who	re	eceived more than	\$100,000 (of 			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of repeater than	ortab \$15	ole c 50,0	com	per	sation	ı aı	nd other compens	sation from	the		Х	
 individual	accrue co	mpen	satio								5	A	X
Section B. Independent Contractors													
 Complete this table for your five highest com- compensation from the organization. Report of year. 													
(A) Name and business add	lress							(B) Description of se	rvices	С	(C) compens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VIII Statement of Revenue

		Check if Schedule O contains	a respo	nse or note to ar	ny line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	. 1b . 1c . 1d . 1e	104,240. 853,623.				
ခ် င	h	Total. Add lines 1a-1f			957,863.			
				Business Code				
9	2a	TUITION REVENUE		900099	121,500.	121,500.		
ه ڲٙ	b	PROGRAM FEES		900099	6,850.	6,850.		
S Ž	C	OTHER PROGRAM REVENUE		900099	136,100.	136,100.		
am e ye								
200	d							
Program Service Revenue	e	All other program cond-						
_	f	All other program service revenue Total. Add lines 2a-2f			264,450.			
	g				201,130.			
	3	Investment income (including di		interest, and	0.			
		other similar amounts)			0.			
	4 5	Income from investment of tax-exe	•	•	0.			
	3	Royalties	Real	(ii) Personal	0.			
	_		- Teal	(II) I ersorial				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)			0.			
	7a	Gross amount from (i) So	curities	(ii) Other				
		sales of assets						
		other than inventory 7a						
ne	b	Less: cost or other basis						
evenue		and sales expenses 7b						
ě	С	Gain or (loss) 7c						
ار ج	d	Net gain or (loss)	<u></u>	<u> </u>	0.			
Other	8a	Gross income from fundrais	na					
Ó		events (not including \$						
		of contributions reported on I	ne					
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses		0.				
	c	Net income or (loss) from fundraisir			0.			
	9a	Gross income from gam	-					
	Ju	activities. See Part IV, line 19	U	0.				
	h	Less: direct expenses		0.				
	b	Net income or (loss) from gaming		•	0.			
	10a	Gross sales of inventory, le returns and allowances	10a	0.				
				0.				
		Less: cost of goods sold Net income or (loss) from sales of in			0.			
	_ <u> </u>	mosmo or (1000) from sales of in	. J. 1.01 y	Business Code	0.			
Miscellaneous Revenue		OTHER REVENUE		Dualitess Code	1 500			1 500
ne iue	11a	OTHER REVENUE			1,590.			1,590.
la Ven	b							
Re	С							-
Ĕ	d	All other revenue						
	е	Total. Add lines 11a-11d			1,590.			
	12	Total revenue. See instructions		<u> </u>	1,223,903.	264,450.		1,590.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a re	esponse or note to any lir	ne in this Part IX		<u>X</u>
Do not include amounts reported on lines 6b, 78, 8b, 9b, and 10b of Part VIII.	b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization	s			
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	c			
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign	ı			
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors		420 551	07 700	77 401
trustees, and key employees	604,740.	439,551.	87,788.	77,401.
6 Compensation not included above to disqualified	d			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	-	117 700	22 500	20 742
7 Other salaries and wages		117,789.	23,509.	20,742.
8 Pension plan accruals and contributions (include	0 000	1 624	328.	286.
section 401(k) and 403(b) employer contribution	24 421	1,624. 24,988.	5,043.	4,400.
9 Other employee benefits	47,174.	34,236.	6,909.	6,029.
10 Payroll taxes	4/,1/4.	34,230.	0,909.	0,029.
11 Fees for services (nonemployees):	0.			
a Management	•			
b Legal	10 210		19,240.	
c Accounting	•		17,210.	
d Lobbying	11 000			11,000.
e Professional fundraising services. See Part IV, line 17	'·			11,000.
f Investment management fees	•			
9 Other. (If line 11g amount exceeds 10% of line 25, colur		140,921.	19,290.	11,640.
(A) amount, list line 11g expenses on Schedule O.) ATCH 5	•	160.	257.	24.
12 Advertising and promotion13 Office expenses	10 565	3,944.	6,296.	325.
13 Office expenses14 Information technology	1 4 4 2 4	6,711.	3,766.	3,957.
15 Royalties	•	,	,	-,
16 Occupancy	0			
17 Travel	((1	572.	32.	60.
18 Payments of travel or entertainment expense				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	607.	193.	343.	71.
20 Interest				
21 Payments to affiliates	^			
22 Depreciation, depletion, and amortization	1 0 4 0		1,248.	
23 Insurance	1 5 6 1		1,561.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. I				
line 24e amount exceeds 10% of line 25, column	ı			
(A) amount, list line 24e expenses on Schedule O.)			
aMISCELLANEOUS EXPENSES	8,065.	7,270.	795.	
bPRINTING AND PUBLICATION	12,475.	6,302.	3,707.	2,466.
c				
d				
e All other expenses	_			
25 Total functional expenses. Add lines 1 through 24		784,261.	180,112.	138,401.
26 Joint costs. Complete this line only if th organization reported in column (B) joint cost				
from a combined educational campaign an				
· · · · · · · · · · · · · · · · · · ·	f			
following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	230,139.	1	266,172.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	72,043.
	4	Accounts receivable, net		4	37,860.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	_	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0.
ts	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use	_	8	0.
Ä	9	Prepaid expenses and deferred charges		9	3,397.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 13,865			
	b	Less: accumulated depreciation	3,075.	10c	1,827.
	11	Investments - publicly traded securities	_		0.
	12	Investments - other securities. See Part IV, line 11			0.
	13	Investments - program-related. See Part IV, line 11.			0.
	14	Intangible assets	•		0.
	15	Other assets. See Part IV, line 11	_		0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	381,299.
	17	Accounts payable and accrued expenses		17	90,467.
	18	Grants payable	•		0.
	19	Deferred revenue.		19	31,500.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0.
ý	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
liq		controlled entity or family member of any of these persons		22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties			0.
	24	Unsecured notes and loans payable to unrelated third parties		24	25,000.
	25	Other liabilities (including federal income tax, payables to related third	•		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	133,905.
	26	Total liabilities. Add lines 17 through 25			280,872.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	-148,700.	27	61,663.
Bal	28	Net assets with donor restrictions.		28	38,764.
Б	20	Organizations that do not follow FASB ASC 958, check here ▶	127,550.	20	30,704.
		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances		32	100,427.
_Z	33	Total liabilities and net assets/fund balances	314,082.	33	381,299.
_					Form 990 (2020)

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OIIII J	(2020)			1 0	.gc
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,223,	903.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,102,	774.
3	Revenue less expenses. Subtract line 2 from line 1	3		121,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-20,	702.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
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		100,	427.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain i	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k) X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight o	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		; X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	ie		
	Single Audit Act and OMB Circular A-133?		3a	1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao th	ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		,	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** CENTER FOR HOUSTON'S FUTURE INC 76-0386539 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Γhe	orga	anization is not a private fou	indation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	00 or 990)-EZ).)			
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 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 to	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in		
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7	Х	An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public		
		described in section 170(b)		·						
8	Щ	A community trust describe			-					
9		An agricultural research org	-			-				
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Er	nter the	name, city, and state o	f the college or		
		university:								
0		An organization that norma receipts from activities rela support from gross investm	ited to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	n 331/3 % of its		
		acquired by the organization						Duoi 100000		
1		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).			
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes		
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).		
		Check the box in lines 12a t	through 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.		
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the		
		_ supporting organization. `	You must complet	e Part IV, Sections A	and B.					
b		Type II. A supporting org	•					· /· •		
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported		
	_	_ organization(s). You must	t complete Part IV	, Sections A and C.						
С		Type III functionally integrated	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,		
		$_{ m oxed{\ }}$ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.			
d		Type III non-functionally	= :					= ::		
		that is not functionally into	_	-	-		•	d an attentiveness		
		requirement (see instruct	•	-						
е		_ Check this box if the orga						I, Type III		
		functionally integrated, or	* *		-	-				
t ~		ter the number of supported	_							
<u> 9</u>		ovide the following information ame of supported organization		(iii) Type of organization	God to the		(1) Amount of monotoni	(vi) Amount of		
	(1) 143	ame or supported organization	(11) EIN	(described on lines 1-10	(iv) Is the o	ur governing	(v) Amount of monetary support (see	(VI) Amount of other support (see		
				above (see instructions))	docur		instructions)	instructions)		
					Yes	No				
(A)										
B)										
(C)										
D \										
(D)										
E)										
Γota	al									

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	960,587.	703,614.	1,283,479.	1,139,427.	957,863.	5,044,970.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	960,587.	703,614.	1,283,479.	1,139,427.	957,863.	5,044,970.			
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)						607,797.			
6	Public support. Subtract line 5 from line 4						4,437,173.			
	tion B. Total Support	(=) 2040	(b) 2047	(-) 2010	(4) 2010	(=) 2020	(f) Total			
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020 957,863.	(f) Total 5,044,970.			
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	900,387.	703,014.	1,203,479.	1,139,421.	937,003.	0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1					1,590.	1,590.			
11	Total support. Add lines 7 through 10						5,046,560.			
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,267,600.			
13	First 5 years. If the Form 990 is for organization, check this box and stop here									
Sec	tion C. Computation of Public Supp						07.00			
14	Public support percentage for 2020 (lin	. ,		, , ,		14	87.92 % 90.80 %			
15	Public support percentage from 2019					15				
16a	331/3% support test - 2020. If the org	=								
L	box and stop here. The organization qu									
D	331/3% support test - 2019. If the org this box and stop here. The organization									
172	10%-facts-and-circumstances test - 2	•		-						
174	10% or more, and if the organization									
	Part VI how the organization meets					-	•			
	organization			-	· ·	-				
b	10%-facts-and-circumstances test - 2									
~	15 is 10% or more, and if the organiz	-								
	in Part VI how the organization meets					-	•			
	organization			•	•		• •			
18	Private foundation. If the organizatio									
-	instructions									
						shadula A (Form 00				

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.)

				· · ·			
	tion A. Public Support				() () ()		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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 8	Add lines 7a and 7b						
Ů	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	ion's first, secon	d, third, fourth.	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here.	ŭ	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2019 Scheo	dule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investment					'	
17	Investment income percentage for 2020 (lin			13, column (f))		17	%
18	Investment income percentage from 2019 S						%
	331/3% support tests - 2020. If the org					•	
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga		_				
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d		•	•			

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

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

		Yes	No
g Dy			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
3)	3с		
If			
	4a		
n n			
	4b		
n ed 3)			
	4c		
s," N n; on			
""	5a		
h,	- Ou		
ly	5b		
	5с		
o d or			
	6		
or :y	7		
?	·		
	8		
e is	0.0		
	9a		
h	9b		
fit			
	9с		
n d			
to	10a		
	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations	110		
	on an experiment of games and		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		Yes	No
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	_ 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structi	ons).	
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		/	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	$\overline{}$	T .
2	Activities Test. Answer lines 2a and 2b below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

F1230 1 000 Schedule A (Form 990 or 990-EZ) 2020

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.						
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)							
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6								
_7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e								
_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								
Se	ection C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6								
7			ited Type III supporting	g organization						
-	(see instructions).									

Schedule A (Form 990 or 990-EZ) 2020

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

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

Schedule A (Form 990 or 990-EZ) 2020

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 A, 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.)

	ATTACHMENT 1	HMENT 1								
SCHEDULE A, PART II	SCHEDULE A, PART II - OTHER INCOME									
DEGGDIDETON	2016	2017	2018	2019	2020	MOM A T				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL				
OTHER REVENUE					1,590.	1,590.				
TOTALS					1,590.	1,590.				

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

2020

Employer identification number

CENTER FOR HOUSTON'S FUTURE INC 76-0386539 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization CENTER FOR HOUSTON'S FUTURE INC

Employer identification number 76-0386539

Part I C	ontributors ((see instructions).	Use duplicate	copies of Part I if	additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$73,263.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	name, address, and an an	\$60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$55,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization CENTER FOR HOUSTON'S FUTURE INC

Employer identification number 76-0386539

Part I	(b) (c) (d)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$104,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
No. 10	Name, address, and ZIP + 4 (b)	\$40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
10 (a) No.	Name, address, and ZIP + 4 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization CENTER FOR HOUSTON'S FUTURE INC

Employer identification number 76-0386539

Part II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if addition	nal space is needed.
---------	-------------------------	--------------------	---------------------	-----------------------------	----------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization CENTER FOR HOUSTON'S FUTURE INC **Employer identification number** 76-0386539 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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

Nam	e of the organization		Employer identification number
CE:	NTER FOR HOUSTON'S FUTURE INC		76-0386539
Pa	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year.		
5	Did the organization inform all donors and donor	advisors in writing that the assets hold	in donor advised
5	funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, a		
6	<u> </u>	9 9	
	only for charitable purposes and not for the benef		
Б	conferring impermissible private benefit?		res No
H	art II Conservation Easements.	"Voo" on Form 000 Port IV line 7	
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	, , , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (for example,		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg	arding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation eas	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing c	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o	f the footnote to the organization's financ	cial statements that describes the
	organization's accounting for conservation easemer	nts.	
P	art III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	SB ASC 958, not to report in its revenu	ue statement and balance sheet works
	of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote t	s held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets hele		
	provide the following amounts relating to these iten		searon in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1.		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
_	following amounts required to be reported under FA		account in mandal gain, provide the
а			▶ ¢
b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other Si	milar Assets (d		rage =
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	any of th	e following	g that make sign	ificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan o	r exchange	e program			
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furthe	r the orgar	nization's exempt	purpose in	Part
	XIII.								
5	During the year, did the organization	on solicit or receive of	donations o	of art, histo	rical treas	ures, or oth	er similar		_
	assets to be sold to raise funds rath		ained as pa	art of the o	rganizatio	n's collectio	on?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, P	art IV, line	e 9, or rep	orted an amour	nt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trus								_
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	le:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance							1	T
	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the e	xplanation	has been p	provided on	Part XIII		
Pa	rt V Endowment Funds.	ation anawarad "V	oo" on Eor	m 000 D	ort IV/ line	. 10			
	Complete if the organiza		1		(c) Two yea		.N. Th	(-) F	
		(a) Current year	(b) Pric	or year	(c) Two yea	ars back (d) Three years back	(e) Four years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage Board designated or quasi-endown			e (line 1g,	column (a)) held as:			
a b	Permanent endowment		_%						
C	Term endowment ▶								
C	The percentages on lines 2a, 2b, a	• ′ •	100%						
3 a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		ation that :	are held ar	nd administ	ered for the		
Ja	organization by:	the possession of the	ne organiza	ation that i	are neid ai	ia administ	ered for the	Yes	No
	(i) Unrelated organizations							3a(i)	+
	(ii) Related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•						
	Complete if the organize	ation answered "Y	es" on Fo)
	Description of property		r other basis stment)		r other basis her)	(c) Accum deprecia) Book value	
1a	Land	,		, , ,					
b	Buildings								
С	Leasehold improvements								
d	Equipment				13,865.	12	2,038.	1,	827.
е	Other								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. column	(B). line 1	Oc.)	•	1.	827.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 990 Part IV	art X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	\/	Deat IV June 44 - Oce France 000 De	t V - Lin 40
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Pa	art X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.		tion of liability	T	(b) Book value
	ral income taxes	пон от навшку		(D) DOOK VAIUE
	BLE TO GREATER HOUSTON PTRSHIP			133,905.
(3)	DEE TO GREATIER HOODTON TIRBITI			133,703.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		.	133,905.
	or uncertain tax positions. In Part XIII, provide the			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

Schedule D (Form 990) 2020

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PAGE 3

Schedule D (Form 990) 2020 Page 4

	(CD) (1 0111 030) 2020		r age -r
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,364,771.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	.	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2e	140,868.
е 3	Add lines 2a through 2d	3	1,223,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c	1,223,903.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	1,223,703.
rare	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	••••	
1	Total expenses and losses per audited financial statements	1	1,243,642.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.	
b	Prior year adjustments	-	
C	Other losses	-	
d e	Add lines 2a through 2d	2e	140,868.
3	Subtract line 2e from line 1	3	1,102,774.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	.	
b	Other (Describe in Part XIII.)	4.	
С 5	Add lines 4a and 4b	4c 5	1,102,774.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS

THE CENTER IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A PUBLICLY-SUPPORTED ORGANIZATION UNDER SECTION 509(A)(1) AND SECTION 170(B)(1)(A)(VI). ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE CENTER'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE CENTER AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE CENTER HAS TAKEN A TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE CENTER'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CENTER, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020 AND 2019, THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE CENTER IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR HOUSTON'S FUTURE INC

76-0386539

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Personal services (such as maid, chauneur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to)		
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	,		
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	,		
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	1		
-	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2020

CENTER FOR HOUSTON'S FUTURE INC 76-0386539

Schedule J (Form 990) 2020 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
BRETT PERLMAN	(i)	273,336.	50,000.	8,004.	3,747.	7,103.	342,190.	0.	
1PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
_ 2	(ii)								
	(i)								
_ 3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
_ 7	(ii)								
	(i)								
8	(ii)								
	(i)								
_ 9	(ii)								
	(i)								
_10	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2020

CENTER FOR HOUSTON'S FUTURE INC 76-0386539

Schedule J (Form 990) 2020

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

DISCRETIONARY BONUS REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT

THE SEARCH COMMITTEE CONDUCTED A REVIEW OF COMPENSATION DATA SUPPLIED BY

THE SVP OF HUMAN RESOURCES OF THE GREATER HOUSTON PARTNERSHIP FOR SIMILAR

ORGANIZATIONS 990 DATA AND COMPENSATION COMPARABLE DATA. THE BONUS

RECOMMENDATION IS REVIEWED AND APPROVED BY THE BOARD.

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Internal Revenue Service Name of the organization **Employer identification number** CENTER FOR HOUSTON'S FUTURE INC 76-0386539 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (a) Name of interested person (b) Relationship (f) Balance due (i) Written (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? ATTACHMENT 1 From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9)(10)25,000. Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5) (6) (7) (8)

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

Schedule L (Form 990 or 990-EZ) 2020

(9)(10)

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)					
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
				Yes	No
(1)					
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT

SCHEDULE L, PART II

NAME MAREK FOUNDATION RELATIONSHIP WITH ORGANIZATION CONTROLLED BY DIRECTOR PURPOSE OF LOAN FUNDING X TO FROM LOAN TO OR FROM THE ORG.? 75,000. ORIGINAL PRINCIPAL AMOUNT 25,000. BALANCE DUE IN DEFAULT? X NO YES APPROVED BY BOARD OR COMMITTEE X YES NO WRITTEN AGREEMENT? X YES NO

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 76-0386539

CENTER FOR HOUSTON'S FUTURE INC

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

FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY THE CFO, THE PRESIDENT, AND THE AUDIT COMMITTEE OF THE GREATER HOUSTON PARTNERSHIP, AND SENT TO THE MEMBERS OF THE BOARD PRIOR TO FILING.

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

MONITORING AND ENFORCEMENT OF CONFLICTS

EACH BOARD MEMBER IS REQUIRED TO COMPLETE THE ORGANIZATION'S ETHICS FORM.

THE ANSWERS ARE EVALUATED FOR CONFLICTS.

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

COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT

THE SEARCH COMMITTEE CONDUCTED A REVIEW OF SALARY DATA SUPPLIED BY THE

SVP OF HUMAN RESOURCES OF THE GREATER HOUSTON PARTNERSHIP FOR SIMILAR

ORGANIZATIONS 990 DATA AND SALARY COMPARABLE DATA. THE SALARY

RECOMMENDATION IS REVIEWED AND APPROVED BY THE BOARD.

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

COMPENSATION REVIEW AND APPROVAL PROCESS - OTHER OFFICERS OR KEY

EMPLOYEES SALARIES ARE DETERMINED IN COORDINATION WITH THE SVP HUMAN

RESOURCES OF THE GREATER HOUSTON PARTNERSHIP BASED ON COMPARABLE POSITION

DATA REVIEWED BY THE CEO AND THE CFO.

Name of the organization

CENTER FOR HOUSTON'S FUTURE INC

Employer identification number

76-0386539

FORM 990, PART VI, SECTION C, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE UPON REQUEST.

FORM 990, PART V, LINE 2A

EMPLOYEES ARE CO-EMPLOYEES WITH INSPERITY, UNDER A PEO AGREEMENT.

PAYROLL REPORTING AND RELATED TAX PAYMENTS ARE MADE UNDER THEIR TAX ID.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CENTER FOR HOUSTON'S FUTURE WORKS TO ADDRESS MATTERS OF HIGHEST IMPORTANCE TO THE LONG-TERM FUTURE OF THE GREATER HOUSTON REGION,

BY ENGAGING DIVERSE LEADERS, PROVIDING IMPACTFUL RESEARCH, AND

DEFINING ACTIONABLE STRATEGIES. WE BRING BUSINESS, GOVERNMENT, AND

COMMUNITY TOGETHER TO INNOVATE FOR THE FUTURE OF THE GREATER

HOUSTON REGION. CHF IS AN ORGANIZATION DEVOTED EXCLUSIVELY TO

THINKING AND ACTING STRATEGICALLY FOR THE FUTURE OF THE REGION.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

STRATEGIC PLANNING & RESEARCH:

IN COLLABORATION WITH STAKEHOLDERS FROM BUSINESS, COMMUNITY AND ACADEMIA, CHF WORKS TO IDENTIFY THE IMPORTANT LONG-RANGE ISSUES FACING THE GREATER HOUSTON REGION AND FACILITATES PROGRAMS & INITIATIVES TO DEVELOP & IMPLEMENT SOLUTIONS TO PROBLEMS, AND TO TAKE ADVANTAGE OF OPPORTUNITIES. WE EXECUTE DATA-DRIVEN RESEARCH AND SOLICIT A RANGE OF COMMUNITY INPUT.

IN 2020, THE CENTER UNDERTOOK WORK IN THE FOLLOWING AREAS:

ATTACHMENT 2 (CONT'D)

IMMIGRATION: WE WORK TO GUIDE BUSINESS AND COMMUNITY LEADERS TO DEVELOP A GREATER UNDERSTANDING OF HOW IMMIGRATION IS INTEGRAL TO THE SUCCESS OF THE REGION'S ECONOMY AND TO BUILD CONSENSUS AROUND SOLUTIONS. WE PARTNERED AND COLLABORATED WITH A RANGE OF LOCAL, STATE AND NATIONAL ORGANIZATIONS ON OUR WORK.

WE HELD A SERIES OF ROUNDTABLES FOCUSED ON VARIOUS SECTORS OF THE ECONOMY TO CONTINUE STUDYING THE IMPORTANT ECONOMIC CONTRIBUTIONS OF IMMIGRATIONS TO OUR ECONOMY. (RESEARCH GATHERED WAS USED FOR A STUDY RELEASED IN EARLY 2021). WE PRESENTED 3 WEBCASTS TO THE PUBLIC LOOKING AT ESSENTIAL WORKERS, THE CONSTRUCTION INDUSTRY, AND HOW TO COMMUNICATE ABOUT IMMIGRATION. WE BUILT NEW OR REVITALIZED PARTNERSHIPS WITH A SERIES OF ORGANIZATIONS. WE FACILITATED A VIRTUAL NETWORKING/MENTORING SESSION FOR DACA COLLEGE STUDENTS. WE WORKED WITH A FILM PRODUCTION COMPANY, RATIONAL MIDDLE, TO PROMOTE TWO, SHORT FACT-BASED DOCUMENTARY VIDEOS. AND WE DID MEDIA OUTREACH, INCLUDING INTERVIEWS AND AN OP-ED.

ENERGY, ENERGY TRANSITION AND CLIMATE: WE WORK TO ENSURE THAT THE HOUSTON REGION LEADS AND THRIVES DURING THE ENERGY TRANSITION. WE ARE HELPING TO CATALYZE NEW MARKETS AND DECARBONIZATION EFFORTS LOCALLY AND ELSEWHERE. IN 2020, WE MOVED FORWARD ON OUR RESEARCH AND COMMUNITY AWARENESS ON HOUSTON'S LOW-CARBON ENERGY FUTURE, WITH A MARKET ASSESSMENT, VIRTUAL SUMMIT, AND COLLABORATIONS.

ATTACHMENT 2 (CONT'D)

WE COMPLETED, IN COLLABORATION WITH UNIVERSITY OF HOUSTON AND KPMG, AN IN-DEPTH RESEARCH REPORT, HOUSTON: THE LOW-CARBON ENERGY CAPITAL, FOUR WAYS FORWARD, THAT LOOKS AT FOUR CRITICAL AREAS THAT WILL HELP DIRECT OUR WORK FOR 2021 AND BEYOND: CARBON CAPTURE, HYDROGEN, LOW-CARBON GRID, AND ADVANCED PLASTICS RECYCLING. WE HELD OUR SECOND ANNUAL LOW-CARBON ENERGY SUMMIT, A 2-DAY, VIRTUAL EVENT FOCUSED ON INNOVATION. IT DREW OVER 500 PARTICIPANTS, 40+ SPEAKERS AND MEDIA COVERAGE. WE BEGAN ALSO BUILDING OUR EXPERTISE IN LOW-CARBON HYDROGEN.

WE ALSO COLLABORATED WITH FRENCH AMERICAN CHAMBER, ATLANTIC

COUNCIL AND A SERIES OF OTHER ORGANIZATIONS ON EVENTS AND VIRTUAL

WORKSHOPS. WE ALSO WORKED WITH TEXAS 2036 TO ASSESS EFFECTS OF

VARIOUS OIL PRICE SCENARIOS ON THE TEXAS ECONOMY ON A MAJOR

RESEARCH REPORT FOR RELEASE IN 2021.

HEALTH: WE FINISHED DATA ANALYSIS AND INTERVIEWS FOR, AND THEN RELEASED A MAJOR REPORT ON THE FUTURE OF THE HOUSTON REGION'S HEALTH CARE SECTOR. THE REPORT, HOUSTON'S ECONOMIC FUTURE: HEALTH CARE, PRODUCED WITH SUPPORT FROM HCA HOUSTON HEALTHCARE, INCLUDES FORECASTS ON EMPLOYMENT AND GDP, SUMMARIES OF KEY TRENDS SHAPING THE LOCAL INDUSTRY AND RECOMMENDATIONS FOR MAXIMIZING THE SECTOR'S ECONOMIC BENEFITS TO THE REGION. WE ALSO INCLUDED LESSONS LEARNED AND RECOMMENDATIONS RELATED TO COVID-19. ONE FINDING WAS THAT

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ATTACHMENT 2 (CONT'D)

BETWEEN 2019 AND 2036, 1 IN 4 OF ALL JOBS ADDED WITHIN THE REGION WILL BE CREATED IN THE HEALTH CARE SECTOR. WORKFORCE PIPELINE WILL BE CRITICAL. OPPORTUNITY FOR ADDITIONAL GROWTH BY CULTIVATING HOUSTON'S LIFE SCIENCES INDUSTRIES. WE HELD A VIRTUAL RELEASE EVENT THAT INCLUDED PANELISTS WHO SPOKE, AMONG OTHER TOPICS, ON HEALTH EQUITY IN THE WAKE OF COVID-19.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

BUSINESS/CIVIC LEADERSHIP FORUM:

EVERYTHING WE DO IS DESIGNED TO SUPPLY LEADERS WITH SOLID DATA,

AND TO NURTURE AND DEVELOP THE TALENTS THAT CREATE VISIONARY

LEADERS. WITH OUR TWICE-ANNUAL LEADERSHIP FORUMS, WE IMMERSE

PROVEN PROBLEM SOLVERS IN THE ISSUES. WE ARM THEM WITH DATA,

INTRODUCE THEM TO THE EXPERTS, PROVIDE CONTEXT AND INFORMATION,

AND THEN SEND THEM OUT ON "LEARNING JOURNEYS" TO GRAPPLE WITH THE

ISSUES AND PROBLEMS FIRST-HAND. WE INSPIRE THESE DIVERSE LEADERS

TO BECOME JUST AS PASSIONATE ABOUT CIVIC ENGAGEMENT AS THEY ARE

ABOUT THEIR BOTTOM LINE. FOR BOTH EMERGING AND PROVEN LEADERS, OUR

BUSINESS/CIVIC LEADERSHIP FORUMS DEVELOP A DEEPER UNDERSTANDING OF

THE CHALLENGES IN OUR COMMUNITY AND FOSTER A NEW SENSE OF

RESPONSIBILITY FOR THE FUTURE.

IN 2020, WE CANCELLED OUR SPRING LEADERSHIP FORUM AND PIVOTED TO OUR-FIRST EVENT VIRTUAL FORUM FOR THE FALL. WE HAD 35 PARTICIPANTS

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ATTACHMENT 3 (CONT'D)

WHO HAD THE CHANCE TO HEAR FROM A DIVERSE MIX OF TOP COMMUNITY
LEADERS. OUR OVERALL GRADUATE NETWORK ROSE TO MORE THAN 1,175 BY
THE END OF 2020.

OUR ENGAGED AND EXPANDED STEERING COMMITTEE BEGAN DELIVERING NEW GRADUATE-DRIVEN PROGRAMMING, SUCH AS THE VIRTUAL BROWN BAG/LUNCH-AND-LEARN SERIES. WE ALSO CONNECTED OUR GRADUATE NETWORK TO THE CENTER'S BOARD BY ADDING A DESIGNATED BOARD SEAT. WE ALSO FOLD IN AREAS IN STRATEGIC INITIATIVE PROGRAMS WHEN POSSIBLE.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNITY ENGAGEMENT:

THE END GAME IS FINDING AND IMPLEMENTING SOLUTIONS. CREATING

COMMUNITY AWARENESS AND DIALOGUE IS A KEY TO SUCCESS. WE DO THIS

BY HOSTING TWO HIGH-IMPACT, THOUGHT-LEADERSHIP EVENTS EACH YEAR

AND OTHER TARGETED EVENTS AROUND ISSUES BOTH RELATED TO AND

OUTSIDE OF STRATEGIC INITIATIVE TOPIC AREAS.

IN 2020, CHF, LIKE NONPROFITS ACROSS THE COUNTRY, WAS FORCED TO CANCEL OUR IN-PERSON EVENTS DUE TO COVID-19. WE QUICKLY PIVOTED TO A SERIES OF MORE THAN A DOZEN WEBCASTS, PROVIDING PERSPECTIVES ON OUR CORE AREAS OF FOCUS. THAT INCLUDED OUR (1) LEADERSHIP IN TIMES OF CRISIS WEBCAST SERIES: 11 PROGRAMS FEATURED LOCAL AND NATIONAL EXPERTS, ATTRACTING MORE THAN 1,100 ATTENDEES, FOCUSED ON STRATEGIES FOR LEADING DURING AND AFTER A CRISIS. (2) ENERGY AND

Employer identification number Name of the organization CENTER FOR HOUSTON'S FUTURE INC 76-0386539

ATTACHMENT 4 (CONT'D)

IMMIGRATION WEBCASTS: PROGRAMS ON OUR KEY FOCUS AREAS. (3)

COMMUNITY EVENTS: WEBINAR ON COMMUNICATING ABOUT VACCINES.

ATTACHMENT 5

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	<u>FEES</u>	SERVICE EXP.	AND GENERAL	EXPENSES
PROFESSIONAL SERVICES	171,851.	140,921.	19,290.	11,640.
TOTALS	171,851.	140,921.	19,290.	11,640.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of this f	form, visit <i>www.irs.gov/e-file-providers/e-file-l</i>	or-charities	-and-non-profits.				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
	ons required to file an income tax return other 7004 to request an extension of time to f		•	0-C filers), partnerships, REMIC	s, and trusts		
Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print	CENTER FOR HOUSTON'S FUTURE INC 76-038			76-0386539			
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your	701 AVENIDA DE LAS AMERICAS STE 900						
return. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77010						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1		
Application		Return	Application		Return		
ls For	· F 000 F7	Code	Is For		Code		
Form 990 or Form 990-Bl	Form 990-EZ	01	Form 990-T (corporat	07			
Form 4720 (03	Form 1720 (other than individual)		09		
Form 990-PF	,	03	Form 4720 (other than individual) Form 5227		10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	(trust other than above)	06	Form 8870		12		
Telephone If the orga If this is for	e No. ► 701 AVENIDA DE e No. ► 713 844-3600 enization does not have an office or place of or a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extens	business ir ur digit Gro f it is for pa	Fax No. ▶ the United States, checoup Exemption Number (ck this box			
for the	est an automatic 6-month extension of time un organization named above. The extension is calendar year 20 20 or tax year beginning	for the org	ganization's return for:	21, to file the exempt organi			
2 If the ta	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn Final return			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	estimated tax payments made. Include any prior year overpayment allowed as a credit. by \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS						
	onic Federal Tax Payment System). See instru		ent with this lotti, if le	quired, by using EFTP5	0.		
	u are going to make an electronic funds withdrawa		it) with this Form 8868, se				
nstructions.	2	, 20. 000	,				
For Privacy Act and Paperwork Reduction Act Notice, see instructions.					368 (Rev. 1-2020)		

JSA

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