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| E a rma | | |

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

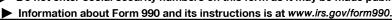
OMB No. 1545-0047

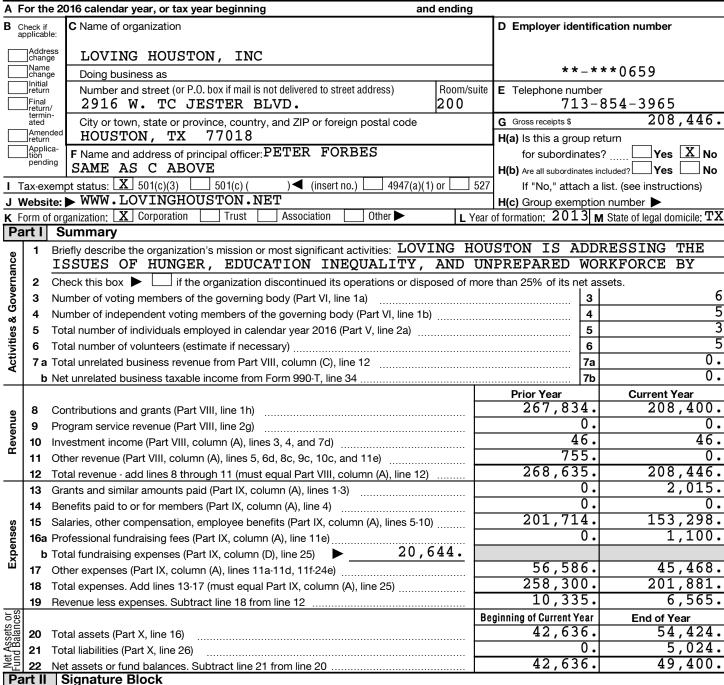
Open to Public

Inspection

b

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





Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | Signature of officer <u>PETER FORBES, CHAIRMAN</u> Type or print name and title | I | | Date | | | | | | | |
|--------------|--|-------------------------|----------------------------|---|--|--|--|--|--|--|--|
| Paid | Print/Type preparer's name JOHN S. WILES, CPA | Preparer's signature | Date | Check PTIN if self-employed P01222673 | | | | | | | |
| Preparer | Firm's name LAPORTE, APAC | l . | | Firm's EIN ** - ***8864 | | | | | | | |
| Use Only | Firm's address 111 VETERANS MEM | | Phone no. 504 - 835 - 5522 | | | | | | | | |
| May the IF | RS discuss this return with the preparer shown ab | ove? (see instructions) | | X Yes No | | | | | | | |
| | 632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016) | | | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | 1 990 (2016) LOVING HOUSTON, INC **-**0 | 659 | Page 2 |
|-------|---|----------|------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | Χ |
| 1 | Briefly describe the organization's mission: LOVING HOUSTON IS ADDRESSING THE ISSUES OF HUNGER, EDUCATION | | |
| | INEQUALITY, AND UNPREPARED WORKFORCE BY COLLABORATING WITH LOCA | | |
| | SCHOOL DISTRICTS AND NONPROFITS, MOBILIZING A WORKFORCE OF HUND | | |
| | THOUSANDS OF VOLUNTEERS TO SERVE IN WAYS THAT MAKE A PROVEN POS | TTT | 5 |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | Yes | XNo |
| | If "Yes," describe these new services on Schedule O. | _ | v |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | _]Yes | X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by e | - | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression revenue, if any, for each program service reported. | enses, a | ind |
| 4a | (Code:) (Expenses \$ 161,084. including grants of \$ 2,015.) (Revenue \$ | 16 5 |) |
| | LOVING HOUSTON ESTABLISHED AND OPERATED SIXTEEN WORKSHOPS IN 20 CAST VISION FOR AND EQUIP CHURCHES TO SERVE IN THE LOCAL SCHOOL | | 10 |
| | THESE WORKSHOPS PROVIDED THE INSPIRATION, MOTIVATION, RESOURCES | | <u>ר</u> |
| | SUPPORT FOR EFFECTIVE PARTNERSHIPS. ACTIVITIES INCLUDED MEETING | | |
| | PARTNER CHURCHES, MEETINGS WITH SCHOOL OFFICIALS, PRE-WORK MEET | | |
| | COMMITTEE MEETINGS, DESIGN SESSIONS, MEETINGS WITH VENDORS, AND | 11100 | / |
| | FOLLOW-UP. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| 4e | Total program service expenses > 161,084. | | |
| | | Form 99 | 90 (2016) |
| 63200 | 2 11-11-16 | | 、 - / |
| 211 | 2 005 755639 10935 2016 04030 LOVING HOUSTON INC | 1003 | Б 1 |

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2016.04030 LOVING HOUSTON, INC

10935__1

Form 990 (2016)

LOVING HOUSTON, INC Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or 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 | | x |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | v | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | x |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u> </u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | - 23 | |
| IZa | Schedule D, Parts XI and XII | 12a | | x |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(iii)? <i>If</i> "Yes," <i>complete Schedule E</i> | 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 | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 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 | 1 | I X |

Form **990** (2016)

632003 11-11-16

13311005 755639 10935

| Form | aan | (2016) | |
|-------|-----|--------|--|
| FUIII | 990 | (2010) | |

LOVING HOUSTON, INC

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-----|-----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| | 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 | | | x |
| ~~ | Schedule L, Part I | 25b | | _ A |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | 06 | | x |
| 07 | complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| • | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? 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 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form **990** (2016)

632004 11-11-16

13311005 755639 10935

| Form | 990 (2016) LOVING HOUSTON, INC **-**0 | 659 | P | age 5 |
|----------|--|-----------------|-----|--------------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | | | | |
| - | (gambling) winnings to prize winners? | 1c | х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| Lu | filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 20 | | |
| 30 | | 3a | | x |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in 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, a | 30 | | |
| чa | | 4a | | x |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | -t a | | |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| Fo | | 5a | | x |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | - 23 |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| oa | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 6 - | | x |
| b | any contributions that were not tax deductible as charitable contributions? | 6a | | ~~~ |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | a 1- | | |
| 7 | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7. | | x |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a 71 | | ~ |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7. | | x |
| | | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | - | | |
| | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| _ | 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 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | L |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | • | 13a | | L |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 000 | |

632005 11-11-16

| Form 990 (20 |
|--------------|
|--------------|

LOVING HOUSTON, INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | | |
|----------|--|--------------------------------|----------|-------------|---|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | - | | | | | |
| | | 1.1 | 6 | Yes | 1 | | | | | |
| та | Enter the number of voting members of the governing body at the end of the tax year | 1a | | | | | | | | |
| | 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 in Schedule O. | | 5 | | | | | | | |
| | Enter the number of voting members included in line 1a, above, who are independent 1b | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | np with any other | | | | | | | | |
| _ | officer, director, trustee, or key employee? | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under t | | 3 | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | | | | ╀ | | | | | |
| 6 | Did the organization have members or stockholders? | | 6 | | 1 | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | L | | | | | |
| | more members of the governing body? | | 7a | | Ļ | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockholders, or | | | L | | | | | |
| | persons other than the governing body? | | 7b | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | ear by the following: | | | L | | | | | |
| а | The governing body? | | 8a | Х | l | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | ached at the | | | l | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal I | Revenue Code.) | | | | | | | | |
| | | | | Yes | l | | | | | |
| l0a | Did the organization have local chapters, branches, or affiliates? | | 10a | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | l | | | | | |
| l1a | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | dy before filing the form? | 11a | Х | T | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| l2a | | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | | 12b | Х | t | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | | | t | | | | | |
| - | in Schedule O how this was done | | 12c | х | l | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | | t | | | | | |
| .e 14 | Did the organization have a written document retention and destruction policy? | | 14 | | t | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and appro | | | | t | | | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | • | | | l | | | | | |
| ~ | The organization's CEO, Executive Director, or top management official | | 15a | х | l | | | | | |
| | | | | X | ł | | | | | |
| b | Other officers or key employees of the organization | | 150 | | ╉ | | | | | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | mont with a | | | 1 | | | | | |
| юа | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | 40- | | 1 | | | | | |
| | taxable entity during the year? | | 16a | | ╀ | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | | | | l | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | anization's | | | ł | | | | | |
| | exempt status with respect to such arrangements? | | 16b | | | | | | | |
| | tion C. Disclosure | | | | | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright TX | | | | | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | T (Section 501(c)(3)s only) | availab | le | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | | n in Schedule O) | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, c | onflict of interest policy, ar | nd finan | cial | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's b | ooks and records: | | | | | | | | |
| | PETER FORBES - 713-854-3965 | | | | | | | | | |
| | 2916 W. TC JESTER BLVD., NO. 200, HOUSTON, TX 77 | 018 | | | | | | | | |
| 3200 | 6 11-11-16 | | Form | 9 90 | (| | | | | |
| 2. | 6 | | | | | | | | | |
| 11 | 005 755639 10935 2016.04030 LOVING HOUSTON | I, INC | 109 | 935 | _ | | | | | |
| | | | | | | | | | | |

| Part VII | Compensation of Officers, | Directors, Trustee | s, Key Employees, | , Highest Compensated |
|----------|---------------------------|--------------------|-------------------|-----------------------|
| | Employees, and Independe | ent Contractors | | |

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

Т

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|-----------------------------------|------------------------|---|---|-------------|--------------|---------------------------------|----------|-----------------|-----------------|------------------------------|
| Name and Title | Average | Position (do not check more than one | | | | l than | one | Reportable | Reportable | Estimated |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | | | h an | compensation | compensation | amount of |
| | week | <u> </u> | cer ar | nd a d I | recto | or/trus | itee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | e | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | trust | | e | suadu | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tr | tional | | yolqr | st con yee | | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizationo |
| (1) PETER FORBES | 25.00 | | | | × | 1 0 | <u> </u> | | | |
| EXECUTIVE CHAIRMAN | | x | | x | | | | 21,750. | 0. | 0. |
| (2) MICHAEL KRAXBERGER | 40.00 | | | | | | | | | |
| OPERATIONS MANAGER, TREASURER | | Х | | Х | | | | 54,844. | 0. | 4,595. |
| (3) MARILYN LEE | 40.00 | | | | | | | | | |
| COMMUNICATIONS MANAGER, SECRETARY | | Х | | Х | | | | 50,313. | 0. | 3,201. |
| (4) TOM BILLINGS | 5.00 | | | | | | | | | _ |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (5) DAVE PETERSON | 5.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (6) MIKE MALKEMES | 5.00 | | | | | | | | | • |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (7) JUDYE HARTMAN | 5.00 | ., | | | | | | | | 0 |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (8) BOB BALDWIN | 5.00 | | | | | | | 0 | | 0 |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
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| | | | | | | | | | | Form 990 (2016) |
| 632007 11-11-16 | | | | | | | | | | Form 990 (2016) |

632007 11-11-16

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2016.04030 LOVING HOUSTON, INC

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| | 990 (2016) LOVING HO | | | | | | | | | **_*: | **0 | 659 | P | age 8 |
|-----|---|--|--|-----------------------|---------|--|---------------------------------|--------|---|---|-----------|-------|---|----------------|
| Par | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
| | (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | eck more than one s person is both ar | | | (D) Reportable compensation from | (E) Reportable compensatio from related | on | | (F) stimate nount other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | s compens | | rom th Janizat d relat | e ion ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total | | | | | | | | 126,907. | | 0. | | 7,7 | 96. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | | 126,907. | | 0. | | 7,7 | |
| 2 | Total number of individuals (including but n | | | | | | | no re | - | ,000 of reportab | le | | .,. | |
| | compensation from the organization | | | | | | - | | | · · · | | | | 0 |
| • | | | | | | | | | | | I | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su | | | | | | | | nignest compensated e | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the su | im of reportab | le co | omp | ensa | atior | n and | d otl | her compensation from | the organization | | | | |
| _ | and related organizations greater than \$150 | | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | - | | | | - | | | - | | | 5 | | х |
| Sec | tion B. Independent Contractors | | 01 | 01 30 | JUN | 06/3 | <u>.</u> | | | | | 5 | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | - | | | | | | | | | ipens | ation | from | |
| | (A) | | | | | | 0. 11 | | (B) | | | (0 | | |
| | Name and business | address | NC | ONI | 3 | | | | Description of s | ervices | C | ompe | nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii \$100,000 of compensation from the organized states and the organized states a | • | ot li | mite | d to | | se lis) | stec | d above) who received m | nore than | | | | |
| | | | | | | | | | | | | Form | 990 () | 2016) |

632008 11-11-16

| Ра | rt VII | | | | | | | |
|---|------------------------|---|---|--------------------|---|---|--|--|
| | | Check if Schedule O cont | ains a response | or note to any lin | <u>e in this Part VIII</u> (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 | b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f | 1b 1c 1d ions) 1e ts, and If .1a-1f: \$ | 208,400. 1,910. | 208,400. | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a b c d f | All other program service reve Total. Add lines 2a-2f | enue | | | | | |
| | 9 3 4 5 | Investment income (including other similar amounts) Income from investment of ta Royalties | dividends, inter | est, and proceeds | 46. | | | 46. |
| | 6a b c | Gross rents Less: rental expenses Rental income or (loss) | (i) Real | (ii) Personal | | | | |
| | 7 a | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis | (i) Securities | (ii) Other | | | | |
| nue | d | and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ | g events (not | | | | | |
| Other Revenue | | contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund | 1c). See a | | | | | |
| | 9 a b | Gross income from gaming ac Part IV, line 19 Less: direct expenses | ctivities. See a | | | | | |
| | 10 a b | Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold | returns a b | | | | | |
| | с 11 а b с | Net income or (loss) from sale Miscellaneous Revenu | e | Business Code | | | | |
| 63200 | d e 12 | Total. Add lines 11a-11d | | ► | 208,446. | 0. | 0 | • 46. Form 990 (2016 |

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9 2016.04030 LOVING HOUSTON, INC Form **99**

LOVING HOUSTON, INC

Form 990 (2016)

LOVING HOUSTON, INC

Part IX Statement of Functional Expenses

| Da | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) | (B) | (C) I | (D) |
|----------|---|----------------|-------------------------------------|---------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,015. | 2,015. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 106 007 | 100 256 | 12 060 | 10 601 |
| _ | trustees, and key employees | 126,907. | 100,256. | 13,960. | 12,691 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| 0 | section 401(k) and 403(b) employer contributions) | 15,827. | 12,503. | 1,741. | 1 5 8 3 |
| 9 | Other employee benefits | 10,564. | 8,346. | 1,162. | 1,583 1,056 |
| 0 | Payroll taxes | 10,504. | 0,540. | 1,102. | 1,050 |
| 1 | Fees for services (non-employees): | | | | |
| a b | Management | | | | |
| | F | | | | |
| | | | | | |
| e | | 1,100. | | | 1,100 |
| f | | _ / _ • • • | | | _, |
| g | | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 345. | | 345. | |
| 12 | Advertising and promotion | 9,047. | 7,690. | | 1,357 |
| 3 | Office expenses | 3,729. | 2,977. | 379. | 373 |
| 4 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,371. | 1,097. | 137. | 137 |
| 17 | Travel | 17,422. | 13,764. | 1,916. | 1,742 |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 655. | 517. | 72. | 66 |
| 0 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | | | | |
| 3 | Insurance | 1,472. | 1,178. | 147. | 147 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | PROFESSIONAL DEVELOPMEN | 11,329. | 10,741. | 294. | 294 |
| a h | MISCELLANEOUS | 98. | , , , , , , , , , , , , , , , , , , | | 98 |
| с С | | | | | |
| d | | | | | |
| u e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 201,881. | 161,084. | 20,153. | 20,644 |
| .5 26 | Joint costs. Complete this line only if the organization | , | , | | , , , , , , , |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here ► if following SOP 98-2 (ASC 958-720) | | | | |

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10 2016.04030 LOVING HOUSTON, INC

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42,636.

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LOVING HOUSTON, INC

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

Total liabilities and net assets/fund balances _____

Form 990 (2016)

Assets

_iabilities

Vet Assets or Fund Balances

Part X Balance Sheet

Beginning of year End of year 4,365. Cash - non-interest-bearing 1 1 38,271. 41,539. 2 2 Savings and temporary cash investments 9,795. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 0. 3,090. 15 Other assets. See Part IV, line 11 15 54,424 42,636. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 1,934 17 Accounts payable and accrued expenses 18 18 Grants payable 3,090. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 5,024. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 42,636. 49,400. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 49,400. 42,636. Total net assets or fund balances 33 33 54,424.

(B)

(A)

Form 990 (2016)

13311005 755639 10935

| Form | 1990 (2016) LOVING HOUSTON, INC | **_** | 0659 | Pa | ge 12 |
|------|--|------------|------|-----|--------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 46. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 81. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 65. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 42 | 2,6 | 36. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 1 | 99. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 4 | 9,4 | 00. |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | _ 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3b | 000 | |

Form **990** (2016)

632012 11-11-16

| SCHEDULE A |
|------------|
|------------|

| (Form | 990 | or | 990- | ·ΕΖ |
|-------|-----|----|------|-----|
|-------|-----|----|------|-----|

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.

| 4947(a)(1) nonexempt charitable trust. | |
|--|--|
| Attach to Form 990 or Form 990-EZ. | |

| 20 | 16 |
|---------|----|
| Open to | |

OMB No. 1545-0047

Department of the Treasury In N

| Interna | I Reve | nue Service | Informati | on about Schedule A | (Form 990 or 990-EZ) and | its instruct | ions is at ^w | ww.irs.gov/fc | orm990. | Inspection | |
|---------|--------|------------------|-----------------|------------------------|---|--------------|-----------------------------------|-----------------|-----------------|-----------------------|-------|
| Nam | e of | the organizat | | | | | | | | identification num | nbe |
| De | 41 | Decem | | NG HOUSTON | | | | | | *-***0659 | |
| Pa | | | | | All organizations must co | | | | S. | | |
| | orgar | | - | | (For lines 1 through 12, o | | | | | | |
| 1 | | | | | on of churches describe | | • • • | 1)(A)(i). | | | |
| 2 | | | | | (Attach Schedule E (Forr | | | | | | |
| 3 | | • | • | | anization described in s | | | | | | |
| 4 | | | - | ation operated in co | onjunction with a hospita | l describe | d in sectio | on 170(b)(1)(A | .)(iii). Enter | the hospital's name | э, |
| _ | | city, and stat | | | | | | | | | |
| 5 | | | | | ollege or university owne | d or opera | ted by a g | overnmental | unit descrit | bed in | |
| - | | | | Complete Part II.) | | | | | | | |
| 6 | | | | | mental unit described in | | | | | | |
| 7 | X | Ũ | | | antial part of its support i | from a gov | rernmental | unit or from | the general | public described in | ۱ |
| - | | | | omplete Part II.) | | | | | | | |
| 8 | | | | | (1)(A)(vi). (Complete Par | | | | | | |
| 9 | | - | | 5 | in section 170(b)(1)(A) | | - | | - | - | |
| | | - | or a non-land-g | grant college of agric | culture (see instructions) | . Enter the | name, cit | y, and state o | f the colleg | e or | |
| | | university: | | | | | | | | | |
| 10 | | | | | e than 33 1/3% of its sup | | | | | | |
| | | | | - | ect to certain exceptions, | | | | | - | |
| | | | | | e (less section 511 tax) fr | om busine | esses acqu | lired by the o | rganization | after June 30, 197 | э. |
| | | | | mplete Part III.) | | | | | | | |
| 11 | | - | - | | sively to test for public sa | - | | | | | |
| 12 | | | | | sively for the benefit of, to | | | | | | r |
| | | | | | ed in section 509(a)(1) o | | | | | Sheck the box in | |
| _ | | | | | of supporting organization | | | | | | |
| а | | | | | supervised, or controlled | | | | | | |
| | | | | | egularly appoint or elect a | a majonty | or the dire | clors or trust | ees or the s | supporting | |
| h | | Γ | | complete Part IV, Se | | tion with it | to our north | od organizati | an(a) by be | wing | |
| b | | | | - | d or controlled in connec janization vested in the s | | | - | | - | |
| | | | | t complete Part IV, | | ame perso | | | age the sup | poned | |
| с | | - | | | ig organization operated | in connoc | tion with | and functions | lly intograt | od with | |
| C | | | - | | s). You must complete l | | | | iny integration | eu with, | |
| d | | | | | porting organization oper | | | | ortod organi | zation(c) | |
| u | | | - | • • | zation generally must sa | | | • • | °. | | |
| | | | - | | mplete Part IV, Sections | - | | - | u an alleni | IVENESS | |
| е | | | | | written determination fro | | | | | | |
| e | | | | | onally integrated support | | | а турет, туре | л, туре ш | | |
| f | Ente | | | | | ing organi | 201011. | | | | |
| | | | | about the supporte | ed organization(s) | | | | | · L | |
| | | (i) Name of supp | | (ii) EIN | (iii) Type of organization | | anization listed ing document? | (v) Amount o | f monetary | (vi) Amount of oth | er |
| | | organization | n | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ii | nstructions) | support (see instruct | ions) |
| | | | | | | | | | | | |
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| Tota | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

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Schedule A (Form 990 or 990 EZ) 2016 LOVING HOUSTON, INC

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|--|---------------------|-----------------|---------------------|--------------------|---------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | 253,420. | 267,834. | 208,400. | 729,654. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | 253,420. | 267,834. | 208,400. | 729,654. |
| 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) | | | | | | 517,328. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 212,326. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | 253,420. | 267,834. | 208,400. | 729,654. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources \dots | | | 80. | 46. | 46. | 172. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | 755. | | 755. |
| 11 | Total support. Add lines 7 through 10 | | | | | _ | 730,581. |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | - | | | • | | |
| 0 | organization, check this box and stop | | | | | | ► X |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2016 (I | | | | | 14 | % |
| | Public support percentage from 2015 | | | | | 15 | . % |
| 16a | 33 1/3% support test - 2016. If the c | | | | | | |
| h | stop here. The organization qualifies | | | | | | |
| ŭ | 33 1/3% support test - 2015. If the c | | | | | | |
| 47- | and stop here. The organization qual | | | | | | |
| 178 | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | | | | - | - | |
| Ŀ | meets the "facts-and-circumstances" | | | | | | |
| D | 10% -facts-and-circumstances test | | | | | - | |
| | more, and if the organization meets the | | | | | | |
| 10 | organization meets the "facts-and-circ | | | | | | |
| 10 | Private foundation. If the organizatio | n diu not check a | | a, 100, 17a, 01 17t | , check this box a | ind see instruction | > ▶ ∟ |

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 LOVING HOUSTON, INC

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.)

| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 20 ⁻ | 16 (f) Total | |
|----------|---|--------------------|---------------------|-----------------------|-----------------------|---------------------|---------------------|---------------|
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | | | | | | | |
| 2 | organization's tax-exempt purpose Gross receipts from activities that | | | | | | | |
| U | are not an unrelated trade or bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| • | ization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| U | furnished by a governmental unit to the organization without charge | | | | | | | |
| e | | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | <u> </u> | |
| 18 | Amounts included on lines 1, 2, and | | | | | | | |
| h | 3 received from disqualified persons 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 | | | | | | | |
| | | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 20 ⁻ | 16 (f) Total | |
| | Amounts from line 6 | (a) 2012 | (b) 2013 | (0) 2014 | (0) 2013 | (0)20 | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| b | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | | |
| | First five years. If the Form 990 is for | the organization' | s first, second thi | rd, fourth or fifth t | tax vear as a section | n 501(c)(3) | organization | |
| • • | check this box and stop here | 0 | | | | , | | |
| Ser | ction C. Computation of Publ | | | | | | | <u> </u> |
| | Public support percentage for 2016 (I | | | colump (fl) | | 15 | | % |
| 15 16 | Public support percentage for 2016 (Public support percentage from 2015 | | | | | 15 | | <u>%</u> % |
| | ction D. Computation of Invest | | | | | | | 70 |
| | Investment income percentage for 20 | | | | | 17 | | % |
| | | | | | | 17 | | <u>%</u> % |
| | Investment income percentage from 2 33 1/3% support tests - 2016. If the | | | | | | d line 17 is not | 70 |
| 199 | | | | | | | | |
| b | more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the | organization did r | not check a box o | n line 14 or line 19 | a, and line 16 is mo | ore than 33 | 1/3%, and | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | | |
| | Private foundation. If the organizatio | n ala not check a | box on line 14, 19 | a, or 19b, check t | | | | |
| 3202 | 23 09-21-16 | | | 15 | Sch | edule A (Fo | orm 990 or 990-EZ) | 2016 |
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| ιт | 005 755639 10935 | ZU. | 10.04030 | TOATMG HO | USTON, INC | ч | 10935_ | |

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2016

| | | | Yes | No |
|---------|---|----------|-------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| - | tion B. Type I Supporting Organizations | 110 | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 100 | 110 |
| • | regularly appoint or elect at least a majority of the organization's 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 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, | - | | |
| <u></u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion 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 | | | |
| 0 | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), 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 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| а | The organization satisfied the Activities Test. <i>Complete line 2</i> below. | | | |
| b | 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 government entity (see inst | ructions |). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | 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 (a) 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 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? 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. | 3b | | |
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|-------------|--------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion 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 | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | v integrate | d Type III supporting or | anization (see |

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

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| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | |
|----------|--|-------------------------------|--------------------------------|----------------------------------|--|
| Secti | on D - Distributions | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | |
| | organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | | |
| | (provide details in Part VI). See instructions | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | |
| | | (i) | (ii) | (iii) | |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2016 | Distributable Amount for 2016 | |
| | | | 110 2010 | | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | | |
| | able cause required- explain in Part VI). See instructions | | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | | |
| a | | | | | |
| b | | | | | |
| | From 2013 | | | | |
| | From 2014 | | | | |
| | From 2015 | | | | |
| - | Total of lines 3a through e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2016 distributable amount | | | | |
| | Carryover from 2011 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | |
| 4 | Distributions for 2016 from Section D, | | | | |
| | Applied to underdictributions of prior years | | | | |
| - | Applied to underdistributions of prior years Applied to 2016 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from 4 | | | | |
| <u> </u> | Remaining underdistributions for years prior to 2016, if | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions | | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | | |
| U | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions | | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | | |
| • | and 4c | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | | | | | |
| | Excess from 2013 | | | | |
| | Excess from 2014 | | | | |
| | Excess from 2015 | | | | |
| | Excess from 2016 | | | | |
| | | | | | |

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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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

755. 2015 AMOUNT: \$

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

-0659

2016

** Do Not File ** *** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| DAVID WEEKLEY FAMILY FOUNDATION | 217,500. | 202,888 |
| JAMES AND MARTHA HUNT | 20,000. | 5,388 |
| MARTY AND LIANE PHILLIPS | 25,000. | 10,388 |
| ROBERT AND JANICE MCNAIR FOUNDATION | 217,500. | 202,888. |
| THE BAXTER FOUNDATION | 25,000. | 10,388. |
| WALTER OIL & GAS CORP. CHARITABLE FUND | 100,000. | 85,388. |
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| Total Excess Contributions to Schedule A, Part II, Line 5 | | 517,328 |

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

| Name | of th | e orga | nization |
|-------|-------------|----------|----------|
| Tanic | OI U | ic ol gu | mzauon |

Organization type (check one):

LOVING HOUSTON, INC

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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

X 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

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, II, and III.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

-*0659

LOVING HOUSTON, INC

| Part I | Contributors (See instructions). Use duplicate copies of Part I if a | dditional space is needed. | |
|--|---|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MICHAEL AND DIANE KRAXBERGER 12610 MARSHALL DRIVE MAGNOLIA, TX 77354 | \$5,000. | 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 |
| 2 | PETER AND BARBARA FORBES 5728 SHADY RIVER DRIVE | \$\$,000. | Person X Payroll Noncash (Complete Part II for |
| | HOUSTON, TX 77057 | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | PETER AND ELIZABETH WAREING 2229 SAN FELIPE, SUITE 1400 HOUSTON, TX 77019 | \$5,000. | 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 |
| | | | |
| No. | Name, address, and ZIP + 4 ROBERT AND CAROL GILES 2822 JARROD STREET | Total contributions | Type of contribution Person X Payroll |
| <u>No.</u> | Name, address, and ZIP + 4 ROBERT AND CAROL GILES 2822 JARROD STREET HOUSTON, TX 77005 (b) | Total contributions | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) |
| <u>No.</u> <u>4</u> (a) No. | Name, address, and ZIP + 4 ROBERT AND CAROL GILES 2822 JARROD STREET HOUSTON, TX 77005 (b) Name, address, and ZIP + 4 JERE AND CAROL OVERDYKE 306 SHASTA | Total contributions | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (Complete Part II for Image: Complete Part II for noncash Image: Complete Part II for noncash |
| <u>No.</u> (a) <u>No.</u> (a) | Name, address, and ZIP + 4 ROBERT AND CAROL GILES 2822 JARROD STREET HOUSTON, TX 77005 (b) Name, address, and ZIP + 4 JERE AND CAROL OVERDYKE 306 SHASTA HOUSTON, TX 77024 | Total contributions \$ 5,000. (c) Total contributions \$ 5,000. (c) Total contributions (c) Total contributions \$ 5,000. \$ 5,000. (c) Total contributions \$ 5,000. \$ 5,000. | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.) |

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2016.04030 LOVING HOUSTON, INC

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

LOVING HOUSTON, INC

Name of organization

Employer identification number

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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 ROBERT H. BALDWIN X Person Payroll 24425 STUEBNER AIRLINE ROAD 5,000. Noncash \$ (Complete Part II for TOMBALL, TX 77375 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 FIRST PRESBYTERIAN CHURCH X Person Payroll 5,000. 5300 MAIN STREET Noncash (Complete Part II for HOUSTON, TX 77004 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X JAMES HUNT Person Payroll 9211 HUDSON COURT 10,000. Noncash (Complete Part II for HOUSTON, TX 77024 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 RICK LESTER Х Person Payroll 20307 FAIRWAYS TRAILS 10,000. Noncash \$ (Complete Part II for SPRING, TX 77379 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 MARTY AND LIANE PHILLIPS X Person Payroll 1100 LOUISIANA ST. SUITE 4900 25,000. Noncash (Complete Part II for HOUSTON, TX 77002 noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 THE BAXTER FOUNDATION X Person Pavroll 4265 SAN FELIPE, SUITE 1100 25,000. Noncash \$ (Complete Part II for HOUSTON, TX 77027 noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623452 10-18-16 23 13311005 755639 10935 2016.04030 LOVING HOUSTON, INC

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

LOVING HOUSTON, INC

Name of organization

Employer identification number

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| Part I | Contributors (See instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribut |
| 13 | DAVID WEEKLEY FAMILY FOUNDATION 1111 NORTH POST OAK ROAD HOUSTON, TX 77055 | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribut |
| 14 | ROBOERT AND JANICE MCNAIR FOUNDATION 109 N. POST OAK LANE, SUITE 600 HOUSTON, TX 77024 | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribut |
| 15 | JOHN AND JUDYE HARTMAN 6414A TAGGART STREET HOUSTON, TX 44007 | \$5,000. | Person X Payroll I Noncash I (Complete Part II for noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribut |
| 16 | DAVE AND TERRI PETERSON 6726 SAXTON MANOR LANE HOUSTON, TX 77025 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribut |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributio |
| | (b) | (c) Total contributions | (d) |
| (a) No. | Name, address, and ZIP + 4 | | Type of contribut |

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LOVING HOUSTON, INC

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional 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. rom 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 |
| _ | | \$ | |

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Page **3**

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| art III | HOUSTON, INC Exclusively religious, charitable, etc., con | tributions to organizations described in | ** - ** * 0 6 5 9 section 501(c)(7), (8), or (10) that total more than \$1,000 fo | | | |
|------------------------|--|---|--|--|--|--|
| | the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou | COIUMNS (a) through (e) and the followings, charitable, etc., contributions of \$1,000 or lease | ng IIne entry. For organizations ss for the year. (Enter this info. once.) | | | |
| | Use duplicate copies of Part III if addition | al space is needed. | | | | |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| - | | (e) Transfer of gift | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
|) No. | | | | | | |
| art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| - - | | | | | | |
| | (e) Transfer of gift | | | | | |
| _ | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| - | | | | | | |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | (e) Transfer of gift | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| - | | | | | | |
| | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |

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2016.04030 LOVING HOUSTON, INC

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| 2 | | Supplemente | L Einanaial Statamanta | | OMB No. 1545-0047 |
|--------|----------------------|--|---|----------------|-----------------------------------|
| | HEDULE D m 990) | | al Financial Statements anization answered "Yes" on Form 990, | | 2016 |
| (1 011 | 1 330) | Part IV, line 6, 7, 8, 9, 10 | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | Open to Public |
| | ment of the Treasury | | Attach to Form 990. m 990) and its instructions is at <i>www.irs.g</i> e | ov/form99 | |
| Nam | e of the organizati | | · | | ployer identification number |
| | | LOVING HOUSTON, IN | | | **-**0659 |
| Pa | rt I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds o | r Accoi | unts.Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | (b) Fur | nds and other accounts |
| 1 | | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 | | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised | | Yes No |
| 6 | | | exclusive legal control? | | Yes II No |
| 0 | • | | or donor advisor, or for any other purpose co | | |
| | impermissible priva | | | • | Yes No |
| Pa | | | ganization answered "Yes" on Form 990, Par | | |
| 1 | | servation easements held by the organizati | | , | - |
| - | | of land for public use (e.g., recreation or e | | ally impo | rtant land area |
| | | f natural habitat | Preservation of a certifie | | |
| | Preservation | of open space | | | |
| 2 | Complete lines 2a | through 2d if the organization held a quali | fied conservation contribution in the form of a | a conserv | ation easement on the last |
| | day of the tax year | r. | | | Held at the End of the Tax Year |
| а | Total number of co | onservation easements | | 2a | |
| b | | | | | |
| С | Number of conser | vation easements on a certified historic str | ucture included in (a) | 2c | |
| d | | | after 8/17/06, and not on a historic structure | | |
| | | | | | |
| 3 | | vation easements modified, transferred, re | leased, extinguished, or terminated by the or | ganizatio | n during the tax |
| | year | | | | |
| 4 5 | | where property subject to conservation ea | · | | |
| 5 | | tion have a written policy regarding the per | t holds? | | Yes No |
| 6 | | | handling of violations, and enforcing conserv | | |
| Ŭ | | | nanaling of violations, and officially conten | valion ca | someries during the year |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation | n easeme | nts during the year |
| | ▶\$ | | | | 0, |
| 8 | Does each conser | vation easement reported on line 2(d) abov | ve satisfy the requirements of section 170(h)(| 4)(B)(i) | |
| | and section 170(h) |)(4)(B)(ii)? | | | Yes No |
| 9 | | | on easements in its revenue and expense sta | | and balance sheet, and |
| | include, if applicat | ble, the text of the footnote to the organization | tion's financial statements that describes the | organiza | tion's accounting for |
| - | conservation ease | | | <u> </u> | |
| Pa | | _ | f Art, Historical Treasures, or Othe | er Simi | lar Assets. |
| | | the organization answered "Yes" on Form | | | |
| та | - | | SC 958), not to report in its revenue statemer | | |
| | | | hibition, education, or research in furtherance | e of public | c service, provide, in Part XIII, |
| h | | thote to its financial statements that description | SC 958), to report in its revenue statement ar | d balanc | a shaat works of art historical |
| b | - | | ducation, or research in furtherance of public | | |
| | relating to these it | - | public | 351 1168, | provide the following attourns |
| | - | | | | \$ |
| | | | | • | \$ |
| 2 | | | asures, or other similar assets for financial ga | | |
| - | | unts required to be reported under SFAS 1 | | , provid | |
| а | - | | | ► | \$ |
| | | | | | \$ |
| | | eduction Act Notice, see the Instruction | | F | Schedule D (Form 990) 2016 |

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| Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued] I Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection items (abc) that apply: a Poble exhibition d Loan or exchange programs b Scholarly research e Other c Preview a description of hurse generations collection items e Other 4 Provide a description of hurse generations collection? e No 5 botage the organization solic or receive domained as part of the organization assets to be sofic orals funds rating that and be approximated as a part of the organization answered "Yes" on Form 990, Part IV, line 9, or response on the organization and part IV, line 9, or 1a Is the organization on agent, fit usites, custodian or other intermediaty for contributions or other assets not included on Form 900, Part X) Image: Sofia and Sofia and Sofia and Sofia 2 Beginning balance Image: Sofia and Sofia and Sofia and Sofia Image: Sofia and Sofia No 3 Is the organization include an amount on Form 990, Part X, line 21, for escrew or ocatodial account lability Image: Sofia and Sofia < | Sche | dule D (Form 990) 2016 LOVING | HOUSTON, I | NC | | | | | **_** | *065 | 9 Pa | age 2 |
|---|------|---|-----------------------|--------------|----------------|--------------------------------|-----------|---------|-------------|-------------------|---------|--------------|
| check all that apply): d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other | Par | t III Organizations Maintaining C | ollections of A | rt, Hist | orical Tr | easures, or O | ther S | Simila | ar Asse | ts (contii | nued) | |
| a Public schibtion during the generations and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization scollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization scollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization scollection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI (Nine 92, Or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent in Part XIII and complete the following table: c Beginning balance 1 to the service of the organization answered "Yes" on Form 990, Part X, line 21. 2b Dot the organization include an amount on Form 990, Part X, line 21, for server or custodial account liability? 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes," explain the arrangement in Part XIII. 2b Diff Yes," explain the arrangement in Part XIII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes," explain the arrangement in Part XII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes, "explain the arrangement in Part XIII. 2b Diff Yes, "exp | 3 | Using the organization's acquisition, accessi | on, and other record | ds, check | any of the | following that are | a signif | icant | use of its | collectio | n item | IS |
| b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Duing the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be solid the organization assets the organization's collection's 6 Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. The is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. The isother additions during the year Total 6 Beginning balance 4 Amount Total 7 Did the organization include an amount on Form 990, Part X, line 21. The explanation include an amount on Form 990, Part X, line 21. Total 8 Did the organization include an amount on Form 990, Part X, line 21. Total account is ablint? No 9 If Yee, explain the arrangement in Part XIII. Check here if the organization include an amount on Form 990, Part X, line 21. Total 9 If Yee, explain the arrangement in Part XIII. Check here if the organization mas been provided on Part XIII Part XIII 9 If Yee explanation incl | | | | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 590, Part IV, line 9, or reported an amount on Form 590, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C Beginning the year, and balance (line 1g, column (a)) held as: Beard designated or quasi-andwrent \box mings, gains, and losese C Bern How the strustes on the sz, 20, and 2s tohud equal 100%. C Beginbal in Beginning the | а | | c | | | | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solic or receive donations of art, historical ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization soluction? Part W Escrow and Custodial Arrangements. Complete if the organization are wreed "Yes" on Form 980, Part X, line 21. Beginning balance C Beginning balance Distributions during the year Tel Distributions during the year Tel Distributions during the year Tel Distributions Distristributionse Distributionse Distributions Distributi | b | | e | • L (| Other | | | | | | | |
| During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds raise that an anount on Form 980, Part X, line 21. Storow and Custodial Arrangements. Complete if the organization arswered "Yes" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 24. Is the organization agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 24. Is the organization agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 24. Seginning balance Is a fund organization include an amount on Form 980, Part X, line 21. To explore the organization agent in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment In Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment In Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment In Part XIII. Check here if the explanation has been provided on Part XIII Seginaring of year balance (b) Prior year (c) Two years back (c) Ture years back (c) Four years back Gorntioutions Contributions Grants or scholarships Gains or scholarships Grants or scholarships Seginaring agent, and losses Grants or scholarships Forvide the estimated percentage on line 2, be, and 2 chould equal 100%. Sa Are there andowment F Seginaring restricted endowment F Seginaring restricted | С | - | | | | | | | | | | |
| To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Fom 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete in the organization include an amount on Form 980, Part X, line 21, for escrew or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete in Part XIII. Image: Complete in Part XIII. No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV. line 10. Image: Complete in Part XIII. Image: Complete in Complet | 4 | | | | | | | | | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Image agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Image agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Image agent, trustee, custodian or other intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes", explain the arrangement in Part XII. Image agent, trustee, custodian answered "Yes" on Form 990, Part IV, line 10. Image agent, trustee, custodian answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image agent in the arrangement in Part XII. 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back (e) F | 5 | | | | | | | | | | | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, | Des | | | | | | | | | | | _ No |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount d Additions during the year Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fedowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Pert V 1a Beginning of year balance (e) Ourrent year (b) Prior year (c) Two years back (e) Four years back 1a Beginning to fracilities in in in in in 1a Beginning of year balance (e) Ourrent year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance in in in in in 1a Beginning of year | Par | | | ete if the | organizatio | n answered "Yes" | on For | m 990 |), Part IV, | line 9, o | r | |
| on Form 990, Part X? Yes No b If 'Yes,' explain the arangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1d d Distributions during the year 1d d Distributions during the year 1t d Distributions during the year 1t d Distributions during the year 1t e Distributions during the year 1t d Distributions during the year 1t e Distributions during the year 1the year year file Tendowment Funds. Complete if the organization insevered 'Yes' on Form 990, Part IV, line 10. file Segments and programs 1d d Ontherwent earnings, gains, and losses 1d g End of year balance 1d g End of year balance 1d 1d f Administrative expeneses <th></th> <th></th> <th></th> <th>-l' f</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | | -l' f | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | 1a | | | | | | | | | 7 | | 7.0.0 |
| c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII Image: Check here if the organization answered "Yes" on Form 990, Part XI, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. Image: Check here if the explanation has been provided or Part XIII. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the provides on scholarships c Net investment earnings, gains, and losses Image: Check here in the provide on the provides on scholarships Image: Check here in the provide on the provides on the provide on the provid | h | | | | | | | | L | l tes | | |
| c Beginning balance id d Additions during the year id d Distributions during the year id f Ending balance if 2a Distributions during the year if f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: state in the intermediate in the organization answered "Yes" on Form 990, Part IV, line 10. fa Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back a Grants or scholarships | b | | and complete the it | nowing t | able. | | Г | | | Amoun | + | |
| d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 7 Administrative expenses (a) Current year (b) Prior year (c) Two years back (e) Four years back 9 End of year balance (b) Prior year (c) Two years back (d) Two years back (e) Two years back 9 Forwide the estimated procentage of the current year end balance (line 1g, column (a)) held as: <td< th=""><th>~</th><th>Beginning balance</th><th></th><th></th><th></th><th></th><th>ŀ</th><th>10</th><th></th><th>Anoun</th><th>L</th><th></th></td<> | ~ | Beginning balance | | | | | ŀ | 10 | | Anoun | L | |
| e Distributions during the year 1e 1f f Ending balance 1f 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Contributions Image: Contri | | | | | | | | | | | | |
| f Ending balance | | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years g End of year balance (a) Current year (b) Column (a) held as: (a) Column (a) held as: (a) Column (a) held as: (b) Permanent endowment ▶ | | | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) | | | | | | | | | | Yes | | No |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back c Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back g End of year balance (a) Current year (b) Prior year (c) Two years back (d) Current year (d) Current | | | | | | | | | | | |] |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs | | | | | | | | | | | | |
| b Contributions | | | (a) Current year | (b) P | rior year | (c) Two years bac | k (d)] | Three y | ears back | (e) Fou | r years | back |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs interpret in the programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % f d in the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations y: (ii) related organizations 3a(ii) b f 'Yes' on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c c c Leasehold improvements c c c Leasehold improvements c c Leasehold improvements | 1a | Beginning of year balance | | | | | | | | | | |
| d Grants or scholarships | b | Contributions | | | | | | | | | | |
| e Other expenditures for facilities and programs | с | Net investment earnings, gains, and losses | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) urelated organizations (iii) related organizations (iii) related organizations 3a(ii) 3a(iii) 4 Description of property (a) Cost or other </th <th>d</th> <th>Grants or scholarships</th> <th></th> | d | Grants or scholarships | | | | | | | | | | |
| f Administrative expenses | е | Other expenditures for facilities | | | | | | | | | | |
| g End of year balance | | and programs | | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated basis (investment) basis (other) depreciation depreciation a Land | f | Administrative expenses | | | | | | | | | | |
| a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | g | - | | | | | | | | | | |
| b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | | | | ce (line 1 | g, column (a | a)) held as: | | | | | | |
| c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | | - | | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other | | | | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 1 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 1 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land | с | | | | | | | | | | | |
| by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (b) Cher | 0- | | - | | | a al a aleadarta ta ta constat | | | | | | |
| (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | 3a | | ession of the organiz | ation tha | it are neid a | nd administered f | or the c | organiz | ation | 1 | Vaa | No |
| (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c | | - | | | | | | | | 20(1) | res | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | h | | | | | | | | | | | <u> </u> |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | | | | | | | | | 00 | | L |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | | | | | | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | | | | 0, Part IV | /, line 11a. S | See Form 990, Par | t X, line | 10. | | | | |
| Image: transmission of the second | | | | 1 | | | | | ed | (d) Boo | k valu | |
| b Buildings | | | | | ., | | | | | | | |
| b Buildings | 1a | Land | | | | | | | | | | |
| c Leasehold improvements | | | | | | | | | | | | |
| d Equipment | | | | | | | | | | | | |
| e Other | d | Equipment | | | | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | | | | | | | |
| | Tota | Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colun | nn (B), line 1 | 0c.) | | | | | | 0. |

Schedule D (Form 990) 2016

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| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. |
|--|----------------------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | |
| | | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) GIFT CARDS | 3,090. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 3,090. |

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

632053 08-29-16

| Schedule D (Form 990) 2016 | LOVING | HOUSTON, | INC |
|----------------------------|--------|----------|-----|
|----------------------------|--------|----------|-----|

| Pa | rt XI Reconciliation of Revenue per Audited Financial Sta | atements With Reve | nue per Return. | |
|----|---|--------------------|-------------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ne 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | |
| 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 | 2b | | |
| с | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | • | enses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | | | |
| 1 | Total expenses and losses per audited financial statements | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 8.) | | |
| Pa | rt XIII Supplemental Information. | | | |

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

PART X, LINE 2:

| THE | ORG | NIZA | TION | IS . | AN | OT-FOR | -PROFI7 | CORPORATIO | ON | UNDER | INTERNA | L F | REVENUE |
|------|------|-------------|------|------|----|---------|---------|------------|----|-------|---------|-----|---------|
| | | | | | | | | | | | | | |
| SERV | /ICE | CODE | SECI | TON | 50 | 1(C)(3) |) AND, | THEREFORE, | IS | NOT | SUBJECT | то | INCOME |
| | | | | | | | | | | | | | |

TAXES.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND MANAGEMENT HAS DETERMINED THAT THERE ARE NO TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES, IF ANY, WOULD BE INCLUDED IN INCOME TAX 632054 08-29-10 30 13311005 755639 10935 2016.04030 LOVING HOUSTON, INC 10935_1

| Part XIII | Supplemental Information (continued) |
|-----------|--------------------------------------|
| | |

EXPENSE.

Schedule D (Form 990) 2016

632055 08-29-16

13311005 755639 10935

| SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service | | GO Comple | rants and Oth vernments, an ete if the organizatio on about Schedule I | nd Individua n answered "Yes" Attach to For | ls in the Ŭn i ' on Form 990, Pa m 990. | ted States rt IV, line 21 or 22. | 0. | OMB No. 1545-0047 |
|--|--|-----------------------------------|---|---|--|---|---------------------------------------|---------------------------------------|
| Name of the organizati | | | | | | | - | Employer identification number |
| Part I General In | LOVING HO | USTON, IN | С | | | | | **-***0659 |
| | | | amount of the grants | or accipton on the | arantaaa' aligibilit | w for the grante or as | vistance, and the color | ation |
| • | ation maintain records ward the grants or assis | | • | , | • | | | |
| 2 Describe in Part | IV the organization's pro | ocedures for monit | oring the use of grant | funds in the Unite | d States. | | | |
| | d Other Assistance to | | | | | anization answered "\ | /es" on Form 990, Par | t IV, line 21, for any |
| recipient th | nat received more than | \$5,000. Part II can | be duplicated if addit | ional space is nee | ded. | | | |
| | dress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total numb | er of section 501(c)(3) a | and government or | ganizations listed in th | ne line 1 table | | | | |
| 3 Enter total numb | er of other organization | s listed in the line ⁻ | l table | | | | | ► |
| LHA For Paperwork | Reduction Act Notice | , see the Instructi | ons for Form 990. | | | | | Schedule I (Form 990) (2016) |

Part IV

632102 11-01-16

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(a) Type of grant or assistance

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

(b) Number of

recipients

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

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Mathematical Revenue Service Math | ZU16 Open to Public |
|--|---|
| Name of the organization | Employer identification number * * - * * * 0 6 5 9 |
| LOVING HOUSTON, INC | **-**0659 |
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS | SION: |
| COLLABORATING WITH LOCAL SCHOOL DISTRICTS AND NONPROFITS, | MOBILIZING A |
| WORKFORCE OF HUNDREDS OF THOUSANDS OF VOLUNTEERS TO SERVE | IN WAYS THAT |
| MAKE A PROVEN POSITIVE IMPACT. | |
| | |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M | ISSION: |
| IMPACT. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 1: | |
| | |
| | FORM 990 BUT |
| MICHAEL KRAXBERGER AND MARILYN LEE DO NOT HAVE VOTING RIG | HTS AS BOARD |
| MEMBERS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| PREPARER OF FORM 990 PROVIDED A COMPLETE COPY OF FORM 990 | , WITH ALL |
| ATTENDANT SCHEDULES, TO ALL MEMBERS OF ITS GOVERNING BODY | , PRIOR TO FILING |
| WITH IRS. THE BOARD REVIEWED AND APPROVED OF FORM 990 AN | D ALL SCHEDULES. |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIA | NCE WITH THE |
| | |
| CONFLICT OF INTEREST POLICY, BOARD MEMBERS ARE REQUIRED T | |
| SAID CONFLICT OF INTEREST POLICY, NOTIFY GOVERNING BODY O | F ANY CONFLICTS, |
| AND ATTEST BY SIGNATURE OF THEIR COMPLIANCE WITH THE POLI | СҮ. |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL AND KEY EMPL | OYEES IS |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched | lule O (Form 990 or 990-EZ) (2016) |

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| Schedule O (Form 990 or 990-EZ) (2016) | Page 2 |
|---|---|
| Name of the organization LOVING HOUSTON, INC | Employer identification number * * - * * * 0 6 5 9 |
| DETERMINED EACH YEAR BASED UPON CONTEMPORARY COMPENSATION | MODELS, ECONOMIC |
| TRENDS, AND PERFORMANCE OF SAID EMPLOYEES. THE EXECUTIVE | COMMITTEE |
| EVALUATES THE COMPENSATION PACKAGE ANNUALLY, REACHES A CO | NSENSUS, PRESENTS |
| TO THE BOARD FOR APPROVAL. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE VARIOUS GOVERNING DOCUMENTS, INCLUDING FORM 990 AND A | LL SCHEDULES, AND |
| FINANCIAL STATEMENTS, BYLAWS, CONFLICT OF INTEREST POLICY | ARE AVAILABLE FOR |
| REVIEW UPON REQUEST. | |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BEGINNING NET ASSETS DUE TO REVIEW OF FINANCIAL

STATEMENTS

199.

FORM 990, PART XII, LINE 1

LOVING HOUSTON REPORTED ON PRIOR FORM 990S THAT THE FINANCIAL

STATEMENTS WERE REPORTED ON THE CASH BASIS. AFTER REVIEW OF THE

FINANCIAL STATEMENTS IN 2016, THE ACTUAL METHOD OF REPORTING IS ACCRUAL

BASIS RATHER THAN CASH BASIS.

FORM 990, PART XII, LINE 2C

THE RESPONSIBILITY OF THE OVERSIGHT AND SELECTION PROCESS RESIDES WITH

OUR EXECUTIVE COMMITTEE, CHAIRED BY PETER FORBES. THE TREASURER

PROVIDES QUARTERLY FINANCIAL STATEMENTS TO THIS COMMITTEE, DURING EACH

QUARTERLY BUSINESS MEETING. IN 2016, AFTER THREE YEARS OF OPERATION,

THE COMMITTEE PROPOSED THE PROCESS OF AN AUDIT/REVIEW OF OUR FINANCIAL

OPERATIONS. SEVERAL ACCOUNTANT ENTITIES, BOTH INDIVIDUAL OR

 CORPORATION, WERE INTERVIEWED OVER THE COURSE OF 2 MONTHS, BY PETER

 Schedule O (Form 990 or 990-EZ) (2016)

 35

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 2016.04030 LOVING HOUSTON, INC
 10935_1

| FORBES, THE TREASURER, AND OTHER COMMITTEE MEMBERS. RESULTS WERE SHARED WITH THE EXECUTIVE COMMITTEE, WHEREIN LAPORTE RECEIVED THE MOST FAVORABLE OPINIONS, AND WAS ULTIMATELY SELECTED. | Name of the organization LOVING HOUSTON | N, INC | | | | Employer identification num * * - * * * 0659 |
|--|---|------------|---------|-----------|-------|---|
| WITH THE EXECUTIVE COMMITTEE, WHEREIN LAPORTE RECEIVED THE MOST FAVORABLE OPINIONS, AND WAS ULTIMATELY SELECTED. | | | TTEE ME | MBERS. RE | SUL | IS WERE SHARED |
| | | | | | | |
| | FAVORABLE OPINIONS, AND WAS | ULTIMATELY | SELECI | 'ED. | | |
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| 20040.00.05.10 Schedule O // Carro 000.52 | | | | | | |
| 332212 08-25-16 Schedule O (Form 990 or 990-EZ 36 | 632212 08-25-16 | | 36 | | Sched | ule O (Form 990 or 990-EZ) (2 |

(Rev. January 2017)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | | Enterme | ersidentity | ing number |
|--|--|---|---|----------------------------|-------------|--------------------|
| Type or | Name of exempt organization or other filer, see instru | Employer identification number (EIN) of | | | | |
| print | | | | | | |
| File by the | LOVING HOUSTON, INC | | | | **_** | *0659 |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, s 2916 W. TC JESTER BLVD., N | | | Social se | curity numb | er (SSN) |
| instructions. | City, town or post office, state, and ZIP code. For a f HOUSTON, TX 77018 | | | | | |
| Enter the | Return Code for the return that this application is for (fi | ile a separa | ate application for each return) | | | 01 |
| Applicati | ion | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 990 |) or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 |)-BL | 02 | Form 1041-A | | | 08 |
| Form 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 |)-PF | 04 | Form 5227 | | | 10 |
| Form 990 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 |
| ● If this box ▶ 1 I re for | organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the X calendar year 2016 or tax year beginning | Group Exe and atta NOVE | emption Number (GEN) Ich a list with the names and EINs o MBER 15, 2017 , to file | f this is fo f all memb | r the whole | ension is for. |
| 2 If th | he tax year entered in line 1 is for less than 12 months, Change in accounting period | check reas | on: Initial return | Final retur | 'n | |
| | nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nrefundable credits. See instructions. |), or 6069, | enter the tentative tax, less any | 3a | \$ | 0. |
| bIf 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.3b\$ | | | | | | |
| c Ba | lance due. Subtract line 3b from line 3a. Include your p using EFTPS (Electronic Federal Tax Payment System). | ayment wit | h this form, if required, | 3c | \$ | 0. |
| instructio | | | , | 3453-EO ai | | |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice | , see instr | uctions. | | Forma | B868 (Rev. 1-2017) |

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Enter filer's identifying number