### Form **990**

Department of the Treasury Internal Revenue Service

### PUBLIC INSPECTION COPY

### **Return of Organization Exempt From Income Tax**

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

, 2015, and ending For the 2015 calendar year, or tax year beginning 7/01 , 2016 D Employer identification number Check if applicable: Address change Houston Parks Board 74-1860046 300 N. Post Oak Lane Telephone number Name change Houston, TX 77024 Initial return 713-942-8500 Final return/terminated **G** Gross receipts \$ Amended return 42,297,617. H(a) Is this a group return for subordinates? Application pending **F** Name and address of principal officer: Yes Beth White **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes No Same As C Above Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 Website: ► www.houstonparksboard.org H(c) Group exemption number ► X Corporation Trust L Year of formation: 1976 M State of legal domicile: TX Form of organization: Association Part I Summary Briefly describe the organization's mission or most significant activities: HPB acquires land to be used for park and green spaces; coordinates the design/construction of new park amenities and Governance renovates existing parks; educates the public about the importance of parkland to communities; and also manages trust accounts for City park and community programs.

Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... ∘ઇ Number of independent voting members of the governing body (Part VI, line 1b). 34 Total number of individuals employed in calendar year 2015 (Part V, line 2a)..... 5 32 Total number of volunteers (estimate if necessary)..... 6 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 .... 7a 0. **b** Net unrelated business taxable income from Form 990-T. line 34. 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 18,117,476. 31,059,339. Program service revenue (Part VIII, line 2g) ..... 5,997,039. 4,822,903. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 769,378. 550,105. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -23,917.-31,511. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 23,466,567. 37,794,245. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 3,498,369 5,024,250. Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 1,947,242 2,210,857. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... 102,484 101,380 **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 14,096,861 9,157,620. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 19,643,852 16,495,211. Revenue less expenses. Subtract line 18 from line 12..... 3,822,715 21,299,034. **Beginning of Current Year End of Year** Total assets (Part X, line 16)..... 55,530,411 70,187,310. Total liabilities (Part X, line 26)..... 21 2,229,712 1,170,900. 22 Net assets or fund balances. Subtract line 21 from line 20..... 69,016,410. 53,300,699 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. <u>Electronically Filed</u> Sign Here Dir. of Fin. & Acct. Jeri Nordbrock Type or print name and title. Preparer's signature Jody Blazek Date 4/14/17 Print/Type preparer's name Check self-employed P00072674 Jody Blazek **Paid** Preparer ► Blazek & Vetterling Firm's name Use Only Firm's address 2900 Weslayan, Suite 200 Firm's EIN ► 76-0269860 Houston, TX 77027-5132 (713) 439-5739 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes Nο

Form 990 (2015) Houston Parks Board	74-1860046	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III		X
1 Briefly describe the organization's mission:		
The purpose of the Houston Parks Board is to assist the City of		ating,
improving, protecting and advocating for equitably distributed	<u>l parkland in the</u>	
<u> Houston area.</u>		
2 Did the organization undertake any significant program services during the year which were not listed on th		
		V No
Form 990 or 990-EZ?	Yes	X No
	m convious?	V No
<b>3</b> Did the organization cease conducting, or make significant changes in how it conducts, any program If 'Yes,' describe these changes on Schedule O.	m services? Yes	X No
· · · · · · · · · · · · · · · · · · ·	convious as massured by s	avnoncoc
<b>4</b> Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocand revenue, if any, for each program service reported.	ations to others, the total ex	xpenses,
<b>4a</b> (Code: ) (Expenses \$ 7,948,331. including grants of \$ 4,977,453.	) (Revenue \$ 18	1,153.)
In 2013, the Houston Parks Board, in partnership with Houston	Parks Board LGC,	Inc.
(the LGC), the City of Houston Parks and Recreation Department	, Harris County F	flood
Control District and other entities started a 7 year project i	dentified as the	Bayou
Greenways 2020 ("BG2020") program which is focused on the expa	nsion of the City	/'s
park system along Houston's bayou system. The goal is to impro	ove the quality of	<u>f_life_</u>
for Houstonians by acquiring land along the bayou system withi	n the Houston Cit	<u></u>
limits and constructing multi use trails along the bayous, thu	is improving the c	quality
of life for Houstonians while helping to improve flood prevent	ion.	
		8,000.
In 2014, The Houston Parks Board entered into a 30-year agreem		
Houston to maintain existing BG2020 parkland, trails and green		
agreement, the City has agreed to provide an annual maintenance		
escalates each year. The terms of the agreement provide that		
maintenance costs from year to year contribute to a Capital Re		<u>fund</u>
for replacement of damaged or depreciated trails and amenities	<u>.</u>	
4c (Code: ) (Expenses \$ 2.252.610, including grants of \$ 17.500.	) (Revenue \$ 2	6 200 \
		6,398.)
The Houston Parks Board, in partnership with Houston Parks Board Houston-area communities, the City of Houston, and other entit		
new park land and to improve park spaces through renovation of		
construction of new improvements to provide equitable distribution		
recreation facilities for Houston's growing communities. The I		
local government corporation created by the City to provide su		
park system. HPB has a management agreement with the LGC to account to the control of the contro		
and improve park properties on behalf of the LGC and contract		<u> </u>
development, improvement, construction, and installation of pa		es.
	and open open	
4d Other program services. (Describe in Schedule O.)  See Schedule O		
(Expenses \$ 664,675. including grants of \$ 29,297.) (Revenue	\$ 11,488.	)
<b>4e</b> Total program service expenses ► 15,440,414.	<u> </u>	

# Form 990 (2015) Houston Parks Board 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

### 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		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
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? <i>If 'Yes,' complete Schedule J.</i>	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 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', complete Schedule L, Part II.	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
t	olf '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		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Χ	

# Form 990 (2015) Houston Parks Board Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule C Contains a response of finite to any line in this fact v	<u> </u>		لللنا
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.   1 a			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		-
•			
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	71	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
<b>8</b> 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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		-
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
<b>b</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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	000	(001 =
BAA TEEA0105L 10/12/15	Form	1 <b>990</b> (	(2015)

Form 990 (2015) Houston Parks Board 74-1860046 Page 6 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. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 34 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. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 34 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Houston TX 77024 713-942-8500

Beth White 300 N. Post Oak Lane

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

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

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

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

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.

	(C)				_			
Name and Title Average in hours	director/trustee)		(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
per week (list any hours for related organizations below dotted line)	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Thomas G. Bacon 3								_
Chairman 1 X		Χ				0.	0.	0.
(2) Nina O'Leary Zilkha 3								
President 1 X		Χ				0.	0.	0.
(3) Jill Jewett 3								
Vice President 1 X		Χ				0.	0.	0.
(4) Michael Skelly 3								
Secretary 1 X		Χ				0.	0.	0.
(5) David Kinder 3								
Treasurer 1 X		Χ				0.	0.	0.
(6) Roxanne Almaraz 1								
Board Member 1 X						0.	0.	0.
(7) Dina Alsowayel 1								
Board Member 1 X						0.	0.	0.
(8) Don Stephen Aron 1								
Board Member 1 X						0.	0.	0.
(9) Marie A. Baldwin 1								
Board Member 1 X						0.	0.	0.
(10) Ellanor Allday Camberg 1						_		_
Board Member 1 X						0.	0.	0.
(11) Beto Cardenas 1						_		_
Board Member 1 X						0.	0.	0.
(12) W. Charles Carlberg 1						_	_	_
Board Member 1 X						0.	0.	0.
(13) Joe Dilg1						_	_	_
Board Member 1 X	+					0.	0.	0.
(14) Diana Espitia 1						_	_	_
Board Member 1 X						0.	0.	0.

Part VII   Section A. Officers, Directors, Tru	ıstees,	Key	Em	ıplo	oye	es, a	and	Highest Con	pensated Emp	loyees (continued)
	(B)			((	_					
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle cer ar	ess pe	erson direct	e than of Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) David Fitch	_1_									
Board Member	1	Х						0.	0.	0.
(16) Thomas Flaherty Board Member	<u>1</u>	Х						0.	0.	0.
(17) Cullen Geisalman Board Member	<u>1</u>	Х						0.	0.	0.
(18) Steve J. Gibson Board Member	<u>1</u>	Х						0.	0.	0.
(19) Jim Green Board Member	<u>1</u> 1	Х						0.	0.	0.
(20) Mindy Hildebrand Board Member	<u>1</u>	X						0.	0.	0.
C21) Vivian King Board Member	<u>1</u>	Х						0.	0.	0.
(22) Chris Knapp Board Member	- <u>1</u> -	X						0.	0.	0.
C23) Ann Lents Board Member	<u>1</u>	Х						0.	0.	0.
C24) Alex Martinez Board Member	- <u>1</u> -	Х						0.	0.	0.
(25) Reed Morian Board Member	- <u>1</u> -	Х						0.	0.	0.
1 b Sub-total	· · · · · · · · · · ·						•	0.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						•	726,031.	0.	44,901.
d Total (add lines 1b and 1c).							•	726,031.	0.	44,901.
2 Total number of individuals (including but not limited from the organization ► 4	to those I	isted	abo	ve) v	who	receiv	ved	more than \$100,00	0 of reportable comp	pensation

			Yes	No			
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee						
	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3		Χ			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for						
	such individual	4	X				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual						
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		Χ			

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Champions Hydro-Lawn LLC 13226 Kaltenbrun Rd Houston, TX 77086	Parkland maintenance	1,778,746.
COH Parks & Recreation Dept 2999 S Wayside Dr Houston, TX 77086	Parkland maintenance	997,733.
Millis Develop. & Construct. 931 Pheasant Valley Mo City, TX 77489	Construction	485,245.
Bio Landscape & Maintenance 10892 Shadow Wood Houston, TX 77043	Parkland Maintenance	280,343.
Jacobs Construction Mgmt Svcs 5995 Rogerdale Houston, TX 77052	Software programming	248,568.
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	
\$100,000 of compensation from the organization ► 12		

### Form 990

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Name of the Organization Employler Identification number 400ston Parks Board 74-1860046

Houston Parks Board

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees										
(A)	(B)	, ,						(D)	(E)	(F)
Name and Title	Average					hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	Individual trustee or director	Insti	Officer	Кеу	High emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	ired ired	Institutional trustee	cer	Key employee	loye loye	ner	(W-2/1099-WI3C)	(W-2/1099-W13C)	organization and related
	related organiza-	হ হ	mal		yolc	e				organizations
	tions	uste	trus		ee	pen				
	dotted line)	ŏ	itee			Highest compensated employee				
John Odam	1					<u> </u>				
Board Member	1	Х						0.	0.	0.
Precious Owodunni	1									
Board Member	1	Х						0.	0.	0.
Christopher Porter	1									
Board Member	1	Х						0.	0.	0.
Andrew Price	1									
Board Member	1 1	Х						0.	0.	0.
Carter Stern	1									
Board Member	1 1	Х						0.	0.	0.
Herman Stude	1									,
Board Member	1 1	Х						0.	0.	0.
Phoebe Tudor	1									,
Board Member	1 1	Х						0.	0.	0.
Barron Wallace	1									
Board Member	1 1	Х						0.	0.	0.
Don Woo	1									
Board Member	1 1	Х						0.	0.	0.
Roksan Okan Vick	30									,
Ex Dir to 8/15	10	ľ		Χ				322,658.	0.	23,141.
Michael Nichols	30							·		
Int CEO to 6/15	10			Χ				45,000.	0.	0.
Beth White	30							·		
Pres/CEO fr 6/1	10			Χ				0.	0.	0.
Jeri Nordbrock	30									
CFO/Fin Adm Dir	10			Χ				102,806.	0.	8,539.
Charles Place	30							·		,
Capital Proj Mg Dr	10	ľ				Χ		151,750.	0.	0.
Trent Rondot	40							·		
Maintenance Dir.	0					Χ		103,817.	0.	13,221.
								·		· .
	]	Ī								
	<u> </u>									
	1	<u> </u>		<u> </u>			Ш			

### Part VIII Statement of Revenue

ı aı		Check if Schedule O contains a respo	nse or note to any	y line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns	616,900. 240,000. 1,155,600.				
	-	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	780,226. ►	31,059,339.			
Program Service Revenue		Parks improvements 7	Business Code (13990 (13990	5,778,000. 207,551.	5,778,000. 207,551.		
ıram Servic	d e f	City programs 7	13990	11,488.	11,488.		
Prog		Total. Add lines 2a-2f		5,997,039.			
	4	other similar amounts)		465,694.			465,694.
	5	Royalties(i) Real	(ii) Personal	3,712.			3,712.
	b	Gross rents  Less: rental expenses  Rental income or (loss)					
		Net rental income or (loss)	(ii) Other				
		assets other than inventory  Less: cost or other basis and sales expenses					
		Gain or (loss)		303,684.			303,684.
Other Revenue	8 a	Gross income from fundraising events (not including\$ 616,900. of contributions reported on line 1c).  See Part IV, line 18	18,600.				
Other		Less: direct expenses	53,823.	-35,223.			-35,223.
		Gross income from gaming activities. See Part IV, line 19 a		33,223.			33,223.
		Less: direct expenses	ies▶				
		Gross sales of inventory, less returns and allowances					
		Net income or (loss) from sales of inven					
	11 a						
	b						
	d	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶	37,794,245.	5,997,039.	0.	737,867.

### Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,994,953.	4,994,953.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	29,297.	29,297.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members	375,919.	206,407.	95,297.	74,215.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	1,541,275.	1,194,783.	231,396.	115,096.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,063.	27,435.	4,494.	1,134.			
9	Other employee benefits	124,470.	94,438.	19,437.	10,595.			
10	Payroll taxes	136,130.	99,927.	23,011.	13,192.			
11	Fees for services (non-employees):							
a	Management							
k	Legal	43,801.	39,705.	2,603.	1,493.			
C	: Accounting	107,841.		107,841.				
	Lobbying							
e	Professional fundraising services. See Part IV, line 17	102,484.			102,484.			
	Investment management fees	47,146.	13,452.	33,694.				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	799,054.	743,000.	33,635.	22,419.			
12	Advertising and promotion.	108,619.	70,309.	24,349.	13,961.			
13	Office expenses	39,519.	10,720.	9,617.	19,182.			
14	Information technology	19,191.	15,393.	2,414.	1,384.			
15	Royalties	·	·		·			
16	Occupancy	86,844.	76,490.	6,581.	3,773.			
17	Travel	25,087.	23,228.	1,182.	677.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	26,446.	24,091.	1,497.	858.			
20	Interest				-			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	29,257.	29,257.					
23	Insurance	111,346.	108,143.	2,036.	1,167.			
24	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 O.)							
	Park maintenance	4,065,716.	4,065,716.					
	Construction and design	2,774,938.	2,774,938.					
	Program supplies and equip	703,246.	703,246.					
	Graphic arts expense	99,966.	40,902.	7,978.	51,086.			
	All other expenses	69,603.	54,584.	14,648.	371.			
	Total functional expenses. Add lines 1 through 24e	16,495,211.	15,440,414.	621,710.	433,087.			
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)							
RΔΔ					Form <b>990</b> (2015)			

		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A)		
			Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.	6,165,640.	1	10,022,720.
	2	Savings and temporary cash investments.	6,847,389.	2	13,601,703.
	3	Pledges and grants receivable, net	12,093,911.	3	20,958,800.
	4	Accounts receivable, net	440,071.	4	359,122.
	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 disqualified 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 instructions). Complete Part II of Schedule L		6	
sts	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	9,062.	9	30,368.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	h		11 004 210	10 c	11 011 072
	11	Less: accumulated depreciation	11,904,319. 12,872,517.	11	11,911,972. 12,810,808.
	12	Investments – publicly traded securities.  Investments – other securities. See Part IV, line 11	12,012,311.	12	12,010,000.
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.	5,197,502.	15	491,817.
	16			16	70,187,310.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	1,199,012.	17	755,215.
	18	Grants payable	= / = 3 3 / 0 = = 1	18	70072201
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	125,793.	21	102,166.
Liabilities	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	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	904,907.	25	313,519.
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,229,712.	26	1,170,900.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			· ·
ũ	27	Unrestricted net assets.	12,006,351.	27	12,966,880.
ala	28	Temporarily restricted net assets.	35,976,643.	28	53,418,317.
8	29	Permanently restricted net assets	5,317,705.	29	2,631,213.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	3/321/1331		2,002,220.
Ö	30	Capital stock or trust principal, or current funds		30	
et et	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	53,300,699.	33	69,016,410.
Z	34	Total liabilities and net assets/fund balances	55,530,411.	34	70,187,310.

BAA Form **990** (2015)

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Form **990** (2015)

Pa	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	3	7,79	94,2	45.
2	Total expenses (must equal Part IX, column (A), line 25).	2			95,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			99,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			00,6	
5	Net unrealized gains (losses) on investments	5			35,8	
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). See Schedule O	9	-	5,19	97,5	02.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	6	9,01	L6,4	10.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a				
	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ate				
	basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
ı	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		

TEEA0112L 10/20/15

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

(E)

Total

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Houston Parks Board 74-1860046 Part I Reason for Public Charity Status (All organizations must complete this part. See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (ii) EIN (v) Amount of monetary (i) Name of supported (iv) Is the organization listed in your governing (vi) Amount of other (iii) Type of organization (described on lines 1-9 above (see instructions)) organization support (see instructions) support (see instructions) document? Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2015

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	1					
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	9,550,732.	7,930,612.	23268546.	18117476.	31059339.	89,926,705.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	9,550,732.	7,930,612.	23268546.	18117476.	31059339.	89,926,705.
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)						53,992,870.
6	<b>Public support.</b> Subtract line 5 from line 4						35,933,835.
Sec	tion B. Total Support	1	ı				
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	Amounts from line 4	9,550,732.	7,930,612.	23268546.	18117476.	31059339.	89,926,705.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	409,965.	428,534.	454,666.	437,826.	469,406.	2,200,397.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	·	·	·	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						92,127,102.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	12,140,738.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	<b>&gt;</b>
Sec	tion C. Computation of Pu	blic Support P	<b>Percentage</b>				
	Public support percentage for 20						39.00%
	Public support percentage from						42.70 %
16 a 33-1/3% support test − 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	or 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Parted organization	t VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	s box and see ins	structions ►
BAA					Sch	nedule A (Form 90	90 or 990-F7) 2015

74-1860046

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
ı	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	: Add lines 7a and 7b						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		<u> </u>		<u> </u>		
	dar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
-	Amounts from line 6						
Ŀ	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	activities not included in line 10b, whether or not the business is						
12	regularly carried on						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul Public support percentage for 20			o 12 ook (5)		1 45 1	0.
		•	``				90
	Public support percentage from 2					16	6
	tion D. Computation of Inv Investment income percentage for				ımn (fl)		%
17 10	Investment income percentage fi	•	• •	-			
	33-1/3% support tests - 2015. If	the organization	did not check the	box on line 14, a	and line 15 is more	e than 33-1/3%, a	nd line 17
b	is not more than 33-1/3%, check 33-1/3% support tests – 2014. If	the organization	did not check a bo	x on line 14 or l	ine 19a, and line 1	16 is more than 3	3-1/3%, and
20	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization		•		•		

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
_				
38	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3а		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
t	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
k	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
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? <i>If</i> 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9 a	a 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))?	J		
_	If 'Yes,' provide detail in <b>Part VI</b>	9a		
t	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	9b		
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 <b>Part VI</b>	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
k	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion E	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
'	or election of the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
_		ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sect		C. Type II Supporting Organizations	<u> </u>		1
		Mr. salka a 2 2 and a		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organ	iization'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	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice all tin	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this	s regard	3		
Sect	tion E	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 year (see instructions):			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	П	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ħπ	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıs).		
	_		,		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported Initiations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted that these activities of the organization of the organ	2a		
		antially all of its activities	La		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
•					
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pai	<sup>r</sup> t V	nızat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Secti	er 20, 1970. <b>See instruct</b> ons A through E.	ions. All
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	·		
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
-	I Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte	grated	I Type III supporting or	ganization

(see instructions).

Schedule A (Form 990 or 990-EZ) 2015

OCITO	date A (1 offi 330 of 330 EZ) 2013 Houston Tarks board		74 100	1 490
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
	tion D — Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.	of supported organization:	S,	
3	Administrative expenses paid to accomplish exempt purposes of su			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
e	From 2014			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
-	Excess from 201/			

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC DISCLOSURE COPY

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Employer identification number

Houston Parks Board	74-1860046
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 Ge	neral Rule or a Special Rule.
<b>Note.</b> Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization filing Form 990, 99	0-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Co	mplete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
X For an organization described in section	on 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations
received from any one contributor, duri	(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ing the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) m 990-EZ, line 1. Complete Parts I and II.
Form 990, Part VIII, line 1h, or (ii) Forr	n 990-EZ, line 1. Complete Parts I and II.
For an organization described in section	in 501(c)(7) (8) or (10) filing Form 990 or 990-F7 that received from any one contributor
during the year, total contributions of n	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, nore than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational
purposes, or for the prevention of crue	Ity to children or animals. Complete Parts I, II, and III.
	F01(-)(7)-(0)(10)-(1)
	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, bely for religious, charitable, etc., purposes, but no such contributions totaled more than
\$1,000. If this box is checked, enter he	ere the total contributions that were received during the year for an exclusively religious,
	lete any of the parts unless the General Rule applies to this organization because
it received <i>nonexclusively</i> religious, cha	aritable, etc., contributions totaling \$5,000 or more during the year ▶ Ş
Caution An organization that is not source	ed by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or
990-PF), but it <b>must</b> answer 'No' on Part I'	V, 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 does not mee	et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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) (2015)

Page

1 of

1 of Part I

Houston Parks Board

Employer identification number

74-1860046

		1	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,217,750.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>3,805,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,992,216.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,142,857.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>1,000,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

Employer identification number

Houston Parks Board 74-1860046

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		à	
	<u> </u>	Y	
BAA	Sche	edule B (Form 990, 990-E2	, or 99 <mark>0-PF) (2015)</mark>

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Page

of Part III 1 to Name of organization Employer identification number Houston Parks Board 74-1860046 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

	the following line entry. For organizations of contributions of <b>\$1,000</b> or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the total o (Enter this information once. See	of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
		(e)		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			· <del></del>	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	Houston Parks Board	74-1860046		
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds o			
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.			
	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	•		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a are the organization's property, subject to the organization's exclusive legal control?	dvised funds		
6				
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposimpermissible private benefit?	ose conferring  Yes No		
Par	Conservation Easements.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the organization (check all that apply).			
'		storically important land area		
		ertified historic structure		
2	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a last day of the tax year.	conservation easement on the		
		Held at the End of the Tax Year		
á	a Total number of conservation easements	2 a		
ŀ	Total acreage restricted by conservation easements	2 b		
(	Number of conservation easements on a certified historic structure included in (a)	2 c		
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic			
	structure listed in the National Register	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org tax year ►	anization during the		
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of violations,		
	and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	tion easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation  •\$	easements during the year		
_	·			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	Yes No		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta include, if applicable, the text of the footnote to the organization's financial statements that describe conservation easements.	es the organization's accounting for		
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	er Similar Assets.		
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera in Part XIII, the text of the footnote to its financial statements that describes these items.	atement and balance sheet works of ince of public service, provide,		
ŀ	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items:	of public service, provide the		
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gaamounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
	a Revenue included on Form 990, Part VIII, line 1.			
ŀ	a Assets included in Form 990, Part X			

Part III Organizations Maintai	ning Colle	ctions (	of Art, Histo	orical	Treasures, or	r Other	Similar Ass	ets (c	<u>ontınu</u>	ed)
3 Using the organization's acquisition, items (check all that apply):	, accession, a	nd other re	ecords, check a	ny of t	the following that a	re a signit	ficant use of its	collectio	n	_
<b>a</b> Public exhibition			<b>d</b> Loan	or exc	hange programs					
<b>b</b> Scholarly research			e Other							
c Preservation for future generation	ations									
4 Provide a description of the organize Part XIII.	ation's collecti	ons and e	xplain how the	y furthe	er the organization'	s exempt	purpose in			
5 During the year, did the organizat to be sold to raise funds rather th	nan to be mai	ntained a	s part of the o	organiz	zation's collection	?		Yes		No
Part IV Escrow and Custodial line 9, or reported an a	Arrangem amount on	nents. C Form 9	omplete if tomplete if tomplete, and the second sec	the o	rganization an 21.	swered	'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or othei	r intermediary	for co	ontributions or oth	er assets	not included	Yes	[]	X No
<b>b</b> If 'Yes,' explain the arrangement							·		L	
								Amoun	t	
c Beginning balance						1 с				
<b>d</b> Additions during the year						1 d				
e Distributions during the year						1 е				
<b>f</b> Ending balance						1f				0.
2 a Did the organization include an a	mount on For	m 990, P	art X, line 21,	for es	scrow or custodial	account	liability?	X Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check her	re if the expla	nation	has been provide	ed on Par	t XIII	<del></del>	X	ζ.
		See	Part XII	ΙΙ						
Part V Endowment Funds. Co	omplete if	the orga	anization ar	nswer			), Part IV, Iir			
	(a) Current	year	<b>(b)</b> Prior yea	r	(c) Two years back		Three years back		Four years	
1 a Beginning of year balance	5,407,		5,635,8	37.	5,508,29	0. 5	5,324,720.	5	,762,	498.
<b>b</b> Contributions	19,	508.								
<b>c</b> Net investment earnings, gains,						_				
and losses	-190,	712.	59,4	35.	754,25	2.	422,601.		87 <b>,</b>	775.
<b>d</b> Grants or scholarships							210,000.			
e Other expenditures for facilities and programs	233,	216.	255,8	35.	594,24	4.	0.		439,	158.
f Administrative expenses		737.	32,0		32,46		29,031.			395.
<b>g</b> End of year balance	4,971,		5,407,4		5,635,83		5,508,290.	5	,324,	720.
2 Provide the estimated percentage		nt year er	nd balance (lir	ne 1g,	column (a)) held	as:				
a Board designated or quasi-endowme			<del></del> %							
<b>b</b> Permanent endowment ►	62.00 <sup>ફ</sup>									
c Temporarily restricted endowmen		38.00								
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%	·.							
3a Are there endowment funds not in the organization by:	he possession	of the org	anization that	are hel	d and administered	d for the		ſ	Yes	No
(i) unrelated organizations								3a(i)		X
(ii) related organizations								3a(ii)		X
<b>b</b> If 'Yes' on line 3a(ii), are the rela								3b		
4 Describe in Part XIII the intended	-		•							
Part VI Land, Buildings, and I										
Complete if the organization			Yes' on For	m 99	0, Part IV, line	: 11a. S	See Form 99	0, Par	t X, lir	ne 10.
Description of property			or other basis estment)		Cost or other casis (other)	<b>(c)</b> Added	ccumulated reciation	(d)	Book va	alue
<b>1 a</b> Land			24,342.	1	1,710,101.			11	,734,	443.
<b>b</b> Buildings					91,817.		22,930.		68,	,887.
c Leasehold improvements										
<b>d</b> Equipment					109,964.		26,380.		83,	,584.
e Other					33,405.		8,347.			,058.
Total. Add lines 1a through 1e. (Colum	n (d) must ed	qual Form	990, Part X,	colum	n (B), line 10c.).	<u> </u>		11	, 911,	972.
DAA			-		<del></del>		Calaadi	Ja D /E	orm 000	) 201E

Schedule **D** (Form 990) 2015

Part VII		Other Securities.		N/A	
		•		), Part IV, line 11b. See Form	
(a) Desc	ription of security or cate	gory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-	-of-year market value
` '					
	/-held equity interes	ts			
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(E)					
(F)					
$\frac{(G)}{(H)}$ — — —					
(l) Tatal (0a/out		00 Port V love (D) live 10			
		90, Part X, column (B) line 12.)  Program Related.		N / 7	
Part VIII	Complete if the	e organization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See Form	990. Part X. line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or en	
(1)	•				•
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13.) ►	/-		
Part IX	Other Assets.	organization answered	N/A 'Yes' on Form 990	), Part IV, line 11d. See Form	990 Part X line 15
-	Complete ii tile		scription	b, raitiv, line rid. See roili	(b) Book value
(1)		(4) 2 %	50.161.011		(2) 20011 14.140
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					+
(9)					+
(10)					
	lumn (h) must egua	l Form 990, Part X, column (E	3) line 15 )	)	<u> </u>
Part X	Other Liabilitie		<i>y mie 101)</i>		
I alt X	Complete if the ord	ganization answered 'Yes' on F	orm 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 2	5
		tion of liability	<b>(b)</b> Book value	,	
	ral income taxes				
	struction co	ntracts payable	313,51	9.	
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Colun	nn (b) must equal Form 9	90, Part X, column (B) line 25.)	<b>▶</b> 313,51	9.	
2. Liability fo	r uncertain tax positions.	In Part XIII, provide the text of the foo	otnote to the organization's fir	nancial statements that reports the organization'	
Annual Control of the	under FIN 18 (ASC 710)	Check here if the text of the footnote h	nas heen provided in Part XIII		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	37,408,424.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments. 2a -385,821.		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	-385,821.
3 Subtract line 2e from line 1.	3	37,794,245.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		37,794,245.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	r <b>n.</b>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	16,975,947.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	16,975,947.
·	1	16,975,947.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a  b Prior year adjustments 2b	1	16,975,947.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a  b Prior year adjustments 2b  c Other losses 2c	1	16,975,947.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	16,975,947.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a  b Prior year adjustments 2b  c Other losses 2c  d Other (Describe in Part XIII.) See Part XIII 2d 480,736.  e Add lines 2a through 2d.	1 2 e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a between Prior year adjustments 2b country of the prior year adjustments 2c double of the part XIII.) See Part XIII 2d 480,736.  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a between Prior year adjustments 2b country of the country o	2 e	480,736.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2 e	480,736.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a b Prior year adjustments 2b 2c d Other losses 2c d Other (Describe in Part XIII.) See Part XIII 2d 480,736.  e Add lines 2a through 2d 3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b	2 e 3	480,736.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2 e 3	480,736.

Part 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 IV, Line 2b - Explanation Of Escrow Account Liability

Funds (\$102,166) are held on behalf of three park-related organizations which have little activity and no current need for the funds.

### Part V, Line 4 - Intended Uses Of Endowment Fund

Endowment funds held by a related organization constitute \$4,594,912 of the amount reported on Part V, line 1g. These funds are held by The Houston Parks Board Foundation. The purpose of the endowment funds is to provide income to support programs of the Houston Parks Board.

BAA

Schedule **D** (Form 990) 2015

Schedule **D** (Form 990) 2015 Houston Parks Board

Part XIII | Supplemental Information (continued)

Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

Change in value of HPB Foundation. 480,736. 480,736. 

BAA Schedule **D** (Form 990) 2015 TEEA3305L 06/03/15

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Houston Parks Board 74-1860046

Par	Form 990-EZ filers are not re				on rolling 550, rail rv, line	, 17.		
1	Indicate whether the organization	raised funds thr	rough any	of the foll	owing activities. Check	all that apply.		
а	X Mail solicitations			е	X Solicitation of non-	government grants		
b	Internet and email solicitations		f	$\overline{X}$ Solicitation of government grants				
С	Phone solicitations			g	X Special fundraising	events		
d	X In-person solicitations							
2 a	Did the organization have a written o employees listed in Form 990, Par						X Yes No	
b	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	riduals or entities ne organization.	s (fundraise	ers) pursua	nt to agreements under w	which the fundraiser is to	be	
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization	
	Sterling Assoc.		Yes	No				
1	55 Waugh Dr.	Major gift						
	Houston TX 77007	consulting		X	24,224,608.	102,000.	24,122,608.	
2								
3								
4								
5								
6								
7								
8								
9								
10								
					24,224,608.	102,000.	24,122,608.	
3	List all states in which the organization licensing.  TX	on is registered o	or licensed	to solicit c	ontributions or has been	notified it is exempt from	registration	

74-1860046

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

R E			(a) Event #1  Annual Lunch (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add column (a) through column (c))
R E V E N U	1	Gross receipts	635,500.			635,500.
Ĕ	2	Less: Contributions	616,900.			616,900.
	3	Gross income (line 1 minus line 2)	18,600.			18,600.
	4	Cash prizes				
ь	5	Noncash prizes				
D R E C T	6	Rent/facility costs	17,520.			17,520.
	7	Food and beverages	19,913.			19,913.
X P	8	Entertainment	12,399.			12,399.
EXPENSES	9	Other direct expenses	3,991.			3,991.
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 from	• • • • • • • • • • • • • • • • • • • •			00,0201
Par		<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes			
REVENUE		, , , , , , , , , , , , , , , , , , , ,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü	1	Gross revenue				
F	2	Cash prizes				
EX P E N S E S E S	3	Noncash prizes				
C S F E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes 8	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)	<b>&gt;</b>	
а	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming o,' explain:	g activities in each of th			
		e any of the organization's gaming license es,' explain:				

		74-186		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		. Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	. 13a		%
Ŀ	An outside facility.	. 13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name ►			
	Address ►			
15:	Does the organization have a contract with a third party from whom the organization receives gaming rever	111e?	□Yes	No
136	b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and	the amou	ınt	Пио
	of gaming revenue retained by the third party > \$	the arriot	aric	
(	: If 'Yes,' enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
ā	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i organization's own exempt activities during the tax year ► \$	ı the		
Par	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, cand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	olumns ny addi	(iii) and ( tional	(v);

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identific	cation number
Houston Parks Board						74-186004	16
Part I General Information on G	rants and Assista	ance				•	
<ol> <li>Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's presented.</li> </ol>	ne grants or assistan	ce?				Part IV	X Yes No
Part II Grants and Other Assistar Form 990, Part IV, line 21,							
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) City of Houston 901 Bagby Houston, TX 77002	74-6001164	170 (c) (1)	417,000.	0.			Land purchase
(2) Houston Parks Board LGC, Inc. 300 N Post Oak Lane Houston, TX 77024	26-3091027		4,560,453.	0.			Land purchase
(3) The Cultural Landscape Fdn	52-2092229		10,000.	0.			Education
(4) 			.,				
<u>(5)</u>							
(6) 							
<u>(7)</u>							
(8)							
2 Enter total number of section 501(c)(3  Enter total number of other organizat		-					3

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	16	29,297.			
2					
3					
4					
5					
6					
7					

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

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

The Houston Parks Board (HPB) solicits gifts and bequests for park acquisitions, additions, and improvements within the City of Houston and the surrounding metropolitan area. From time to time, it transfers land to or purchases land for the City of Houston or the Houston Parks Board LGC, a local government corporation that was formed to hold the parkland and improvements of HPB. HPB also acts as an agent for the City of Houston regarding certain funds that are maintained on behalf of the City. Two such funds provide scholarships to students. The Houston Parks and Recreation Department's A.S.K. Group and the First Tee Program determine the ASK and Dave Marr scholarship recipients and have HPB write a check directly to the school

the student is attending. The ASK program and the First Tee Program monitors the

2015

## **Schedule I, Part IV - Supplemental Information**

Page 3

**Houston Parks Board** 

74-1860046

initial and ongoing qualification of scholarship recipients, not HPB.

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Houston Parks Board

Employer identification number

74-1860046

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

section 53.4958-6(c)?

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

Schedule J (Form 990) 2015

Page 2

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

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

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

	(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Detinence	<b>(D)</b> Nieusteureleie	<b>(E)</b> Tatal of	(E) Common action
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Roksan Okan Vick (i)	82,658.	0.	240,000.	13,812.	9,329.	345,799.	0.
1 Ex Dir to 8/15 (ii)	0.	0.	0.	0.	0.	0.	0.
Charles Place (i)	151,750.	0.	0.	0.	0.	151,750.	0.
2 Capital Proj Mg Dr (ii)	0.	0.	0.	$\frac{1}{0}$ .	0.	0.	0.
(i)							
3 (ii)		T		T			
(i)							
4 (ii)							
(i)							
5 (ii)							
(i)							
6 (ii)							
(i)	L	L		L		L	
7 (ii)							
(i)							
8 (ii)							
(i)							
9 (ii)							
(i)							
10 (ii)							
(i)		<b> </b>					
11 (ii)							
(i)		<b> </b>		L		L	
12 (ii)							
(1)				<b> </b>		<u> </u>	
13 (ii)							
(i)		<b> </b>		L		L	
14 (ii)							
(1)		<b> </b>		L		L	
15 (ii)							
(1)		ļ		L		L	
16 (ii)		TEFA4102L 10/26					I (Form 990) 2015

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Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 Houston Parks Board 74-1860046 Page 3

#### Part III Supplemental Information

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

## Part 1, Line 1a - Relevant Information Regarding Compensation Benefits

Beth White, CEO & President, received an \$896 taxable benefit housing allowance for personal use during the month of June 2016.

# Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

On June 30, 2015, Roksan Okan-Vick became eligible to receive \$190,000 as part of her separation agreement. The amount was paid in two equal installments on June 30, 2015, and August 15, 2015.

BAA Schedule J (Form 990) 2015

# **SCHEDULE M** (Form 990)

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Houston Parks Board 74-1860046 Types of Property Part I (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art – Historical treasures..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 X 6 778,205. FMV Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. . . . . 14 15 Real estate - Commercial..... 16 Χ 17 Real estate – Other..... 2,021 Tax appraisal 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts.... 23 Scientific specimens..... 24 Archeological artifacts.... 25 26 Other ► 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... 29 No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?..... 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.... 32 a **b** If 'Yes.' describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**BAA** TEEA4602L 05/28/15 Schedule **M** (Form 990) (2015)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

74-1860046

<u>Houston Parks Board</u>

#### Form 990, Part XI, Line 9 - Other Changes in Net Assets

Houston Parks Board Foundation (the Foundation) was created in 2011 as a nonprofit corporation for the benefit of Houston Parks Board (HPB). Effective June 30, 2016, the Foundation amended its bylaws to require that 51% of the Foundation's Board of Directors be appointed by HPB to allow the Foundation to be classified as a Type I supporting organization controlled by HPB. Prior to the change, and in accordance with GAAP, HPB's balance sheet reflected an asset called "Interest in Houston Parks Board Foundation" which represented the net assets of the Foundation. Due to the change, the financial information of both entities is consolidated in HPB's financials and that "asset" no longer appears. The adjustment in Part XI removes this amount.

#### Form 990, Part III, Line 4d - Other Program Services Description

The Houston Parks Board assists with special projects to promote cultural activities and athletic events as well as managing trust accounts for City supported park and community programs.

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

The 990 is distributed to the Houston Parks Board Directors for review before filing with the IRS.

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

Members of the HPB Board of Directors and Staff complete disclosure statements annually and update them when changes occur from the disclosure statement on file at HPB. If a conflict of interest is disclosed, the Governance & Nominating committee reviews the material facts associated with the potential conflict. If the committee determines a conflict exists, the member is separated from influencing all future board actions with respect to such conflict.

Name of the organization	Employer identification number
Houston Parks Board	74-1860046

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

A subcommittee of the Executive Committee of HPB conducts an evaluation review for the top management official. The evaluation includes a performance review, an evaluation of compensation for comparable positions, and feedback from other board members. A written substantiation of the review and compensation decision is then prepared.

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

Governing documents, the conflict of interest policy, and financial statements are available upon request.

#### Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships** 

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015

2015

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Houston Parks Board

Employer identification number
74-1860046

Part I Identification of Disregarded Entities	Complete if the organiza	tion answered '	es' on Form	n 990,	Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded of	entity Primary a	ctivity Legal or for	(c) domicile (state eign country)	To	(d) otal income	End-c	<b>(e)</b> f-year assets	Dired	<b>(f)</b> ct contro entity	lling
<u>(1)</u>										
<u>(2)</u>										
(3)										
Part II Identification of Related Tax-Exempt Connection on more related tax-exempt organization.	<b>Organizations</b> Complete zations during the tax year	if the organizati ear.	on answered	'Yes'	on Form 990,	Part	IV, line 34 b	ecaus	e it had	t
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country	ate Exempt (d) section		(e) Public charity status (if section 501(c)(3))		us Direct controlli entity		Sec 5120 controlled	<b>)</b> (b)(13) I entity?
									Yes	No
(1) Houston Parks Board LGC, Inc  300 N Post Oak Lane  Houston, TX 77024  26-3091027	Provide support for the City's park system	TX	170 (c	) (1)			City o			X
(2) Houston Parks Board Foundation 300 N Post Oak Lane Houston, TX 77024 27-4576670	Provide support for Houston Parks Board	TX			E00(a) (2	\ т	Houston H	Parks	v	
Z1-4J1001U	raiks board	I	501 (c	) (3)	509(a)(3)	<i>)</i>	Board	ı	X	

Part III	Identification of Related because it had one or mo	Organizations Taxable	as a Partnership Co	omplete if the organiz	ation answered "	Yes' on Form 990,	Part IV, line 34
	because it had one of mo	ne relateu organizations	s treateu as a partife	rship during the tax y	rear.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	Share of total income (g) Share of end-of-year assets (h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership		
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
<u></u>												
	-											
	-											
(2)												
(3)	-											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
(3)									
	†								
	†								1
	1	1		1		1	1	1	

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

Χ

Yes No

1 a

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

d Loans or loan guarantees to or for related organization(s).		X	
	1 c	Χ	
e Loans or loan guarantees by related organization(s)	1 d		Χ
	1 e		X
f Dividends from related organization(s)	1 f		Χ
g Sale of assets to related organization(s)	1 g		Χ
h Purchase of assets from related organization(s)	1 h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s).	1 k		Χ
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Χ	
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	Х	
o Sharing of paid employees with related organization(s)	1 o	Х	
p Reimbursement paid to related organization(s) for expenses	1 p		Χ
q Reimbursement paid by related organization(s) for expenses.	1 q	Χ	
r Other transfer of cash or property to related organization(s).	1r	Х	
	1r 1s	Х	X
		Х	X
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	1 s		
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) (b) (c) (c) Amount involved Method	1 s	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  (b)  (c)  Amount involved Method	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Name of related organization  Name of related organization  (b)  Transaction  Transaction  type (a-s)  Amount involved  Method and	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) (b) (c) (c) Amount involved Method	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Name of related organization  (b)  Transaction type (a-s)  Amount involved Method amount of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (b)  Transaction type (a-s)  Amount involved  Active (a)  Active (b)  Cash  (1) Houston Parks Board Foundation  C 240,000. Cash	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Name of related organization  Name of related organization  (b)  Transaction  Transaction  type (a-s)  Amount involved  Method and	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Name of related organization  (b)  Transaction type (a-s)  Amount involved Method and type (a-s)  (1) Houston Parks Board Foundation  C 240,000. Cash	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Name of related organization  (b)  Transaction type (a-s)  Amount involved Method amount of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (b)  Transaction type (a-s)  Amount involved  Active (a)  Active (b)  Cash  (1) Houston Parks Board Foundation  C 240,000. Cash	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  Name of related organization  (b) Transaction type (a-s)  Method amount involved  (1) Houston Parks Board Foundation  C 240,000. Cash  (3)  (3)  (4) Amount involved Method amount involved amount invol	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Name of related organization  (b)  Transaction type (a-s)  Amount involved Method and type (a-s)  (1) Houston Parks Board Foundation  C 240,000. Cash	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.    Name of related organization   C	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.    Name of related organization   C	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  Amount involved Method amount involved amo	1 s (d)	eterm	ining
s Other transfer of cash or property from related organization(s).  2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.    Name of related organization   C	1s (d) d of de ount in	eterm	ining d

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded	(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No			
<u>(1)</u>	-														
	<u> </u>  -														
	-														
(2)															
	-														
	1														
(3)	-														
	  -														
	-														
<u>(4)</u>															
32	1														
	1														
<u>(5)</u>	-														
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(6)															
33	1														
	1														
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(8)															
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Schedule **R** (Form 990) 2015

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