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ObjectId: 202423549349300022 - Submission: 2024-12-19

TIN: 74-1926301

Form **990**

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public

0

213,084

2,275,250

-1,449,359

20,489,070

20,103,841

385,229

End of Year

187,252

1,975,891

20,096,120

19,585,334

510,786

Beginning of Current Year

For the 2023 calendar year, or tax year beginning 07-01-2023 , and ending 06-30-2024 C Name of organization HOUSTON PUBLIC LIBRARY FOUNDATION D Employer identification number B Check if applicable: O Address change 74-1926301 O Name change Doing business as O Initial return O Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 550 MCKINNEY ST O Application pending (832) 393-1464 City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 770025000 **G** Gross receipts \$ 825,891 Name and address of principal officer: **H(a)** Is this a group return for NICOLAS JIMENEZ ☐Yes ✓ No subordinates? 550 MCKINNEY ST **H(b)** Are all subordinates HOUSTON, TX 770025000 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 501(c) () (insert no.) 4947(a)(1) or □ 527 If "No," attach a list. See instructions. **H(c)** Group exemption number WWW.HOUSTONLIBRARYFOUNDATION.ORG Website: L Year of formation: 1977 M State of legal domicile: TX K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other Summary 1 Briefly describe the organization's mission or most significant activities: THE HOUSTON PUBLIC LIBRARY FOUNDATION UNITES PARTNERS WHO VALUE LIFELONG LEARNING. Activities & Governance Check this box Number of voting members of the governing body (Part VI, line 1a) . 17 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 17 3 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . **6** Total number of volunteers (estimate if necessary) 915 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year 8** Contributions and grants (Part VIII, line 1h) . . . 1,328,252 699,308 **9** Program service revenue (Part VIII, line 2g) 0 0 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 107,766 99,673 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,910 37,528 1,473,546 825,891 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 1,574,052 1,852,364 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 214,587 209,802

Part II Signature Block

20 Total assets (Part X, line 16) . . .

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20 .

Assets or d Balances **16a** Professional fundraising fees (Part IX, column (A), line 11e)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

b Total fundraising expenses (Part IX, column (D), line 25) 47,340

	Ī			ĺ	2024-12-02									
Sign	- 3	ature of officer			Date	<u> </u>								
Here		ITRIS MILLAS TREASURER e or print name and title				_								
	1.75	Print/Type preparer's name	Preparer's signature	Date	O	PTIN								
Paid				2024-12-02	Check if self-employed	P01268482								
	arer	Firm's name CRI ADVISORS LLC	•	l .	Firm's EIN 99-	-4625061								
	Only													
use	Offig	Firm's address TWO RIVERWAY 15TH	f FLOOR		Phone no. (713) 621-8090									
		HOUSTON, TX 77056	5											
					I.									
		cuss this return with the preparer s				. Ves 🗆 No								
For Pa	aperwork	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2023)								
			————— Page 2 —											
Form 9	990 (2023)				Page 2								
Parl	: III St	atement of Program Servic	e Accomplishments											
	Ch	eck if Schedule O contains a respo	onse or note to any line in this Pa	rt III										
1		scribe the organization's mission:	mise of mote to any mie in this i a											
_	•	UBLIC LIBRARY FOUNDATION EXI	STS TO RAISE AND MANAGE FUN	IDS TO SUPPORT THE	PROGRAMS O	F THE HOUSTON PUBLIC								
LIBRA		OBEIC EIBIGART TOONDATION EXT	STS TO TRUSE AND MANAGE FOR	VDS TO SOTT ON THE	. 1 10010113 0	THE HOOSTON FOBLIC								
2	Did the or	ganization undertake any significa	nt program services during the v	ear which were not lis	sted on									
-			, ,	cai willen were not its	occu on	🗆 Yes 💟 No								
	•	Form 990 or 990-EZ?				U res No								
	•	escribe these new services on Sch												
3	Did the or	ganization cease conducting, or m	ake significant changes in how it	conducts, any progra	ım									
	services?					. 🗆 Yes 🗹 No								
	If "Yes," d	escribe these changes on Schedul	e O.											
4		he organization's program service												
		01(c)(3) and $501(c)(4)$ organization		ount of grants and all	ocations to oth	ners, the total expenses,								
	and reven	ue, if any, for each program servic	ce reported.											
4a	(Code:) (Eyponese #	2 007 271 including graphs of	F.t. 1.0E2.264	1) (Dayanya f	``								
7 a	•	ode:) (Expenses \$ 2,097,271 including grants of \$ 1,852,364) (Revenue \$) IE HOUSTON PUBLIC LIBRARY FOUNDATION'S GOALS INCLUDE RAISING THE PROFILE OF THE HOUSTON PUBLIC LIBRARY'S ESSENTIAL ROLE IN OUR COMMUNITY												
	AND RAISI	D RAISING SIGNIFICANT FUNDS TO ENABLE HPL TO PROVIDE ENHANCED SERVICES AND FACILITIES FOR THE COMMUNITY.THE HOUSTON PUBLIC LIBRARY												
		NUNDATION SUPPORTS THE HOUSTON PUBLIC LIBRARY BY PROVIDING GRANTS IN SUPPORT OF OPERATING EXPENSES, SUCH AS BOOKS, TUTORING AND FERACY PROGRAMS, AND PHYSICAL IMPROVEMENTS TO THE BUILDINGS.												
	LITERACT	ROGRAMS, AND FITTSICAL IMPROVEME	NTS TO THE BUILDINGS.											
4b	(Code:) (Expenses \$	including grants of	f\$) (Revenue \$)								
						_								
4c	(Code:) (Expenses \$	including grants of	f\$) (Revenue \$)								
	-													
						_								
	011		1.0)											
4d		gram services (Describe in Schedu	•	\	4	,								
	(Expenses	·	uding grants of \$) (Revenue	>)								
4e	Total pro	gram service expenses	2,097,271											

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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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🥞	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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 1	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	103	No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E			
142	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No No
	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			No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes</i> ," complete Schedule F, Parts <i>III</i> and <i>IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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 12 If "Yes," complete Schedule I, Parts I and II	21	Yes	

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Pai	tiv Checklist of Required Schedules (continued)		1	1				
	P. I		Yes	No				
	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		No				
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		No				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>							
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No				
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		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
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		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>							
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		No				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes					
Pa	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	- i	Vs.	U N -				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 72		Yes	No				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							

:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
	gambling) winnings to prize winners?

1c	Yes

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

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	Ti les, complete roun 6009.	F	orm 99	0 (2023)
	Page 6 ———————————————————————————————————			
Form	990 (2023)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 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	•		✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing	4		
	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 1b 17	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	$\label{lem:poly} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: \\$			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No
	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		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	NI.
b	Other officers or key employees of the organization	15b		No
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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in ideal years applicable federal toy law and take stops to cafeguard the organization? everyt		_	

	status with respect to such arrangements?			iiu ta		• reps	• 10 30	•	uaru une organizaui •	חוו פ באבווואר	16b		
Se	ction C. Disclosure												<u> </u>
17	List the states with which a copy of this Fo	rm 990 is requi	ired to b	e file	ed								
18	Section 6104 requires an organization to n 501(c)(3)s only) available for public inspec	nake its Form 1 ction. Indicate h	023 (10 now you)24 oi mad	r 10 e th	24- <i>l</i> ese	A, if a _l availa	pplicable.	cable), 990, and 99 Check all that app	0-T (section ly.			
19	Own website Another's website Describe in Schedule O whether (and if so, policy, and financial statements available to	how) the orga	nization	mad	e its	s go				of interest			
20	State the name, address, and telephone no HOUSTON PUBLIC LIBRARY FOUNDATION	umber of the pe	erson w	ho po	sses	sses							
-	TIOOSTON TOBLIC LIBITARY TOONDATION	330 MCKINNE	1 31	11000	7101	V , 17	() / 0(7230	700 (032) 333 140-	T		Form 99	0 (2023)
				Page	7								
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	Compensation of Officers, D		stees,	Key	/ En	npl	oyee	s, I	Highest Compe	nsated Emp	loye	es,	ruge z
	and Independent Contractor Check if Schedule O contains a resp		o anv lir	ne in t	this	Part	VII .						. \Box
Se	ction A. Officers, Directors, Truste												
year. of cor L L Who r the o L orgar See t	complete this table for all persons required to List all of the organization's current officers in the organization. Enter -0- in columns (D), (E), a list all of the organization's current key emplies the organization's five current highest of received reportable compensation (box 5 of reganization and any related organizations. It all of the organization's former officers, cortable compensation from the organization ist all of the organization's former director it all of the organization's former director it all of the organization's former director it all of the organization of reportable compensation, more than \$10,000 of reportable compensation for the order in which to list the check this box if neither the organization note. (A) Name and title	key employees and any relaters or trustees or trustees or any relaters or trustees or any relater or the persons about any related or any related or the persons about any hours per week (list any hours for related organizations below dotted line)	stees (vmpensa See the mployee 6 of Fo s, or higher organizate position that recove. Position the pers	wheth tion we instruct the store the correction correction correction is	er irruction fruction	ndivipaid ions than MIS pen: the ion a than pens than	for do an of	or o	organizations), regarition of "key employ r, director, trustee or box 1 of Form 109 ployees who receive as a former director elated organizations	ree." or key employ 19-NEC) of mo ed more than a	ee) re tha \$100, f the e.	an \$100,0	e) nated of other nsation n the tion and
. ,	COLAS JIMENEZ	10.00	х		х				0		0		0
. ,	CHELE LEAL	2.00	х		Х				0		0		0
(3) DI	MITRIS MILLAS SURER	2.00	х		х				0		0		0
(4) JE SECRE	SSICA KEMP ST ROSE ETARY	2.00	Х		х				0		0		0
. ,	ISHA ADATIA ER	2.00	х						0		0		0

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(6) MIMI BROWN

(7) HEAVEN CHEE

(8) LOGAN LEAL

MEMBER

MEMBER

MEMRED

PIEPIDEN							<u> </u>
(9) SARAH LENNY MEMBER	2.00	X			0	0	0
(10) MARGO MELCHOR-HERNANDEZ MEMBER	2.00	Х			0	0	0
(11) NICHOLAS SAWACKI MEMBER	2.00	Х			0	0	0
(12) BURNITA DIANE SHEPHARD MEMBER	2.00	Х			0	0	0
(13) JASON SMITH MEMBER	2.00	Х			0	0	0
(14) TERAN SMITH MEMBER	2.00	Х			0	0	0
(15) ADRIANA TAMEZ MEMBER	2.00	Х			0	0	0
(16) ADA WANG MEMBER	2.00	Х			0	0	0
(17) FLOYD NATHANIEL WILLIAMS MEMBER	2.00	Х			0	0	0

Form **990** (2023)

Page 8

Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B) Average hours per week (list any hours	than o	one bo oth a	ox, ι n of	t che unles ficer	ss pers	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC/1099-NEC)	organization and related organizations
									_
	Average hours per week (list any hours for related organizations below dotted	Average hours per week (list any hours	Average hours per week (list any hours for related Position (do than one be is both a direct	Average hours per week (list any hours for related	Average hours per week (list any hours for related	Average hours per week (list any hours for related Average Position (do not check me than one box, unless pers is both an officer and a director/trustee)	Average hours per week (list any hours for related	Average hours per week (list any hours for related for the for related hours per week (list any hours for related any hours for related hours per hour	Average hours per week (list any hours for related for related for related for related for related for some for some for related for some for some for some for some for some for related for some for some for some for related for some for

	Total from continuation shee									
d ·	Total (add lines 1b and 1c)					0		0		0
2	Total number of individuals (in of reportable compensation fr			isted above) who red	ceived mo	re than \$1	00,000			
									Yes	No
3	Did the organization list any f line 1a? <i>If "Yes," complete Sci</i>				ighest con	npensated	employee on	3		No
4	For any individual listed on lin organization and related orga						n the			110
_	individual							4		No
5	Did any person listed on line is services rendered to the organ		•	•	_			5		No
S	ection B. Independent Co	ntractors								
1	Complete this table for your fi from the organization. Report							mpens	ation	
		(A) Name and busin				Desc	(B) ription of services		(C Comper	
_										
	Total number of independent co- compensation from the organiza		ding but not limite	d to those listed abo	ove) who r	eceived m	ore than \$100,0	00 of		
	compensation from the organiza	icion o							Form 99	0 (2023)
				Page 9 ———						
Form	n 990 (2023)									Page 9
Pa	art VIII Statement of Re	venue								
	Check if Schedule O	contains a resp	onse or note to an	y line in this Part VII	ı					
				(A)		3)	(C)		(D)	
				Total revenue		ed or mpt	Unrelated business		Rever	
					fund	ction	revenue		ax under	sections
	Fadayahad asyanaisya	T .			reve	enue			512 -	514
	Federated campaigns	1a								
	tributions, c. Grants.	•								
	Membership dues	1b								
Othe Simi	erAmt									
Arfio	ក្រុម្រូវraising events	1c								
d	Related organizations	1d								
е	Government grants (contributions)	1e								
	All other contributions, gifts, grants, and similar amounts not included	1								
	above	1f								
	699,308									
	Noncash contributions included in lines 1a - 1f:\$	1g								
h	Total. Add lines 1a-1f									
Г.,	Totali Add lilles Ta Ti Ti Ti		699,308	1	1					
2	2a		Business Code							
4										
QV o										
Sarvice Revenue	:									
S	i									

ć	f All other program	serv	ice revenue.						
	9 Total. Add lines 2								
	3 Investment income similar amounts) .	(inc	luding divide	nds, ir	nterest, and other	99,673			99,673
	4 Income from invest	tmen	t of tax-exer	npt bo	nd proceeds				
	5 Royalties	_							
		ļ	(i) Rea	al	(ii) Personal				
	6a Gross rents	6a							
	b Less: rental expenses	6b							
	c Rental income or (loss)	6с							
	d Net rental income	e or ((loss)						
	7- 0	ļ_	(i) Secur	ities	(ii) Other				
er Revenite	7a Gross amount from sales of assets other than inventory	7a							
		7b							
	c Gain or (loss)	7c							
		<u> </u>							
Other	a Gross income from fu (not including \$ contributions reporte See Part IV, line 18 b Less: direct expen c Net income or (los	d on l	of line 1c).	8a 8b					
	9a Gross income from See Part IV, line 19 b Less: direct expen c Net income or (los	ses		9a 9b	es				
	returns and allowa	10aGross sales of inventory, less returns and allowances 10a							
	b Less: cost of good			10b	0	26,910	26,910		
	c Net income or (los	ss) fr	om sales of i	invento	Business Code	20,910	20,910		
	11a				Business code	-			
	ь								
Oth	er R evenueMiscAmt								
	d All other revenue	•		$\neg \uparrow$					
	e Total. Add lines 1	1a-1	l1d						
	12 Total revenue. See instructions					825,891	26,910	0	99,673 Form 990 (2023)
						Page 10 ———			
	m 990 (2023)								Page 10
Ρ	Statement Section 501(c)(3)	and 501(c)	(4) org	enses janizations must cor	mplete all columns. A	All other organization	ns must complete col	umn (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . ude amounts reported on lines 6b. Do not include amounts reported on lines 6b.

7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,852,364	1,852,364		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	133,099	47,490	61,332	24,277
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,803	11,704	15,116	5,983
10 Payroll taxes	43,900	21,296	15,646	6,958
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,500		24,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	63,003	63,003		
g Other (If line 11g amount exceeds 10% of line 25, column	9,149	2,515	6,634	
(A) amount, list line 11g expenses on Schedule O)	3/2.3	2,313	0,00	
12 Advertising and promotion	300	300		
13 Office expenses	23,047	12,114	811	10,122
14 Information technology	15,583	15,583		
15 Royalties				
16 Occupancy	19,548	19,548		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	6,600		6,600	
20 Interest	•		•	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,015	1,015		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,020	2,615		
a EVENTS EXPENSE	46,763	46,763		
b REPAIRS AND MAINTENANCE	3,576	3,576		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,275,250	2,097,271	130,639	47,340
26 Joint costs. Complete this line only if the organization	2,213,230	2,037,271	130,037	77,570
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
if following SOP 98-2 (ASC 958-720).				

(A) (B) End of year Beginning of year 912.607 1 573.989 1 Cash-non-interest-bearing 2 Savings and temporary cash investments . 2 3 Pledges and grants receivable, net . 3 4 Accounts receivable, net . 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . 6 7 Notes and loans receivable, net . Assets 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or other 10a 10a basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 10c 19.183.513 11 19.915.081 11 Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . 12 12 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets . 14 15 Other assets. See Part IV, line 11 . 15 20,096,120 20,489,070 16 **Total assets.** Add lines 1 through 15 (must equal line 33) . 16 2,578 2,578 17 Accounts payable and accrued expenses 17 18 Grants payable . 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22 23 23 Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties 24 24 508 208 25 382.651 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 510,786 385,229 26 **Total liabilities.** Add lines 17 through 25 . 26 Balances Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . 3,411,528 27 3,281,258 28 16,173,806 28 16,822,583 Net assets with donor restrictions . Fund Organizations that do not follow FASB ASC 958, check here 🕨 📙 and complete lines 29 through 33. 5 29 29 Capital stock or trust principal, or current funds Assets 30 Paid-in or capital surplus, or land, building or equipment fund . . . 30 Retained earnings, endowment, accumulated income, or other funds 31 31 32 19,585,334 32 20,103,841 Total net assets or fund balances . Net 20,096,120 33 20,489,070 33 Total liabilities and net assets/fund balances Form **990** (2023) Page 12 Form 990 (2023) Page **12 Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . Total revenue (must equal Part VIII, column (A), line 12) . 1 825,891 2 Total expenses (must equal Part IX, column (A), line 25) . 2 2,275,250

3

-1,449,359

Check if Schedule O contains a response or note to any line in this Part $\mathsf{IX}\,$.

Revenue less expenses. Subtract line 2 from line 1 .

4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		19	9,585,334
5	Net unrealized gains (losses) on investments	5		1	1,967,866
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		20	0,103,84
Par	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 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed esparate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ 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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O).		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
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.	ired	36		
	addit of addits, explain why in Schedule o and describe any steps taken to didengo such addits.		3b	OC	90 (2023
			1	בכ וחוסי)U (2023
	990 (2023)				
Ad	ditional Data		Retur	n to Fo	orm
	Software ID:				
	Software Version:				
Form	n 990, Special Condition Description:				
	Special Condition Description				

ObjectId: 202423549349300022 - Submission: 2024-12-19

TIN: 74-1926301

OMB No. 1545-0047

2022

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

		he organization IBLIC LIBRARY FOUNDATION					Employer identific	ation number
							74-1926301	
	rt I	Reason for Public	Charity State	us (All organization	s must compl	ete this part.) S	See instructions.	
	organiz	zation is not a private four		•	<i>,</i>	, ,		
1		A church, convention of	•				(A)(ı).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in sectior	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	inization operate	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in sect i	ion 170(b)(1)(A	ı)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in section	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See section	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	l exclusively to test for	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	l organizations d	described in section 5	09(a)(1) or se	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satis	fy a distribution	requirement and		
e		Check this box if the org				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Ento	integrated, or Type III r r the number of supported	•	integrated supporting	•			
g		ide the following informat	-				· · · · · · · · —	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	<u> </u>							
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the Ir		Cat. No. 1128	35F	Schedule	A (Form 990) 2023
				Ра	ge 2 ———			
Sche	dule A	(Form 990) 2023						Page 2

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

If the organization failed to qualify under the tests listed below, please complete Part III.)

(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.

Part II

	r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	964 430	F20 001	754.457	1 220 252	726 210	4 202 248
	membership fees received. (Do not include any "unusual grant.")	864,430	528,891	754,457	1,328,252	726,218	4,202,248
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	 The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	864,430	528,891	754,457	1,328,252	726,218	4,202,248
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						4,202,248
	Section B. Total Support		l	l	l	I.	
	lendar year r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	864,430	528,891	754,457	1,328,252	726,218	4,202,248
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	850,884	813,721	150,723	107,787	99,673	2,022,788
9	income from similar sources Net income from unrelated business						
,	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						6,225,036
12	10 Gross receipts from related activities,	tc. (see instruction	ons)	<u> </u>	<u> </u>	12	175,074
13		•	•				
	this box and stop here	-			•		inzacioni, circon
9	Section C. Computation of Public						
14	Public support percentage for 2023 (lin	ne 6, column (f) d	ivided by line 11,	column (f))		14	67.510 %
15	Public support percentage for 2022 Sci					15	70.630 %
16	a 33 1/3% support test—2023. If the						_
	and stop here. The organization quali 33 1/3% support test—2022. If the	ries as a publicly s e organization did	supported organiz not check a box o	ation n line 13 or 16a, a	and line 15 is 33 1/		
	box and stop here. The organization						
17	a 10%-facts-and-circumstances test and if the organization meets the "fact						
	meets the "facts-and-circumstances" t		•	-	•	-	_
Ŀ	10%-facts-and-circumstances tes	t-2022. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
	more, and if the organization meets t				= -		_
18	meets the "facts-and-circumstances" Private foundation. If the organization	test. The organiza on did not check a	ation qualifies as a a box on line 13, 1	i publiciy supporte 6a, 16b, 17a, or 1	d organization 17b, check this box	and see	🖊 🔾
	instructions						▶□
						Schedule A (Form 990) 2023
			Page 3				
<u>.</u>	andula A (Faura 200) 2002						
	nedule A (Form 990) 2023				(-)(D)		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II. If
	the organization fails						
	Section A. Public Support lendar year	1	<u> </u>	1	T	T	
	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services		1				
	performed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an unrelated trade or business	9	1				
-	under section 513		-				<u> </u>
4	organization's benefit and sither noid	I	I	1	1	I	I

	organizacion s benent and either paid	Ī	ı	ı	I	Í	ı		
5	to or expended on its behalf The value of services or facilities				<u> </u>		+		
•	furnished by a governmental unit to								
6	Total. Add lines 1 through 5					-	+		
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						-		
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
Se	from line 6.) ction B. Total Support		<u>I</u>		<u> </u>	1			
Cale	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
-	iscal year beginning in)	(a) 2013	(b) 2020	(6) 2021	(u) 2022	(6) 2023	(,,	iotai	
9 10a	Amounts from line 6 Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,		1	1		1			
	whether or not the business is		1	1		1			
12	regularly carried on. Other income. Do not include gain or		 	 	+	 	+		
12	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						+		
13	11, and 12.).								
14	First 5 years. If the Form 990 is for the	_			•				
	this box and stop here				<u> </u>				ightharpoons
	ction C. Computation of Public 9 Public support percentage for 2023 (lir			column (f))		1451			
15 16	Public support percentage from 2022 S					15 16			
	ction D. Computation of Invest					1 20 1			
17	Investment income percentage for 202	23 (line 10c, colu	mn (f) divided by	line 13, column (f))	17			
18	Investment income percentage from ${\bf 2}$	022 Schedule A,	Part III, line 17 .			18			
19a	33 1/3% support tests-2023. If the								
	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2022. If the	-			•			_	18 15
20	not more than 33 1/3%, check this box							_	
	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see	Schedule A (2023
						·		•	
			Page 4						
Sche	lule A (Form 990) 2023							Р	age 4
Par	t IV Supporting Organization	S							
	(Complete only if you checked a								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			12c, of Part I, co	mplete Sections A	, D, and E. If you	chec	ked bo	X
Se	ction A. All Supporting Organiz		,						
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the su describe the designation. If historic and			ted. If designated	by class or purpo	se,			
	J	,				<u> </u>	1		<u></u>
2	Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in P								
	described in section $509(a)(1)$ or (2) .	art vi now the o	rgarnzation deterr	mneu triat trie Su _l	pporteu bryanizáli	UII Was			
2-		organi-stic. J.	orihad in as-ti 5	01(a)(4) (5) -	(6)2 If "Va= " = "	vor lines 25	2		
3a	Did the organization have a supported <i>3c below.</i>	organization desc	cribea in section 5	o1(c)(4), (5), or	(o)! IF "Yes," ansv	ver lines 3b and			
							3a		<u> </u>
	Did the second to a control to				-1/41 /51 /51				
b	Did the organization confirm that each the public support tests under section								
b	Did the organization confirm that each the public support tests under section determination.						3h		
b	the public support tests under section	509(a)(2)? <i>If</i> "Yes	s," describe in Pa l	rt VI when and h	ow the organization	on made the	3b		

	II res, explain in Part VI what controls the organization put in place to ensure such use.	3с	I	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
_	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document). 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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
-	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
-	the organization had excess business holdings).	10b		
	Schedule A	(Form	1 990)	2023
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990) 2023		r	2240 E
	t IV Supporting Organizations (continued)			Page 5
	oupporting organizations (committee)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations		I	F
1	Did the efficers directors tructors or membership of one or more supported evapoinations have the neural to regularly		Yes	No
•	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
_	organization.	2		
Se	ction C. Type II Supporting Organizations		1	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	1	I	l

supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
	ection D. All Type III Supporting Organizations		,		<u> </u>		
	ection D. An Type III Supporting Organizations				Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the				
_				1	<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the				
_		_	. ,	2	<u> </u>		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported the	tion's i	ncome or assets at all times	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations				<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):			
	The organization satisfied the Activities Test. Complete line 2 below.						
ı	The organization is the parent of each of its supported organizations. Complete	line :	3 below.				
•	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (se	e instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was						
	responsive to those supported organizations, and how the organization determined th substantially all of its activities.	at thes	se activities constituted	2a			
ı	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the						
	organization's involvement.						
3							
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.						
l	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.						
			Schedule A	3b	n 000)	2023	
			Schedule /	4 (FOII	1 990)	2023	
	Page 6						
	. 450						
Sche	dule A (Form 990) 2023				r	Page 6	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			age U	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			VI) Se			
	instructions. All other Type III non-functionally integrated supporting organization						
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r	
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
	Add lines 1 through 3	4					
	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
	7 Other expenses (see instructions) 7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8							
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
	Average monthly value of securities	1a					
ı	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	I Total (add lines 1a, 1b, and 1c)	1d					

e Discount claimed for blockage or other factors

	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fi	rom line 3)	5			
6	Multiply line 5 by 0.035	,	6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B	, line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	inless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	integrat	ed Type III supp		organization (see
	dule A (Form 990) 2023 rt V Type III Non-Functionally Integrated	Page 7 1 509(a)(3) Supporting (Organ	izations (con	tinued	Page 7)
Sec	tion D - Distributions					Current Year
	Amounts paid to supported organizations to accomplish	evemnt nurnoses			1	
2	Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers of		organiz	ations, in	2	
	excess of income from activity Administrative expenses paid to accomplish exempt pu	rnoses of supported organization	nne		3	
	rammatiative expenses paid to decomplish exempt pai	poses of supported organization	3113			
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6	Other distributions (<i>describe in Part VI</i>). See instruction	ons			6	
	·				_	
7 1	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respons	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2023 from Section C, line 6				9	
	ine 8 amount divided by Line 9 amount				10	
10	line 8 amount divided by Line 9 amount	1		(;;)	10	(;;;)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Une	(ii) derdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1 [Distributable amount for 2023 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2023 reasonable cause required explain in Part VI). see instructions.					
	excess distributions carryover, if any, to 2023:					
а	From 2018					
b	From 2019					
	From 2020					
	From 2021					
	From 2022					
	'otal of lines 3a through e Applied to underdistributions of prior years					
	Applied to 2023 distributions of prior years Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see					
	instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.		-			
4 Di	stributions for 2023 from Section D, line 7:					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					

P.P		İ	1	1
c Remainder. Subtract lines 4a	and 4b from line 4.			
5 Remaining underdistributions f 2023, if any. Subtract lines 3c If the amount is greater than See instructions.	and 4a from line 2.			
6 Remaining underdistributions f lines 3h and 4b from line 1. If than zero, explain in Part VI .	the amount is greater			
7 Excess distributions carryov 3j and 4c.	ver to 2024. Add lines			
8 Breakdown of line 7:				
a Excess from 2019	i			
b Excess from 2020				
c Excess from 2021	1			
d Excess from 2022				
e Excess from 2023	•			
Section A, lines 1, 2, Part IV, Section D, lin	3b, 3c, 4b, 4c, 5a, 6, 9a, es 2 and 3; Part IV, Section	9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3a	rt II, line 10; Part II, line 17a or 17 1c; Part IV, Section B, lines 1 and 2 a and 3b; Part V, line 1; Part V, Sect so complete this part for any addition	; Part IV, Section C, line 1; ion B, line 1e; Part V
	Fa	acts And Circumstance	es Test	
	1			
Return Reference			Explanation	
			Se	chedule A (Form 990) 2023
Additional Data				
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efile Public Visual Render ObjectId: 202423549349300022 - Submission: 2024-12-19 TIN: 74-1926301 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization HOUSTON PUBLIC LIBRARY FOUNDATION 74-1926301 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization ↓ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation. 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990) (2023)

Page 2

Schedule B (Form 990) (2023)

for Form 990, 990-EZ, or 990-PF.

Page 2

,	-	1	J	_	U	J	v	1

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ce is needed.	-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
	(Form 990) (2023)		Page 3
Name of org HOUSTON P	anization JBLIC LIBRARY FOUNDATION	Employer identification 74-1926301	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(5)	
(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 լ	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash լ	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash լ	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash լ	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
		Page 4		Schedule B (Form 990) (2023)
	B (Form 990) (2023)			Page 4
Name of or HOUSTON	ganization PUBLIC LIBRARY FOUNDATION		74-1926301	tification number
Part III	Exclusively religious, charitable, etc., control than \$1,000 for the year from any one control organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) thro total of exclusively religious, charinstructions.) \(\bigs\) \(\bigs\)	d in section 501(c)(7), (8 ugh (e) and the followi	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
-	Transferee's name, address, and Z	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
- - -	Transferee's name, address, and Z	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to	o transferee
(a)	(h) Purnose of aift	(c) Use of gift	(d) Descrip	ntion of how gift is held

Part I	(b) i diposs of gift	(0) 000 01 g	(a) Bosonphon of now girt is note	
<u> </u>	Transferee's name, address, and ZIF	(e) Transfer of gift	ship of transferor to transferee	
	Transferce 3 Hame, address, and Zir	- Totalion	Ship of transferor to transferor	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relation:	ship of transferor to transferee	
L		<u> </u>	Schedule B (Form 990) (2023)	

Additional Data Return to Form

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TIN: 74-1926301

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

	me of the organization USTON PUBLIC LIBRARY FOUNDATION		Employer identification number
1100	STON TODEC EDIANT TOURDATION		74-1926301
Pa	Organizations Maintaining Donor Advised Funds or Other Si Complete if the organization answered "Yes" on Form 990, Part IV,		Accounts.
	(a) Donor advise		(b) Funds and other accounts
1	Total number at end of year	a runus	(b) Fullus and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
4			
5	Did the organization inform all donors and donor advisors in writing that the assets organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that charitable purposes and not for the benefit of the donor or donor advisor, or for an private benefit?	y other purpose co	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that appl	y).	
	Preservation of land for public use (e.g., recreation or education)	reservation of an h	nistorically important land area
			rtified historic structure
		reservation of a ce	runed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation cont easement on the last day of the tax year.	ribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure included in (a) .	_	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and	_	2d
u	historic structure listed in the National Register	a not on a	Zu
3	Number of conservation easements modified, transferred, released, extinguished, tax year \blacktriangleright	or terminated by th	ne organization 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, insp and enforcement of the conservation easements it holds?	ection, handling of	· violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	and enforcing con	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and \$\blacktriangleright \$	enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirem and section 170(h)(4)(B)(ii)?		D(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its rebalance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	evenue and expens	se statement, and
Par	t III Organizations Maintaining Collections of Art, Historical Trea		r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV,		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its r historical treasures, or other similar assets held for public exhibition, education, or Part XIII, the text of the footnote to its financial statements that describes these it	research in further	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revehistorical treasures, or other similar assets held for public exhibition, education, or following amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
_	If the organization received or held works of art, historical treasures, or other simil		
2	following amounts required to be reported under FASB ASC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1		P \$

Schedule D (Form 990) 2022 Page **2**

_											1 ugc =
	t III	Organizations Maintair								•	
3		the organization's acquisition, (check all that apply):	accession,	and other records,		any of th	ne foll	lowing that are a	significant us	e of its col	llection
a		Public exhibition			d	Ο ι —	Loan	or exchange prog	rams		
b		Scholarly research			е		Other				
С		Preservation for future genera	itions								
4	Provid Part X	le a description of the organiza III.	ation's collec	ctions and explain	how the	ey furthe	er the	organization's ex	empt purpose	e in	
5	Durin assets	g the year, did the organization s to be sold to raise funds rath	n solicit or r er than to b	eceive donations o e maintained as pa	f art, hi art of th	istorical ne organi	treası izatio	ures or other simin's collection?	lar ·	☐ Yes	□ No
Pai	rt IV	Escrow and Custodial A Complete if the organizat line 21.			m 990	, Part I	V, lin	e 9, or reported	d an amoun	t on Forn	n 990, Part X,
1a		organization an agent, trustee ed on Form 990, Part X?								☐ Yes	□ No
	TE "\/o	s," explain the arrangement in	Dowt VIII o	nd complete the fo	llowing	tablar			Λ~	nount	
b		, ,		•				4.	All	Iount	
C	Begin	ning balance						1c			
d	Additi	ons during the year \ldots						1d			
е	Distri	outions during the year						. 1e			
f	Endin	g balance						. 1f			
2a	Did th	e organization include an amo	unt on Form	n 990, Part X, line	21, for	escrow o	or cus	stodial account lia	bility?	☐ Yes	□ No
b	If "Ye	s," explain the arrangement in	Part XIII. C	Check here if the ex	kolanati	ion has b	oeen i	provided in Part X	III		
Pa	rt V	Endowment Funds.					-				
		Complete if the organizat	ion answe	red "Yes" on For	m 990	, Part I	V, lin	e 10.			
		•		(a) Current year	(b) F	Prior year	((c) Two years back	(d) Three year	s back (e)	Four years back
1a	Beginn	ng of year balance		17,936,667		18,063,0	069	21,251,052	19,3	40,490	22,269,601
b	Contrib	utions		565,779		1,004,8	340	803,182	3	79,308	586,988
С	Net inv	estment earnings, gains, and I	osses	2,164,519		1,119,1	182	-2,376,752	3,8	10,204	659,001
d	Grants	or scholarships									
е		expenditures for facilities ograms		1,901,729		2,250,4	124	1,614,412	2,2	78,951	4,175,100
f	Admini	strative expenses									,
g	End of	year balance	🗀	18,765,236		17,936,6	567	18,063,069	21,2	51,052	19,340,490
2		le the estimated percentage of designated or guasi-endowne		t year end balance	(line 1	g, colum	n (a)) held as:			
a		,									
b		anent endowment - 80.68	5 %								
С		endowment 19.315 %									
-	•	ercentages on lines 2a, 2b, an		•	tana dia a			d - d	. H		
3a		ere endowment funds not in t ization by:	ne possessio	on or the organizat	ion tha	t are nei	a and	a administered for	tne		Yes No
	(i) Ur	related organizations								3a(i)	No
	(ii) R	elated organizations								3a(ii)) No
b	If "Ye	s" on 3a(ii), are the related org	ganizations	listed as required o	on Sche	edule R?				3b	
4	Descr	ibe in Part XIII the intended us	ses of the or	rganization's endov	wment i	funds.					_
Pai	rt VI	Land, Buildings, and Ed									_
		Complete if the organizat									
	Descri	ption of property (a)	Cost or other (investment		or other	basis (otl	her)	(c) Accumulated d	epreciation	(d) B	Book value
1a	Land										
b	Buildin	gs									
		old improvements									
		ent									
							-				
		ines 1a through 1e. (Column ((d) must ear	ual Form 000 Port	Y colu	ımn (R)	line 1	10(c))	•		
100	Auu	mes ta unough te. (Colullii (uj musi eqi	uui i Uiiii 330, Fall	A, COIL	шш (<i>D),</i>		± U(U/./ • •	-		0

Complete if the organization answered "Yes" on Form 990,	Part IV,	line 11b.See For	m 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of value or end-of-year r	luation:
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value	(c) Meth	od of valuation: of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.	•			
Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ine 11d. See For	m 990, Part X,	
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		<u></u>		
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ine 11e or 11f.S	ee Form 990, P	art X, line 25.
1. (a) Description of liability	•		,	(b) Book value
(1) Federal income taxes			I	

					1	
	S HELD FOR HOU. PUBLIC LIBRARY					382,651
Гotal.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				+	382,651
2. Lial	bility for uncertain tax positions. In Part XIII, provi	de the text of the footnote	to the or	ganization's financial	statements that	· _
organi	ization's liability for uncertain tax positions under F	IN 48 (ASC 740). Check h	ere if the	text of the footnote h		
					Schedule D	(Form 990) 2022
		———— Page 4 —				
Sched	ule D (Form 990) 2022					Page 4
Par	t XI Reconciliation of Revenue per Au	dited Financial State	ments V	With Revenue per	r Return.	
	Complete if the organization answere					
1	Total revenue, gains, and other support per audite	d financial statements .			1	2,793,757
2	Amounts included on line 1 but not on Form 990,	Part VIII, line 12:				
а	Net unrealized gains (losses) on investments .		2a	1,967,8	866	
b	Donated services and use of facilities		2b			
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	1,967,866
3	Subtract line 2e from line 1				3	825,891
ļ	Amounts included on Form 990, Part VIII, line 12,	but not on line 1:				
а	Investment expenses not included on Form 990, P	art VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)		4b			
С	Add lines 4a and 4b				4c	0
5	Total revenue. Add lines 3 and 4c. (This must equ				5	825,891
Part	XII Reconciliation of Expenses per Au				er Return.	
L.	Complete if the organization answere Total expenses and losses per audited financial sta		art IV, III	le 12d.	1	2,275,250
<u>.</u>	Amounts included on line 1 but not on Form 990,				-	2,273,230
а	Donated services and use of facilities	•	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
e	Add lines 2a through 2d				2e	0
3	Subtract line 2e from line 1				3	2,275,250
	Amounts included on Form 990, Part IX, line 25, b					
a	Investment expenses not included on Form 990, P		4a			
b	Other (Describe in Part XIII.)	•	4b			
c	Add lines 4a and 4b				4c	0
;	Total expenses. Add lines 3 and 4c. (This must eq	ual Form 990, Part I, line			5	2,275,250
	XIII Supplemental Information	,	<u> </u>	<u> </u>		, -,
Provi	ide the descriptions required for Part II, lines 3, 5, 2d and 4b; and Part XII, lines 2d and 4b. Also con				Part V, line 4; Par	t X, line 2; Part XI,
	Return Reference	1		Explanation	n	
ART '	V, LINE 4:	TO ENHANCE AND SUPPO	ORT OPER	ATIONS OF HOUSTON	N PUBLIC LIBRAR	Υ.
	V, LINE 4: X, LINE 2:	TO ENHANCE AND SUPPORT THE FOUNDATION ACCOUNTY, THAT SUCH AN ASS	UNTS FOR	R UNCERTAIN TAX PO	SITIONS, WHEN	IT IS MORE LIKELY TH

Additional Data Return to Form

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efile Public Visual					22 - Submission: 202					TIN: 74-1926301
ote: To capture ti chedule I	ne full content o	of this do			lect landscape mode					OMB No. 1545-0047
(Form 990) Grants and Other Assistance to Organizations,								2022		
Governments and Individuals in the United States									ZUZ 3	
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the Attach to Form 990.										Open to Public Inspection
epartment of the easury nternal Revenue Service			▶ G	o to <u>ww</u> ı	v.irs.gov/Form990 for	the latest information	on.			Inspection
ame of the organization	A DV FOLIND ATTON								Employer identif	ication number
OUSTON PUBLIC LIBR									74-1926301	
	Information on									
					he grants or assistance, t		for the grants or assi	stance, and		✓ Yes 🗆 N
Describe in Part I	V the organization's	procedure	es for monitorii	ng the use	e of grant funds in the Uni	ted States.				- 1c3
					nd Domestic Governmentitional space is needed.	nts. Complete if the or	rganization answered	"Yes" on Forn	n 990, Part IV, lin	e 21, for any recipient
(a) Name and addr	ess of (b)	EIN	(c) IRC se		(d) Amount of cash	(e) Amount of non-	(f) Method of valua) Description of	(h) Purpose of grant
organization or governmen	:		(if applica	ble)	grant	cash assistance	(book, FMV, apprais other)	sal, nor	icash assistance	or assistance
,										
(1) HOUSTON PUBLIC	LIBRARY 74-60	001116	1	70(C)(1)	1,852,364	0				SUPPORT ACTIVITIES
500 MCKINNEY STREE HOUSTON, TX 77002				-(-)(-)	, , , , , ,	-				& OPERATIONS
	er of section 501(c)	(3) and go	vernment orga	nizations	listed in the line 1 table .				▶	
			-						▶	
r Paperwork Reduction	Act Notice, see the	Instruction	ns for Form 990			Cat. No. 50055	iP .		Sc	chedule I (Form 990) 2023
(a) Type of gran	n be duplicated if ad t or assistance		(b) Number of	f	(c) Amount of	(d) Amount of	(e) Method of valua	tion (book,	(f) Description	n of noncash assistance
_			recipients	<u> </u>	cash grant	noncash assistance	FMV, appraisal,	other)		
1)										
2)										
3)										
4)										
5)										
5)										
7)										
Part IV Supp	emental Inform	ation. P	rovide the in	formatio	n required in Part I, lin	e 2; Part III, colum	in (b); and any oth	er additiona	I information.	
Return Reference	Expla	nation								
ART I, LINE 2:	RESTR	RÎCTED AN	ID UNRESTRIC	EXECUTI\ TED. IN A	E STAFF OF HPL PROVIDE DDITION, THE DIRECTOR	S THE FOUNDATION \ OF HPL MAKES A PRE	WITH A SUMMARY REI SENTATION TO THE H	PORT OF THE IPLF BOARD (UTILIZATION OF ON PROGRAMS AN	GRANT FUNDS, BOTH ND FUNDS UTILIZATION AT
	BUARI	D MEETING	G.						Sched	lule I (Form 990) 2023
	·									, , , , , , , , , , , , , , , , , , , ,
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HOUSTON PUBLIC LIBRARY FOUNDATION

ObjectId: 202423549349300022 - Submission: 2024-12-19

TIN: 74-1926301

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

LINE 19

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.

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

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

74-1926301 Return **Explanation** Reference THE 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE PRIOR TO FILING. ONCE REVIEWED, THE 990 FORM 990, PART VI. IS THEN PROVIDED TO BOARD TRUSTEES VIA EMAIL PRIOR TO FILING. SECTION B, LINE 11B A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED ANNUALLY TO EACH BOARD MEMBER. THE INFORMATION FORM 990, COLLECTED IS THEN EVALUATED BY THE PRESIDENT TO DETERMINE WHETHER ANY CONFLICTS EXIST. IF A BOARD PART VI, MEMBER HAS A CONFLICT OF INTEREST WITH RESPECT TO A TRANSACTION, HE OR SHE IS NOT PERMITTED TO SECTION B, LINE 12C PARTICIPATE IN THE DELIBERATION AND DECISION REGARDING SUCH TRANSACTION. FORM 990. THE COMPENSATION COMMITTEE CONDUCTS SALARY SURVEYS OF OTHER CITY-RELATED ORGANIZATIONS. THIS PART VI, PROCESS PRODUCES A RELEVANT RANGE INTO WHICH COMPENSATION STRUCTURES CAN BE FORMULATED. IN SECTION B. ADDITION THE COMMITTEE REVIEWS FORM 990 OF SIMILAR ORGANIZATIONS FOR COMPARABLE SALARIES. LINE 15A FORM 990. AS CITY COMPONENT UNIT. CERTIFIED FINANCIAL STATEMENTS ARE AVAILABLE ON THE CITY OF HOUSTON WEBSITE. FINANCIAL INFORMATION IS DISTRIBUTED BY MAIL TO DONORS AND COMMUNITY LEADERS. IN ADDITION, FINANCIAL PART VI, INFORMATION IS PROVIDED UPON REQUEST AS WELL AS AVAILABLE AT THE FOUNDATION'S OFFICE FOR INSPECTION SECTION C.

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

BY APPOINTMENT.

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Schedule O (Form 990) 2023

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