			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From	* Income Tax	OMB No. 1545-0047				
Forr	n g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	except private foundations	2022				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. In A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023									
	heck if		organization	D Employer identifica	ation number				
b c a	pplicab	Hous	ton Independent School District						
		Found	dation		•				
	_chang	ge Doing bu	usiness as	76-042452	9				
	_returr]Final		and street (or P.O. box if mail is not delivered to street address) Room/su Box 27904	ite E Telephone number 713-556-7	204				
	⊥returr termi ated	0	box 27504	G Gross receipts \$	5,930,496.				
	Amer returr		ton, TX 77227	H(a) Is this a group ret					
	Appli 		nd address of principal officer: Katherine Smith	for subordinates?					
	pend		as C above	H(b) Are all subordinates incl					
ΙT	ax-ex	empt status: [527 If "No," attach a li	st. See instructions				
	Vebs		houstonisdfoundation.org	H(c) Group exemption					
		f organization:	X Corporation Trust Association Other L Y	ear of formation: 1993 M	State of legal domicile: TX				
Pa	art I	Summary	_1						
ø	1		e the organization's mission or most significant activities: The HISD		pports				
Governance			Independent School District's schools						
ern	2	Check this box							
Š	3	Number of vot	<u> </u>						
	4	Number of ind							
Activities &	5			<u>3</u> 17					
ivit	6		of volunteers (estimate if necessary)		0.				
Act			d business revenue from Part VIII, column (C), line 12		0.				
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b Prior Year	Current Year				
		Contributions	and grapts (Dart VIII line 1b)	2,739,636.	5,730,603.				
iue	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	0.	0.				
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	1,196.	63,933.				
Re	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-61,699.	-1,545.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,679,133.	5,792,991.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	1,752,452.	1,671,590.				
	14		o or for members (Part IX, column (A), line 4)	0.	0.				
ú	40		compensation, employee benefits (Part IX, column (A), lines 5-10)	294,608.	424,457.				
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.				
ber	Ь	Total fundraisi	ng expenses (Part IX, column (D), line 25) 122, 298.						
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,911,021.	1,679,615.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,958,081.	3,775,662.				
	19	Revenue less	expenses. Subtract line 18 from line 12	-1,278,948.	2,017,329.				
Ces Ces				Beginning of Current Year	End of Year				
Net Assets or und Balances	20	Total assets (F		6,149,865.	8,213,741.				
t As	21		(Part X, line 26)	114,165.	160,712.				
			iund balances. Subtract line 21 from line 20	6,035,700.	8,053,029.				
	nrt II								
			declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is				
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	irer has any knowledge.					

Signature of officer		Date							
Katherine Smith, Chief Ex	ecutive Officer								
Type or print name and title									
Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Barbara Murphy	Barbara Murphy	04/30/24 self-employed P01386215							
Firm's name Blazek & Vetterli	ng	Firm's EIN 76-0269860							
Ny Firm's address 2900 Weslayan, Suite 200									
Houston, TX 77027		Phone no. 713-439-5739							
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No									
	Katherine Smith, Chief ExerciseType or print name and titlePrint/Type preparer's nameBarbara MurphyFirm's nameBlazek & VetterliFirm's address2900 Weslayan, Su Houston, TX 77027	Katherine Smith, Chief Executive Officer Type or print name and title Print/Type preparer's name Preparer's signature Barbara Murphy Barbara Murphy Firm's name Blazek & Vetterling Firm's address 2900 Weslayan, Suite 200 Houston, TX 77027							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	Houston Independent School District
Form	990 (2022) Foundation 76-0424529 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The HISD Foundation is dedicated to mobilizing the local community to support innovative priorities in HISD to improve outcomes for all
	students in the district. Our mission is to fund projects and programs
	of merit that fall outside of the district's operating budget.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,363,952. including grants of \$1,671,590.) (Revenue \$)
та	The HISD Foundation (Foundation) supports the Houston Independent
	School District (HISD) and its mission of providing every student with
	a consistently rigorous education in a safe environment. Established in
	1993, the Foundation is governed by a volunteer board of directors,
	including local businesses, industry, and community leaders.
	The Foundation works with the Superintendent of Schools, HISD Board of
	Education, and Houston's business leaders and philanthropic community to raise funds for the district, provide support for teachers,
	students, and parents, and raise awareness of the district's commitment
	to providing every student with a quality education.
	See Schedule O for further details.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,363,952.
	Form 990 (2022)

Houston Independent School District Form 990 (2022) Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> 11a</u>	- 11	
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	~	<u> </u>
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	х	

1 District

Form)424529	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
U	any tay exempt hende?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·····		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
258		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	<u>25b</u>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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% control			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III .	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1-1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	24	103	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
0	Did the examination comply with backup wit	— <u> </u>		

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

1c

Х

Houston	Independent	School	Dist	٦r

Houston I:	ndependent	School	District
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Form	990 (2022) Foundation 76-0424	529	P	_{age} 5				
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 3							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	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?	<u>6a</u>		X				
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	Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X				
f								
g								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
ь 10	Section 501(c)(7) organizations. Enter:	30						
а	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 10b							
11	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1						
-	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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
с	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
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?	17						
	If "Yes," complete Form 6069.							

Houston Independent School District

Foundation 76-0424529 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 17 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 17 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 х 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? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe С х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? х 13 13 Did the organization have a written document retention and destruction policy? х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Х 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website ___ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19

20	State the name, addr	ress, and teleph	ione number o	of the person	who possesses the	organization's books	and records
	Katherine S	Smith -	713-556	-7204			

statements available to the public during the tax year.

Houston	Independent	School	District

Form 990 (2		Foundation				76-0
Part VII	Compensation of	of Officers, Directors,	Trustees,	Key Employees,	Highest Compens	ated
·	Employees, and	I Independent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	ltiona		nploy	st cor	1	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Katherine Smith	40.00		_							
Chief Executive Officer		1		х				150,721.	Ο.	3,000.
(2) Matthew Noll	3.00									
Chair		Х		Х				0.	0.	0.
(3) DeRae Crane	1.00									
Treasurer		Х		Х				0.	0.	0.
(4) Lina Sabouni	1.00									
Secretary		Х		Х				0.	0.	0.
(5) Kate Burton	1.00									
Director		Х						0.	0.	0.
(6) Sue Diegaard	1.00									
HISD Board of Trustees		Х						0.	0.	0.
(7) Frances Dyess	1.00									
Director		Х						0.	0.	0.
(8) Dani Hernandez	1.00									
HISD Board of Trustees		Х						0.	0.	0.
(9) Rodrigo Herrera	1.00									
Director		Х						0.	0.	0.
(10) Millard House	1.00									
HISD Superintendent		Х						0.	0.	0.
(11) Freda Lee	1.00									
Director		Х						0.	0.	0.
(12) Andrea Letkeman	1.00									
Director		Х						0.	0.	0.
(13) John Marshall	1.00								•	•
Director	1 00	Х						0.	0.	0.
(14) Lawson Massey	1.00								•	•
Director	1 00	Х						0.	0.	0.
(15) Gerald Merfish	1.00								•	•
Director	1 00	Х						0.	0.	0.
(16) Robin Phillips	1.00								•	•
Director	1 00	Х			<u> </u>			0.	0.	0.
(17) Jim Rice	1.00								<u>^</u>	•
Director		Х						0.	0.	0 • Form 990 (2022)

Houston I		len	t	Sc	ho	01	Ε	District		4 5 6			•
Form 990 (2022) Foundatic		_							76-042	452	19	Pa	ige 8
Section A. Onicers, Directors, Trust		oloy I	ees,			ghes	t C		· /				
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable	Estimated			
	hours per week			ss per 1d a di				compensation	compensation		amo		of
	(list any						,	from the	from related			her	ion
	hours for	direct				_		organization	organizations (W-2/1099-MISC/		ompe fror	n the	
	related	e or	stee			Isated		(W-2/1099-MISC/	1099-NEC)		organ		
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)			and r		
	below	idual	ution	5	Key employee	est cc oyee	er	,			organi	zatic	ons
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
(18) James Rodriguez	1.00												
Director		X						0.	0	•			0.
(19) Daria Russell	1.00												
Director		X						0.	0	•			0.
(20) Bridget Wade	1.00												
Director		X						0.	0	•			0.
(21) John Weatherly	1.00												
Director		X						0.	0	•			0.
(22) Andrea Young	1.00												
Director		X						0.	0	•			0.
		1											
		1											
1b Subtotal								150,721.	0	_	3	<u>, 00</u>	0.
c Total from continuation sheets to Part VII	, Section A							0.	0				0.
d Total (add lines 1b and 1c)								150,721.	0	•	3	<u>, 00</u>)0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed ab	ove)) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
										_	Y	es	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oyee	ə, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	ıch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		4	4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	olete Schedule	e J fo	or sı	ich r	oerso	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	lepe	nde	nt co	ontra	actor	's th	nat received more than \$	100,000 of compen	satior	n from	1	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith o	or wit	thin	the organization's tax y	ear.				
(A)								(B)			(C)		
Name and business	address							Description of s	ervices	Com	npens	atior	۱
Possip		_											
615 Main St., Nashville,	<u>TN 3720</u>	6						Communication	ns	2	243	<u>, 25</u>	50.
							-						
2 Total number of independent contractors (in	icludina but na	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				

Houston Independent School District Foundation of Revenue

					tion					76-0424	529 Page 9
Pa	rt V	/111	Statement of Re	venu	е						
			Check if Schedule O	contair	ns a respo	nse	or note to any lir				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a						
rant			Membership dues								
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events				447,316.				
àifts ar A											
s, G		е	Government grants (contr	ibutior	ns) 1e						
r Si		f	All other contributions, gifts,	grants,	and						
ibut			similar amounts not included	above		5,	<u>283,287.</u> 41,932.				
ntr d O		g	Noncash contributions included in	lines 1a-	1f 1g	5					
an		h	Total. Add lines 1a-1f		<u></u>			5,730,603.			
							Business Code				
ice ice	2	а									
ervi		b									
n S /eni		C									
graı Rev		d									
Program Service Revenue		e 4	All other prearem convice								
-			All other program service Total. Add lines 2a-2f								
	3		Investment income (includ								
	Ŭ							63,933.			63,933.
	4		Income from investment of								
	5		Royalties		-	-					
			,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
evenue			and sales expenses	7b							
eve			Gain or (loss)	7c							
Other Re	~		Net gain or (loss)								
the	8	а	Gross income from fundraisin including \$ 447								
0			contributions reported on								
			Part IV, line 18			82	135,960.				
		b	Less: direct expenses				137,505.				
			Net income or (loss) from					-1,545.			-1,545.
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamin	g activities	s					
	10	а	Gross sales of inventory, I								
			and allowances			10a					
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inventor	у					
sr							Business Code				
neot	11										
Miscellaneous Revenue		b									
Be		с С	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					5,792,991.	0.	0.	62,388.

Houston Independent School District Form 990 (2022) Foundation Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a response			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,461,750.	1,461,750.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	209,840.	209,840.		
3	Grants and other assistance to foreign				
3	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,				
5	trustees, and key employees	195,200.	19,520.	136,640.	39,040.
6	Compensation not included above to disqualified	199,200.	15,5201	130,040.	55,040.
0	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		167,979.	103,211.	36,865.	27,903.
7	Other salaries and wages	101,313.		50,005.	41,303.
8	Pension plan accruals and contributions (include	10,000.	1 751	3 102	1 753
-	section 401(k) and 403(b) employer contributions)	10,000.	4,754.	3,493. 8,677.	
9	Other employee benefits	25,080. 26,198.	4,754. 12,013. 9,176.	12,214.	1,753. 4,390. 4,808.
10	Payroll taxes	20,190.	9,1/0.	12,214.	4,808.
11	Fees for services (nonemployees):				
	Management				
	Legal	64,400		<u> </u>	
С	Accounting	64,483.		64,483.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	28,730.	9,328.	3,402. 788.	16,000.
12	Advertising and promotion	788.			
13	Office expenses	37,354.		17,848.	19,506.
14	Information technology	10,998.	10,998.		
15	Royalties				
16	Occupancy				
17	Travel	39,349.	39,349.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 1 2 2		1 1 2 2	
19	Conferences, conventions, and meetings	1,122.		1,122.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 000		2 000	
23	Insurance	3,880.		3,880.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Student enrichment	767,015.	767,015.		
b	Supplies & materials	716,998.	716,998.		
c	Event expenses	8,898.	,		8,898.
d		.,			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,775,662.	3,363,952.	289,412.	122,298.
<u>25</u> 26	Joint costs. Complete this line only if the organization	5,,,5,001.			,_,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)

Form 990 (2022)	
Part X	Ba	ance	Sheet

Houston Independent School District Foundation

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or i	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,185,402.	1			
	2	Savings and temporary cash investments			779,085.	2	5,651,947
	3	Pledges and grants receivable, net	1,152,167.	з	2,488,056		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descril	bed in sec	ction 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
¥	9				33,211.	9	73,738
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	<u>14,750.</u> 14,750.			
	b	Less: accumulated depreciation	10b	14,750.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	6,149,865.	16	8,213,741		
	17	Accounts payable and accrued expenses \dots	109,165.	17	160,712		
	18	Grants payable			18		
	19	Deferred revenue	5,000.	19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	-	F		22	
-	23	Secured mortgages and notes payable to uni		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
	~~				114,165.	25	160,712
	26	Total liabilities. Add lines 17 through 25		e X	114,105.	26	100,712
ŝ		Organizations that follow FASB ASC 958, o	check hei	e 🛆			
2	07	and complete lines 27, 28, 32, and 33.			651,927.	07	789 884
ala	27				5,383,773.	27	789,884 7,263,145
d B	28				5,505,775.	28	7,205,145
<u>ا ٦</u>		Organizations that do not follow FASB ASC					
۲.	20	and complete lines 29 through 33.	do			20	
ets	29 20	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				29 30	
SSI	30 21			Γ		30 31	
Net Assets or Fund Balances	31 22	Retained earnings, endowment, accumulated Total net assets or fund balances		Γ	6,035,700.	31 32	8,053,029
Ž	32 22				6,149,865.	32 33	8,213,741
	33	Total liabilities and net assets/fund balances			0,140,000.	აა	Eorm 990 (20

Form 990 (2022)

Houston	Independent	School	District
Foundati	on		

Form	1990 (2022) Foundation	76-0	0424529	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,77		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,01	7,3	<u>29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,03	5,7	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,05	3,0	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A			Dublic Cho	rity Status on	d Duk	lia Cu	unnart		OMB No. 1545-0047		
(Form 9	90)			rity Status an					2022		
_			494	47(a)(1) nonexempt cha	ritable tru	st.					
	of the Treasury enue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection		
Name of	the organization			ndent School	-	-		Employer	identification number		
.			dation						6-0424529		
Part I				(All organizations must c			ee instruction	S.			
				For lines 1 through 12, cl			IV A V:				
1				n of churches described Attach Schedule E (Form		n 170(a)(1	I)(A)(I).				
3	1			anization described in se		(b)(1)(A)(ii	i).				
4		•		njunction with a hospital			•)(iii). Enter	the hospital's name,		
	city, and state	e:	-								
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
			Complete Part II.)								
6	,	, 0	0	nental unit described in			.,				
7 X	0		omplete Part II.)	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	oublic described in		
8	-			(1)(A)(vi). (Complete Part	·II)						
9	-			in section 170(b)(1)(A)(i	-	ed in conju	inction with a	land-grant	college		
	-	-	-			-		-	-		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
	See section 509(a)(2). (Complete Part III.)										
11											
12		-	-	vely for the benefit of, to	•			rry out the	purposes of one or		
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). (Check the box on		
_	lines 12a thro	ugh 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
a			-	upervised, or controlled l	• • • •	-					
		•		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
b			complete Part IV, Se	or controlled in connect	ion with it	s supporte	d organizatio	n(s) hy hav	vina		
			•	anization vested in the sa			U		0		
		0	t complete Part IV,					5			
с 🗌	Type III fun	ctionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functional	ly integrate	d with,		
_	its supporte	ed organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.				
d _		-	• •	oorting organization oper				· ·			
			• •	ation generally must sati	•		•	an attentiv	/eness		
e				nplete Part IV, Sections written determination from				II. Type III			
• _		•		nally integrated supportir			iype i, iype	n, rype n			
f En	ter the number of										
g Pro			n about the supporte		(iv) is the orac	anization listed					
	(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)		
	5			above (see instructions))	Yes	No		,			
Total											

Houston Independent School District Foundation

76-0424529 Page 2

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1597157.	2036209.	5846205.	2739636.	5730603.	<u>17949810.</u>		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	22,755.	22,755.	22,755.	22,755.		91,020.		
4	Total. Add lines 1 through 3	1619912.	2058964.	5868960.	2762391.	5730603.	18040830.		
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)						7019523.		
6	Public support. Subtract line 5 from line 4.						11021307.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	1619912.	2058964.	5868960.	2762391.	5730603.	18040830.		
	Gross income from interest,								
-	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	808.	17,651.	199.	1,196.	63,933.	83,787.		
9	Net income from unrelated business		1,10011						
3	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	•								
	assets (Explain in Part VI.)						18124617.		
	Total support. Add lines 7 through 10						<u>µ0124017•</u>		
	Gross receipts from related activities,		,						
13	First 5 years. If the Form 990 is for the								
Ser	organization, check this box and stor ction C. Computation of Publi								
	Public support percentage for 2022 (I			olumn (f))		14	60.81 %		
						15	50.13 %		
	Public support percentage from 2021 33 1/3% support test - 2022. If the o								
108							V		
	stop here. The organization qualifies		-		line 15 is 22 1/20/				
Ľ	33 1/3% support test - 2021. If the c								
47-	and stop here. The organization qual				10 160 or 16b o				
1/8	10% -facts-and-circumstances test	-							
	and if the organization meets the fact			-	•	vi now the organiz			
-	meets the facts-and-circumstances te	0	•		•				
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets th								
	organization meets the facts-and-circu		•		• •				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part II

		Idependent	School D	istrict	76 04	
Schedule A (Form 990) 2022 F Part III Support Schedule for C	oundation		Section 500(a)	(2)	/6-04/	24529 Page 3
	-					
(Complete only if you checked			organization failed	l to qualify under Pa	art II. If the organi	zation fails to
qualify under the tests listed be	low, please com	plete Part II.)				
Section A. Public Support		1			1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
· · · · · · · · · · · · · · · · · · ·						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b	·					
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•		•	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
check this box and stop here	<u></u>	<u></u>	<u></u>	·····		
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2022 (li	ne 8, column (f), (divided by line 13,	column (f))		15	
16 Public support percentage from 2021	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves					I I	
17 Investment income percentage for 20					17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box an	-					
b 33 1/3% support tests - 2021. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization						

Yes

No

Schedule A (Form 990) 2022 Four Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Houston Independent School District

Sch	edule A (Form 990) 2022 Foundat	ion	76-042452	29 Pa	age 5
Pa	rt IV Supporting Organizations (contin	nued)			U
				Yes	No
11	Has the organization accepted a gift or contribut	ion from any of the following persons?			
а	A person who directly or indirectly controls, eithe	er alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported or	rganization?	11a		
b	A family member of a person described on line 1	1a above?	11b		
c	A 35% controlled entity of a person described or	line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	ction B. Type I Supporting Organization	าร		_	
				Yes	No
1	more supported organizations have the power to directors, or trustees at all times during the tax y effectively operated, supervised, or controlled the	ng body, officers acting in their official capacity, or membership of regularly appoint or elect at least a majority of the organization's of ear? If "No," describe in Part VI how the supported organization(s, e organization's activities. If the organization had more than one sup t and/or remove officers, directors, or trustees were allocated amor	officers,) oported		
		estrictions, if any, applied to such powers during the tax year.	<i>ig ine</i> 1		
2		y supported organization other than the supported			
	organization(s) that operated, supervised, or con	trolled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out th	e purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organiza	tion.	2		
Sec	ction C. Type II Supporting Organizatio	ns			
				Vac	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	_
	Activities Test. Answer lines 2a and 2b below.	Yes	

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 that these activities constituted substantially all of its activities.
- 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 Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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.
- 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.

2a

2b

3a

No

1

	Houston Independent Sch	nool Di	strict	
Sche Pa	dule A (Form 990) 2022 Foundation rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Oraoni	- otiono	76-0424529 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrated	d Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2022

Houston Independent School District Foundation

Sche	dule A (Form 990) 2022 Foundation			7	6-0424529	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Yea	ır
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	Houston Foundat:	Independent ion	School	District	76-0424529 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provid 2, 3b, 3c, 4b, 4 ines 2 and 3; Pa	de the explanations requ c, 5a, 6, 9a, 9b, 9c, 11a, nt IV, Section E, lines 1c	, 11b, and 11c; ;, 2a, 2b, 3a, ar	Part IV, Section B, lines nd 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

louston Independent	School	District
---------------------	--------	----------

OMB No. 1545-0047

2022

Employer identification number

Houston	Independent	SCHOOL	District	
Foundati	on			
Organization type (check one):				

76-0424529

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule B (Form 990) (2022)

Housto	on Independent School District		76-0424529
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,634,00</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>152,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
			(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Page **2**

		E	mployer identification numb
	on Independent School District Ation		76-0424529
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule I	B (Form 990) (2022)			Page 4
	organization			Employer identification number
	on Independent School D	lstrict		
Founda				76-0424529
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info	. once.) \$
(a) Na	Use duplicate copies of Part III if additional s	space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I			,	
			[
		(e) Transfer of g	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
			I	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I	(2) - 2 - 3	(-, 3	(,	
		(e) Transfer of g	ft	
		(e) Italisiei org		
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I		()		
			[
		(e) Transfer of g	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(-) N-				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I		()		
	<u> </u>	(e) Transfer of g	ft	
		(e) Italisiei org		
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
	,,,,,,,,,,,,,			

SCHEDULE D (Form 990)Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.Department of the Treasury Internal Revenue ServiceGo to www.irs.gov/Form990 for instructions and the latest information.											5-0047 2 Public
	nent of the Treasury Revenue Service				d th	e latest inform	ation.			Inspectio	
Nam	e of the organization	on	Houston Independent Foundation	: School Di	st	rict		Em		identification 6-042452	
Par	t I Organiza	atior	ns Maintaining Donor Advised	d Funds or Othe	r Si	imilar Funds	or Ac	cour			
			wered "Yes" on Form 990, Part IV, line								
				(a) Donor ad	viseo	d funds	(b) Fur	nds and	d other account	ts
1	Total number at er	nd of	year								
2			tributions to (during year)								
3	Aggregate value of	f grar	nts from (during year)								
4	Aggregate value at	t end	of year								
5	Did the organizatio	on info	orm all donors and donor advisors in v	writing that the assets	s hel	ld in donor advis	sed fund	S			
	are the organizatio	on's p	roperty, subject to the organization's	exclusive legal contro	ol? .					Yes	No
6	Did the organizatio	on info	orm all grantees, donors, and donor a	dvisors in writing that	gra	nt funds can be	used or	nly			
	for charitable purp	oses	and not for the benefit of the donor of	,		, , ,		5			
Dev	impermissible priva									Yes	No
Par			n Easements. Complete if the org			s" on Form 990,	Part IV,	line 7.			
1			ion easements held by the organization	· · · · · ·	ly).	1					
			nd for public use (for example, recreat	tion or education)		Preservation o		-	•		
	Protection o					Preservation o	f a certif	fied his	storic s	structure	
•			•								
2	day of the tax year		igh 2d if the organization held a qualif	led conservation con	tridu	ition in the form	of a cor	iserva		asement on the at the End of the	
_								0-			
-			vation easements					2a 0h			
b	•							2b			
C L			n easements on a certified historic stru					2c			
d			n easements included in (c) acquired a	•				2d			
3			in the National Register						during	the tex	
3	year	valioi	reasements mouned, transferred, rea	eased, extilliguished,		enninated by the	e organiz	Lation	uunng	the tax	
4	·	where	property subject to conservation eas	ement is located							
5			ave a written policy regarding the per	-	ecti	ion handling of					
Ū	0		nent of the conservation easements it	0 , 1						Yes	No
6			rs devoted to monitoring, inspecting,								
				Ū		U				0 ,	
7	Amount of expens	ses ind	curred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conserva	tion eas	emen	ts duri	ng the year	
8	Does each conserv	vatior	n easement reported on line 2(d) above	e satisfy the requiren	ents	s of section 170	(h)(4)(B)(i)			
	and section 170(h))(4)(B)	(ii)?							Yes	No No
9	In Part XIII, describ	oe ho	w the organization reports conservation	on easements in its re	even	ue and expense	statem	ent an	d		
	balance sheet, and	d inclu	ude, if applicable, the text of the footn	ote to the organization	on's	financial statem	ents tha	t desc	cribes t	the	
_			ng for conservation easements.							-	
Par			ns Maintaining Collections of	-	rea	asures, or O	ther S	mila	r Ass	iets.	
			organization answered "Yes" on Form								
1a			ed, as permitted under FASB ASC 95	•						orks	
			es, or other similar assets held for pub					ce of I	public		
			XIII the text of the footnote to its finan								
b			ed, as permitted under FASB ASC 95	•							
			or other similar assets held for public	exhibition, education	ı, or	research in furt	nerance	ot pul	DIIC SEI	rvice,	
	-	-	nounts relating to these items:						¢		
			on Form 990, Part VIII, line 1						»		
~	(ii) Assets include								\$		
2			ved or held works of art, historical treater FASP A				u gain, p	orovide	÷		
-	-		equired to be reported under FASB A	-					¢		
			orm 990, Part VIII, line 1						\$		
	Assets included in		1 990, Part X tion Act Notice, see the Instructions						φ Sohor	dule D (Form 9	00) 2022

Scho	dule D (Form 990) 2022 Foundat	Independer	nt So	chool 1	Distric	:t	7	6-04	24529)	age 2
	t III Organizations Maintaining Co		t. Hist	orical Tre	asures. o	r Other					age –
3	Using the organization's acquisition, accessic								leonan	<u>ucu</u>	
•	collection items (check all that apply):			carly of the l	iono ming triat	i marto olg	innount at				
а	Public exhibition	c	4 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e			indingo progra						
c	Preservation for future generations	· · · ·	•								
4	Provide a description of the organization's co	llections and explain	n how th	ev further th	ne organizatio	n's exem	nt nurnos	- in Part	XIII		
5	During the year, did the organization solicit or	•		2	•			o intrarc	/		
Ŭ	to be sold to raise funds rather than to be ma				-				Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par	t X, line 21.						Tarriv, I			
1a	Is the organization an agent, trustee, custodia								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
									Amount	:	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if										
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1ç	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administer	ed for the	•		-		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	I "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or c		. ,	t or other	• •	cumulated	k	(d) Bool	< value	е
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment						=-				
е	Other			1	4,750.		14,75	0.			Ο.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

Schedule D (Form 990) 2022

0.

Houston	Independent	School	District
Foundati	lon		

	O (Form 990) 2022 Foundation		/6	-0424529 Page 3
Part VII	Investments - Other Securities.			
(a) Descri	Complete if the organization answered "Yes" of ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of yoar market value
		(b) BOOK Value	(c) Method of Valdation. Cost of en	u-or-year market value
	ial derivatives / held equity interests			
(2) Olosely (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	-	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Coll Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
FailA	Complete if the organization answered "Yes" of	on Form 000 Dart IV line	110 or 11f Soc Form 000 Port V line 25	
	(a) Description of liability	on Form 990, Fait IV, line	e Tre 01 TT. See Form 990, Part X, Inte 23	. (b) Book value
<u>1.</u> (1) Fe	deral income taxes			
(1) Fee (2)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	25)		

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

	Houston Independent Schoo	1 District		
Sche	dule D (Form 990) 2022 Foundation			0424529 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	5,792,991.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,792,991.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5,792,991.
Pa	t XII Reconciliation of Expenses per Audited Financial State		per Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	3,775,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	3,775,662.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,775,662.
Pa	t XIII Supplemental Information.			

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

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, o	or if the	2022
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru				n		Inspection
Name of the organization		Independent Schoo	01 D:	istı	rict			entification number
	Foundat						76-0424	
	complete this part	Complete if the organization answit.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E2	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions I email solicitations itations olicitations on have a written o ted in Form 990, Pa D highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (inclue professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	have or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

<u> </u>			-	School Distr		0404500 5 6
_	edul art l	le G (Form 990) 2022 Foundat				0424529 Page 2
Fd	ar t I	Fundraising Events. Complete if t of fundraising event contributions and gi				
		of full draising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
			State of the		.,	(d) Total events
					None	(add col. (a) through
				Tournament		col. (c))
e			(event type)	(event type)	(total number)	
Revenue				100 010		
Rev	1	Gross receipts	390,963.	192,313.		583,276.
			205 512	1 5 1 0 0 2		447 216
	2	Less: Contributions	295,513.	151,803.		447,316.
		Cross income (line 1 minus line 2)	95,450.	40,510.		135,960.
	3	Gross income (line 1 minus line 2)	95,450.	40,510.		155,900.
		Cash prizos		150.		150.
	4	Cash prizes		150.		150.
	5	Noncash prizes				
ŝ	J	Noneasir prizes				
ense	6	Rent/facility costs	64,547.	9,100.		73,647.
Direct Expenses	ľ					
сt Сt	7	Food and beverages		6,052.		6,052.
Dire						
-	8	Entertainment		500.		500.
	9	Other direct expenses		21,110.		57,156.
	10					137,505.
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-1,545.
Pa	art I	III Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	-	· · · · · ·		
Ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(,, 3 -	bingo/progressive bingo	(-,	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
se	2	Cash prizes				
xpenses						
	3	Noncash prizes				
ŠČT E		Dept/feeility.coote				
Direct	4					
		Rent/facility costs				
	5					
	5	Other direct expenses		Vac %	V ac %	
		Other direct expenses	Yes%		Yes %	
				└── Yes% └── No	└── Yes % └── No	
	6	Other direct expenses Volunteer labor	└── Yes % └── No	No	No	
	6	Other direct expenses	└── Yes % └── No		No	
	6	Other direct expenses	Yes% No h 5 in column (d)	<u>No</u>	No	
	6 7	Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	<u>No</u>	No	
9	6 7 8	Other direct expenses	Yes % No h 5 in column (d) 7 from line 1, column (d)	No No	<u>No</u>	
	6 7 8	Other direct expenses	Yes % No No from line 1, column (d) ucts gaming activities:	No	<u>No</u>	
а	6 7 8 Ent	Other direct expenses	Yes% No In 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	<u>No</u>	
а	6 7 8 Ent	Other direct expenses	Yes% No In 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	<u>No</u>	
a b	6 7 8 1 Ist	Other direct expenses	Yes% No No from line 1, column (d) ucts gaming activities:activities in each of these s	States?	<u>No</u>	Yes No
a b	6 7 8 1 Ist	Other direct expenses	Yes% No No from line 1, column (d) ucts gaming activities:activities in each of these s	States?	<u>No</u>	Yes No
a b 10a	6 7 8 9 Is t 9 If "	Other direct expenses	Yes% No No	states?	<u>No</u>	Yes No
a b 10a	6 7 8 9 Is t 9 If "	Other direct expenses	Yes% No No	states?	<u>No</u>	Yes No

232082 10-27-22

Schedule G (Form 990) 2022

			ependent School			~ ~	
-	1 1	Foundation			6-04245		Page 3
	Does the organization conduct gam				Y	es _	No
12	Is the organization a grantor, benef	•	-			Г	_ N.
40	to administer charitable gaming?				Y	es 🗌	No
	Indicate the percentage of gaming				120		0/
	The organization's facility						<u>%</u> %
	An outside facility Enter the name and address of the						70
17	Line the name and address of the	person who prepares	the organization's gaming/spec				
	Name						
	Address						
15a	Does the organization have a contra	act with a third party fr	rom whom the organization rec	eives gaming revenue?	Y	'es 🗌	No
k	If "Yes," enter the amount of gamin	ng revenue received by	the organization \$	and the amou	Int		
	of gaming revenue retained by the	third party \$					
c	If "Yes," enter name and address o	f the third party:					
	News						
	Name						
	Address						
16	Gaming manager information:						
	Nama						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee	Independent contrac	ctor			
17	Mandatory distributions:						
	Is the organization required under s	state law to make chari	itable distributions from the gar	ming proceeds to			
	retain the state gaming license?				Y	′es 🗌	No
k	Enter the amount of distributions re				he		
	organization's own exempt activitie		\$	-			
Pa			explanations required by Part I,		nd Part III, line	s 9, 9b,	10b,
	15b, 15c, 16, and 17b, as a	applicable. Also provide	e any additional information. Se	e instructions.			

Schedule G	(Form 990)	Houston Foundati	Independent ion	School	District	76-0424529 Page 4
Part IV	(Form 990) Supplemental Inform	nation _{(contin}	ued)			

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)			vernments, ar lete if the organizatio					2022
Department of the Treasury Internal Revenue Service		Comp	-	Attach to Form s.gov/Form990 for	n 990.			Open to Public Inspection
Name of the organizat	ion Houston I: Foundation	-	t School Di	•				Employer identification number $76-0424529$
Part I General I	nformation on Grants a	nd Assistance						
criteria used to	zation maintain records t award the grants or assis : IV the organization's pro	tance?						on XYes No
	nd Other Assistance to I that received more than \$					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and a	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Houston Independe District - 4400 V Houston, TX 77092	Nest 18th Street -	74-6001255	Gov't	1,461,750.	0.			Program support
2 Enter total numb	per of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table	I	I	I	1.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Houston Independent School District Foundation

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Ideation Fund 26 180,954. 0. Mental Health Fund 8 28,886. 0.

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

Part I, Line 2:

Schedule I (Form 990) 2022

The Foundation works with the HISD Board of Education to support

district-wide and school-based programs and initiatives. The close

relationship between the Foundation and HISD also monitors the use of funds

granted.

The Foundation grants HISD teachers and employees through its Ideation Fund

and Health & Mental Health Fund. Employees must apply online for these

funds, which are awarded based on their applicability, expected reach and

results, budget of the proposed campaign, and availability of funds.

Page 2

SCHEDULE J	Compensation Information	OMB No. 154	5-0047
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	202	2
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		
epartment of the Treasury	Attach to Form 990.	Open to P Inspect	
iternal Revenue Service Jame of the organizatio	Go to www.irs.gov/Form990 for instructions and the latest information. N Houston Independent School District Employer ide	-	
ane of the organizatio		424529	number
Part I Question	s Regarding Compensation	124323	
		v	es No
1a Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	line 1a. Complete Part III to provide any relevant information regarding these items.		
First-class or o			
Travel for com			
	cation and gross-up payments Health or social club dues or initiation fees		
	spending account		
b If any of the bayes	on line to are abacked, did the arganization follow a written policy regarding payment or		
•	on line 1a are checked, did the organization follow a written policy regarding payment or	1b	
	provision of all of the expenses described above? If "No," complete Part III to explain		
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2	
trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		
) Indianta which if a	ny of the following the exercition used to establish the comparentian of the exercition's		
	ny, of the following the organization used to establish the compensation of the organization's		
	ector. Check all that apply. Do not check any boxes for methods used by a related organization to		
· ·	ation of the CEO/Executive Director, but explain in Part III.		
X Compensation			
	compensation consultant		
X Form 990 of o	ther organizations Approval by the board or compensation committee		
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
•	elated organization:		37
	ce payment or change-of-control payment?	. <u>4a</u>	<u>X</u>
	ceive payment from a supplemental nonqualified retirement plan?		X
	ceive payment from an equity-based compensation arrangement?	<u>4c</u>	X
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the r			
a The organization?		5a	<u> </u>
b Any related organiz	zation?	5b	X
	or 5b, describe in Part III.		
For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the r	•		
a The organization?		6a	<u> </u>
b Any related organiz			X
If "Yes" on line 6a	or 6b, describe in Part III.		
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
not described on lin	nes 5 and 6? If "Yes," describe in Part III	. 7	<u> </u>
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, d	lid the organization also follow the rebuttable presumption procedure described in		
		9	1

Houston Independent School District

Schedule J (Form 990) 2022

Foundation

76-0424529

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Katherine Smith	(i)	150,481.	0.	240.	3,000.	0.	153,721.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

22

Department of the Treasury Internal Revenue Service

Name of

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. _ .__

enue Service	Go to	o www.irs.gov/Form99	0 for instructi	ons and the latest information
the organization	Houston	Independent	School	District

Employer identification number 529

20

		76	5 –	0	42	4	5

Foundation

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art			· • • • • • • • • • • • • • • • • • • •	
2 Art - Historical treasures				
3 Art - Fractional interests				
Books and publications				
5 Clothing and household goods				
Cars and other vehicles				
7 Boats and planes				
3 Intellectual property				
Securities - Publicly traded				
Securities - Closely held stock				
Securities - Partnership, LLC, or				
trust interests				
2 Securities - Miscellaneous				
3 Qualified conservation contribution -				
Historic structures				
Qualified conservation contribution - Other				
5 Real estate - Residential				
Real estate - Commercial				
Real estate - Other				
3 Collectibles				
Food inventory				
Drugs and medical supplies				
1 Taxidermy				
2 Historical artifacts				
Scientific specimens				
Archeological artifacts				
5 Other (<u>Raffle items</u>)	X	12	16,332.	
Other (Auction items)	X	6		Sale proceeds
Other (Airfare)	X	1	9,600.	FMV
B Other (
Number of Forms 8283 received by the organ	zation during	the tax year for co	ontributions	
for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29	
				Yes N

	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for				
	exempt purposes for the entire holding period?		30a		Х
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	L	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash				
	contributions?		32a		X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				
	describe in Part II.				
	For December 4. De decilier Act Netles and the leaders lines for Forms 200	0.1.1.1.1.1.	/ F	0001	~~~~

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule M (Form 990) 2022

		Houston Foundati	Independent	School	District	76-0424529	-
Part II	Supplemental	Information	 Provide the information e number of contribution 	on required by ons, the numb	Part I, lines 30b, 32b er of items received, c	, and 33, and whether the organizat or a combination of both. Also comp	Page 2 ion lete

SCHEDULE O	Supplemental Information to Form 990 or 990	-F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2022	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	Houston Independent School District Foundation		identification number
Form 990, Pa	rt III, Line 4a, Program Service Accomplishmen	ts:	

The Foundation supports HISD and school-based programs and initiatives

to increase academic achievement, eliminate the minority achievement

gap, and develop and retain effective educators in every classroom.

The Foundation believes equity, literacy, innovation, college access,

and great people can prepare students for college and the workforce.

Form 990, Part VI, Section B, line 11b:

The CEO and Finance and Operations Committee review Form 990, which is

provided to the board prior to filing.

Form 990, Part VI, Section B, Line 12c:

Annually board members are asked to review the policy for compliance. If a

conflict arises, board members in conflict abstain from voting on matters in conflict.

Form 990, Part VI, Section B, Line 15a:

The Foundation board annually reviews and approves the CEO's compensation.

This process includes reviewing compensation paid by comparable

organizations with similar duties.

Form 990, Part VI, Section C, Line 19:

Upon request.