

Williams, Steinert, Mask, L.L.P.
1100 NE Loop 410 Ste 350
San Antonio, TX 78209
210-684-1071

August 5, 2024

CONFIDENTIAL

FRIENDS OF THE BULVERDE AREA RURAL
LIBRARY DISTRICT
131 BULVERDE CROSSING RD
BULVERDE, TX 78163

Dear Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,



Williams, Steinert, Mask, L.L.P.

Filing Instructions

FRIENDS OF THE BULVERDE AREA RURAL LIBRARY DISTRICT

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due: November 15, 2024

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/23 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Williams, Steinert, Mask, L.L.P.
1100 NE Loop 410 Ste 350
San Antonio, TX 78209

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20 _____

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**FRIENDS OF THE BULVERDE AREA RURAL
LIBRARY DISTRICT**

EIN or SSN

74-2961296

Name and title of officer or person subject to tax

**MARY LU ZELLERS
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|-----|---------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | 43,515 |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **WILLIAMS, STEINERT, MASK, L.L.P.** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **05/17/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

74094567890

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **05/17/24**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning _____, and ending _____

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization FRIENDS OF THE BULVERDE AREA RURAL LIBRARY DISTRICT | | D Employer identification number 74-2961296 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 131 BULVERDE CROSSING RD | | E Telephone number 830-438-4864 |
| | City or town, state or province, country, and ZIP or foreign postal code BULVERDE TX 78163 | | F Group Exemption Number |

G Accounting Method: Cash Accrual Other (specify) _____ **H** Check if the organization is not required to attach Schedule B (Form 990).

I Website: **WWW.MFPLIBRARY.ORG/FRIENDS-OF-THE-BULV**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **66,220**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|--------|--------|----|----|----|----|----|----|----|----|----|----|----|----|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | 41,904 | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | 3,320 | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | 97 | | | | | | | | | | | | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5b | Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Gaming and fundraising events: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6b | Gross income from fundraising events (not including \$ 10,681 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | | | | | | | | | | | | 2,200 | | | | | | | | | | | | |
| 6c | Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | 3,996 | | | | | | | | | | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | -1,796 | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | 18,699 | | | | | | | | | | | | | |
| 7b | Less: cost of goods sold | | | | | | | | | | | | | | | 18,709 | | | | | | | | | | | | | |
| 7c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | | | | | | | | | | | | | | -10 | | | | | | | | | | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | | | | | | | | | | | 43,515 | | | | | | | | | | | | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | 36,584 | | | | | | | | | | | | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | 4,550 | | | | | | | | | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | 793 | | | | | | | | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | 4,354 | | | | | | | | | | | | |
| 17 | Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | | | 46,281 | | | | | | | | | | | | | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | | | | | | | | | | | | | | -2,766 | | | | | | | | | | | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | 42,498 | | | | | | | | | | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | | | 39,732 | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments | 34,846 | 22 | 32,694 |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 7,918 | 24 | 7,398 |
| 25 Total assets | 42,764 | 25 | 40,092 |
| 26 Total liabilities (describe in Schedule O) | 266 | 26 | 360 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 42,498 | 27 | 39,732 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | |
|--|-----|--------|
| 28 PURCHASE OR PROVIDE FUNDS FOR LIBRARY ELECTRONIC RESERVED BOOK LOCKERS AND SHELVES; SUPPORT SUMMER READING PROGRAM FOR CHILDREN, TEENS AND ADULTS; AND PROVIDE HOSPITALITY SUPPORT FOR LIBRARY PROGRAMS. (Grants \$ 8,000) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 31,623 |
| 29 PROVIDE FUNDS FOR PLANTS, MULCH, AND OTHER SUPPLIES FOR THE LIBRARY'S BUTTERFLY GARDEN; PROVIDE FUNDS FOR THE LOCKERS TO SUPPORT 24/7 DISTRIBUTION OF LIBRARY MATERIALS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 4,961 |
| 30 SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 2,756 |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 39,340 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| MARY LU ZELLERS PRESIDENT | 4.00 | 0 | 0 | 0 |
| DEB HALSTEAD VICE PRESIDENT | 1.00 | 0 | 0 | 0 |
| SUZANNE KRATZ TREASURER | 6.00 | 0 | 0 | 0 |
| ANNE-MARIE KIMBELL CO-SECRETARY | 2.00 | 0 | 0 | 0 |
| JOELLEN TOWERY CO-SECRETARY | 1.00 | 0 | 0 | 0 |
| ATHENA HOUGHTALING DIRECTOR OF COMMITTEES | 1.00 | 0 | 0 | 0 |
| SUSAN SHAPIRO DIRECTER AT LARGE | 0.00 | 0 | 0 | 0 |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of SUZANNE KRATZ Telephone no. 830-438-4864
131 BULVERDE CROSSING RD
Located at BULVERDE TX ZIP + 4 78163
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

| | | |
|---|-----|----|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|---|-----|----|
| | Yes | No |
| 47 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 | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

| | | | | | |
|------------------------|---|--|--------------------------|---|--------------------------|
| Sign Here | Signature of officer MARY LU ZELLERS | | Date PRESIDENT | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name KIRK MASK | Preparer's signature <i>Kirk Mask</i> | Date 08/05/24 | Check <input type="checkbox"/> if self-employed | PTIN P01231314 |
| | Firm's name WILLIAMS, STEINERT, MASK, L.L.P. | Firm's EIN 74-2985734 | | | |
| | Firm's address 1100 NE LOOP 410 STE 350 SAN ANTONIO, TX 78209 | Phone no. 210-684-1071 | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

FRIENDS OF THE BULVERDE AREA RURAL LIBRARY DISTRICT

Employer identification number

74-2961296

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 58,782 | 31,898 | 32,989 | 34,328 | 41,904 | 199,901 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 10,490 | 27,075 | 26,060 | 26,296 | 29,173 | 119,094 |
| 4 Total. Add lines 1 through 3 | 69,272 | 58,973 | 59,049 | 60,624 | 71,077 | 318,995 |
| 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) | | | | | | 31,545 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 287,450 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 69,272 | 58,973 | 59,049 | 60,624 | 71,077 | 318,995 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 12 | 5 | 3 | 8 | 97 | 125 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 209 | | | 214 | 423 |
| 11 Total support. Add lines 7 through 10 | | | | | | 319,543 |

12 Gross receipts from related activities, etc. (see instructions) 12 50,231

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|----|--------|
| 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) | 14 | 89.96% |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 86.49% |

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b | A family member of a person described on line 11a above? | 11b | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | 11c | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | 2 | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | 1 | |

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|----|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 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? <i>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.</i> | 2a | |
| 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? <i>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.</i> | 2b | |
| 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? <i>If "Yes" or "No," provide details in Part VI.</i> | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

| Section 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 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 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 | |

| Section 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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D – Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is 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 | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|---|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2023 | | |
| a | From 2018 | | |
| b | From 2019 | | |
| c | From 2020 | | |
| d | From 2021 | | |
| e | From 2022 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2023 distributable amount | | |
| i | Carryover from 2018 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2023 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2019 | | |
| b | Excess from 2020 | | |
| c | Excess from 2021 | | |
| d | Excess from 2022 | | |
| e | Excess from 2023 | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

CREDIT CARD REWARDS \$ 423

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

| | |
|--|---|
| Name of the organization FRIENDS OF THE BULVERDE AREA RURAL LIBRARY DISTRICT | Employer identification number 74-2961296 |
|--|---|

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 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

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

Name of organization

FRIENDS OF THE BULVERDE AREA RURAL

Employer identification number

74-2961296

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | HEB TOURNAMENT OF CHAMPIONS 646 SOUTH FLORES ST SAN ANTONIO TX 78204 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| | | | |
|--------------------------|--|--------------------------------|-------------------|
| Name of the organization | FRIENDS OF THE BULVERDE AREA RURAL LIBRARY DISTRICT | Employer identification number | 74-2961296 |
|--------------------------|--|--------------------------------|-------------------|

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME: BULVERDE AREA RURAL LIBRARYDISTRICT

CASH CONTRIBUTION: 36,584

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

| DESCRIPTION | AMOUNT |
|------------------------------|-----------------|
| EXPENSES | |
| ADMINISTRATIVE & GENERAL | \$ 390 |
| BANK CHARGES | \$ 49 |
| KITCHEN SUPPLIES | \$ 104 |
| OFFICE SUPPLIES | \$ 193 |
| COMMITTEE & GENERAL SUPPLIES | \$ 86 |
| OTHER EXPENSES | \$ 102 |
| FOL PROGRAMS | \$ 2,756 |
| INSURANCE | \$ 674 |
| TOTAL | \$ 4,354 |

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-----------------------------|-----------------|-----------------|
| INVENTORIES FOR SALE OR USE | \$ 7,918 | \$ 7,398 |
| TOTAL | \$ 7,918 | \$ 7,398 |

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-------------------|--------------|-------------|
| SALES TAX PAYABLE | \$ 266 | \$ 360 |

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

FRIENDS OF THE BULVERDE AREA RURAL

74-2961296

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE MISSION OF THE FRIENDS OF THE BULVERDE AREA RURAL LIBRARY DISTRICT IS TO PROMOTE PUBLIC USE OF THE BULVERDE AREA RURAL LIBRARY DISTRICT'S MAMMEN FAMILY PUBLIC LIBRARY AND ANY FUTURE LIBRARY(S); TO DEVELOP APPRECIATION OF THEIR VALUE AS A CULTURAL AND EDUCATIONAL ASSET TO THE COMMUNITY; TO SUPPLEMENT LIBRARY SERVICES AND MATERIALS BEYOND THE LIBRARY'S NORMAL OPERATING BUDGET, AND TO ENCOURAGE THE EXTENSION AND IMPROVEMENT OF ITS SERVICES. THE CORPORATION ALSO SUPPLEMENTS THE LIBRARY DISTRICT'S MISSION TO PROVIDE AN ENVIRONMENT THAT INSPIRES A LIFE-LONG LOVE OF LEARNING WITH PROGRAMS AND ACTIVITIES THAT MAKE AVAILABLE EDUCATIONAL AND CULTURAL OPPORTUNITIES NOT NORMALLY ACCESSIBLE TO MEMBERS OF THE COMMUNITY.

FORM 990-EZ, PART III, LINE 30 - THIRD ACCOMPLISHMENT

PROVIDE PROGRAMS TO ORGANIZATION MEMBERS AND PATRONS BEYOND THOSE OFFERED BY THE LIBRARY. THIS INCLUDES CULTURAL EXCURSIONS, STAFF APPRECIATION, HOLIDAY TEA FOR PATRONS, ANNUAL MEETING PROGRAMS, AS WELL AS MARKETING SUPPORT FOR NEWSLETTER, ORGANIZATIONAL AND LIBRARY EVENTS TO MEMBERS.

| | | |
|-----------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2023 |
| | Description INVENTORY | |

| | |
|---|---|
| Name FRIENDS OF THE BULVERDE AREA RURAL | Taxpayer Identification Number 74-2961296 |
|---|---|

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

| | | | |
|---|-----|--|---------------|
| 1. Gross receipts or sales | 1. | | 18,699 |
| 2. Advertising income | 2. | | |
| 3. Circulation income | 3. | | |
| 4. Other income | 4. | | |
| 5. Returns and allowances | 5. | | |
| 6. Contributions received | 6. | | |
| 7. Total revenue. Add lines 1 through 6 | 7. | | 18,699 |
| 8. Cost of Goods Sold | 8. | | 18,709 |
| 9. Employment Expense | 9. | | |
| 10. Fees for services | 10. | | |
| 11. Indirect Expense | 11. | | |
| 12. Depreciation Expense | 12. | | |
| 13. Exempt Activity Expense | 13. | | |
| 14. Fundraising Expense | 14. | | |
| 15. Total expenses. Add lines 8 through 14 | 15. | | 18,709 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | | -10 |

Expense Details - Indirect Expense:

| | |
|----------------------------------|-------|
| Advertising and promotion | _____ |
| Office | _____ |
| Printing/publication/postage | _____ |
| Info technology/Maintenance | _____ |
| Royalties & License Fees | _____ |
| Occupancy/Real Estate Taxes | _____ |
| Travel & Repairs | _____ |
| Travel/entertainment (officials) | _____ |
| Conferences/meetings | _____ |
| Interest | _____ |
| Insurance | _____ |
| Total Indirect Expense | _____ |

Expense Details - Depreciation Expense:

| | |
|-----------------------------------|-------|
| On investment property | _____ |
| On non-investment property | _____ |
| Amortization | _____ |
| Depletion | _____ |
| Total Depreciation Expense | _____ |

Expense Details - Exempt Activity Expense:

| | |
|--------------------------------------|-------|
| Repairs and Maintenance | _____ |
| Bad debts | _____ |
| Taxes/licenses | _____ |
| Charitable contributions | _____ |
| Dividend recd deductions | _____ |
| Readership costs | _____ |
| Other expenses | _____ |
| Total Exempt Activity Expense | _____ |

Expense Details - Fundraising Expense:

| | |
|----------------------------------|-------|
| Cash prizes | _____ |
| Non-cash prizes | _____ |
| Rent and facility costs | _____ |
| Food & beverages (Part II only) | _____ |
| Entertainment (Part II only) | _____ |
| Other direct expenses | _____ |
| Total Fundraising Expense | _____ |

Expense Details - Cost of Goods Sold:

| | |
|---------------------------------|---------------|
| Beginning inventory | _____ |
| Purchases | 18,709 |
| Labor | _____ |
| Section 263A costs | _____ |
| Other costs | _____ |
| Ending inventory | _____ |
| Total Cost of Goods Sold | 18,709 |

Expense Details - Employment Expense:

| | |
|---------------------------------|-------|
| Compensation of officers | _____ |
| Other salaries and wages | _____ |
| Pension plan contributions | _____ |
| Other employee benefits | _____ |
| Payroll taxes | _____ |
| Total Employment Expense | _____ |

Expense Details - Fees for Services:

| | |
|--------------------------------|-------|
| Management | _____ |
| Legal | _____ |
| Accounting | _____ |
| Lobbying | _____ |
| Professional fundraising | _____ |
| Investment management | _____ |
| Other | _____ |
| Total Fees for Services | _____ |

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

Part V, Debt Financing

Part VI, Controlled Org Income

Part VII, Investments for C(7)(9)(17)

Part VIII, Exploited Activities

Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First _____

Second _____

Third _____

All other _____

| | | |
|--------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2023 |
| Description FUNDRAISING | | |

| | |
|---|---|
| Name FRIENDS OF THE BULVERDE AREA RURAL | Taxpayer Identification Number 74-2961296 |
|---|---|

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

| | | | |
|---|-----|--------|--|
| 1. Gross receipts or sales | 1. | 2,200 | |
| 2. Advertising income | 2. | | |
| 3. Circulation income | 3. | | |
| 4. Other income | 4. | | |
| 5. Returns and allowances | 5. | | |
| 6. Contributions received | 6. | 10,681 | |
| 7. Total revenue. Add lines 1 through 6 | 7. | 12,881 | |
| 8. Cost of Goods Sold | 8. | 3,996 | |
| 9. Employment Expense | 9. | | |
| 10. Fees for services | 10. | | |
| 11. Indirect Expense | 11. | | |
| 12. Depreciation Expense | 12. | | |
| 13. Exempt Activity Expense | 13. | | |
| 14. Fundraising Expense | 14. | | |
| 15. Total expenses. Add lines 8 through 14 | 15. | 3,996 | |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | 8,885 | |

Expense Details - Indirect Expense:

| | |
|----------------------------------|-------|
| Advertising and promotion | _____ |
| Office | _____ |
| Printing/publication/postage | _____ |
| Info technology/Maintenance | _____ |
| Royalties & License Fees | _____ |
| Occupancy/Real Estate Taxes | _____ |
| Travel & Repairs | _____ |
| Travel/entertainment (officials) | _____ |
| Conferences/meetings | _____ |
| Interest | _____ |
| Insurance | _____ |
| Total Indirect Expense | _____ |

Expense Details - Depreciation Expense:

| | |
|-----------------------------------|-------|
| On investment property | _____ |
| On non-investment property | _____ |
| Amortization | _____ |
| Depletion | _____ |
| Total Depreciation Expense | _____ |

Expense Details - Exempt Activity Expense:

| | |
|--------------------------------------|-------|
| Repairs and Maintenance | _____ |
| Bad debts | _____ |
| Taxes/licenses | _____ |
| Charitable contributions | _____ |
| Dividend recd deductions | _____ |
| Readership costs | _____ |
| Other expenses | _____ |
| Total Exempt Activity Expense | _____ |

Expense Details - Fundraising Expense:

| | |
|----------------------------------|-------|
| Cash prizes | _____ |
| Non-cash prizes | _____ |
| Rent and facility costs | _____ |
| Food & beverages (Part II only) | _____ |
| Entertainment (Part II only) | _____ |
| Other direct expenses | _____ |
| Total Fundraising Expense | _____ |

Expense Details - Cost of Goods Sold:

| | |
|---------------------------------|-------|
| Beginning inventory | _____ |
| Purchases | 3,996 |
| Labor | _____ |
| Section 263A costs | _____ |
| Other costs | _____ |
| Ending inventory | _____ |
| Total Cost of Goods Sold | 3,996 |

Expense Details - Employment Expense:

| | |
|---------------------------------|-------|
| Compensation of officers | _____ |
| Other salaries and wages | _____ |
| Pension plan contributions | _____ |
| Other employee benefits | _____ |
| Payroll taxes | _____ |
| Total Employment Expense | _____ |

Expense Details - Fees for Services:

| | |
|--------------------------------|-------|
| Management | _____ |
| Legal | _____ |
| Accounting | _____ |
| Lobbying | _____ |
| Professional fundraising | _____ |
| Investment management | _____ |
| Other | _____ |
| Total Fees for Services | _____ |

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|-------|
| First | _____ |
| Second | _____ |
| Third | _____ |
| All other | _____ |

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|-------------------------------------|------------------|
| MEMBERSHIP DUES | \$ 2,947 |
| UNRESTRICTED CASH CONTRIBUTIONS | 1,122 |
| UNRESTRICTED NON-CASH CONTRIBUTIONS | 18,310 |
| DONOR DESIGNATED CONTRIBUTIONS | 3,630 |
| CREDIT CARD REWARDS | 214 |
| HEB TOURNAMENT OF CHAMPIONS | |
| CASH CONTRIBUTION | 5,000 |
| FUNDRAISING | |
| CASH CONTRIBUTION | 10,009 |
| NON CASH CONTRIBUTIONS | 672 |
| TOTAL | <u>\$ 41,904</u> |

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|----------------------------------|------------------|------------------|
| EXXON MOBIL FOUNDATION | \$ 4,000 | \$ |
| HEB HELPING HANDS | 19,983 | 13,592 |
| HEB TOURNAMENT OF CHAMPIONS | 15,000 | 8,609 |
| LINDA QUINTERO | 7,126 | 735 |
| MINNIE STEVENS PIPER FOUNDATION | 15,000 | 8,609 |
| PEDERNALES ELECTRIC COOP | 5,000 | |
| SPOTLIGHT THEATRE ARTS GROUP ENC | 975 | |
| TOTAL | \$ <u>67,084</u> | \$ <u>31,545</u> |

8013 FRIENDS OF THE BULVERDE AREA RURAL
74-2961296
FYE: 12/31/2023

Federal Statements

8/5/2024 9:07 AM

Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|------------------------------|---------------|
| CULTURAL EDUC PROGRAM INCOME | 3,320 |
| INTEREST INCOME | 97 |
| INVENTORY | 18,699 |
| FUNDRAISING | 2,200 |
| RAFFLE | |
| TOTAL | <u>24,316</u> |

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

FRIENDS OF THE BULVERDE AREA RURAL LIBRARY DISTRICT 74-2961296

| | | |
|--|---------------|----------------------|
| Net Asset / Fund Balance at Beginning of Year | | <u>42,498</u> |
| Revenue | | |
| Contributions | <u>41,904</u> | |
| Program service revenue | <u>3,320</u> | |
| Investment income | <u>97</u> | |
| Capital gain / loss | | |
| Fundraising / Gaming: | | |
| Gross revenue | <u>2,200</u> | |
| Direct expenses | <u>3,996</u> | |
| Net income | <u>-1,796</u> | |
| Other income | <u>-10</u> | |
| Total revenue | | <u>43,515</u> |
| Expenses | | |
| Program services | | |
| Management and general | | |
| Fundraising | | |
| Total expenses | | <u>46,281</u> |
| Excess / (deficit) | | <u>-2,766</u> |
| Changes | | |
| Net Asset / Fund Balance at End of Year | | <u><u>39,732</u></u> |

Reconciliation of Revenue

| | |
|--|--|
| Total revenue per financial statements | |
| Less: | |
| Unrealized gains | |
| Donated services | |
| Recoveries | |
| Other | |
| Plus: | |
| Investment expenses | |
| Other | |
| Total revenue per return | |

Reconciliation of Expenses

| | |
|---|--|
| Total expenses per financial statements | |
| Less: | |
| Donated services | |
| Prior year adjustments | |
| Losses | |
| Other | |
| Plus: | |
| Investment expenses | |
| Other | |
| Total expenses per return | |

| | | Balance Sheet | |
|-------------|---------------|---------------|---------------|
| | | Beginning | Ending |
| Assets | <u>42,764</u> | <u>40,092</u> | |
| Liabilities | <u>266</u> | <u>360</u> | |
| Net assets | <u>42,498</u> | <u>39,732</u> | <u>-2,766</u> |

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/24
 Failure to file penalty _____