Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) THE FRIENDS OF THE SAINT PAUL PUBLIC **Print** 41-6029683 LIBRARY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 332 MINNESOTA ST, W1420 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 55101 SAINT PAUL, MN Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of LESLIE JOHNSON 332 MINNESOTA ST, STE W1420 - SAINT PAUL, MN 55101 Telephone No. (651)222-3242 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning _____ _____ , 20 ____ , and ending __ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A I	or the	e 2023 calendar year, or tax year beginning and ending		
B	Check if applicabl	THE FRIENDS OF THE SAINT PAUL PUBLIC	D Employer identifi	cation number
F	chang Name	e LIBRARY	0.0	
	_]chang □Initial		41-60296	
	return _Final _return,			3242
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,897,153.
L	Amen	SAINT PAUL, MN 55101	H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: DETA BOANS		s? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates in	
				list. See instructions
	Vebsi		H(c) Group exemption	
			'ear of formation: 1945 I	M State of legal domicile: MN
P	art I	Summary	NDC OF MIE CA	TNIM DAIII
ø	1	Briefly describe the organization's mission or most significant activities: THE FRIE		
Governance		PUBLIC LIBRARY ACTS AS A CATALYST FOR LIBRARI		
ern	2	Check this box if the organization discontinued its operations or disposed of m	1 _	
Š	3		3	40
		Number of independent voting members of the governing body (Part VI, line 1b)		
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		18 46
Activities &	6	Total number of volunteers (estimate if necessary)		0.
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ne	8	Contributions and grants (Part VIII, line 1h)	1,926,796.	2,514,132.
Je n	9	Program service revenue (Part VIII, line 2g)	391,148.	472,326.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	484,681.	468,422.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,056.	36,359.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,854,681.	3,491,239.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	729,525.	654,249.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1 250 700	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,250,790.	1,354,741.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	_b	Total fundraising expenses (Part IX, column (D), line 25) 498,600.	007 060	970 110
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	907,869.	870,119.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,888,184.	2,879,109.
		Revenue less expenses. Subtract line 18 from line 12	-33,503. Beginning of Current Year	612,130. End of Year
IS O		T. I. J. (D. I.V.). (10)		
SSE	20	Total assets (Part X, line 16)	16,713,531.	19,081,204.
Net Assets or	21	Total liabilities (Part X, line 26)	299,388. 16,414,143.	586,197. 18,495,007.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	10,414,143.	10,433,007.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomanta and to the heat of m	/ knowledge and heliof it is
truo	ei pelia	intes of perjury, I decide that I have examined this feturn, including accompanying schedules and sta	ernenis, and to the best of my	/ Kilowieuge allu bellel, it is
uue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	5/29/2024	
C:~	_	Bulu Burus Signature of officer	Date	
Sig		BETH BURNS, PRESIDENT	2410	
Her	е	Type or print name and title		
			Date Check	PTIN
Paid	1	Print/Type preparer's name Preparer's signature MICHAEL HINSCH MIC	05/24/24 self-employ	
	arer			1-0746749
		Firm's name CLIFTONLARSONALLEN LLP Firm's address 220 S 6TH STREET, SUITE 300	Firm's EIN 4	<u> </u>
use	Only	MINNEAPOLIS, MN 55402	Dhana na 61	2-376-4500
N 4 -	, 4l= - 1"	-	I Priorie no. O I	
ivia	y tne II	RS discuss this return with the preparer shown above? See instructions		X Yes No

	990 (2023) LIBRARY 41-0029003 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:
	WE ACT AS A CATALYST FOR LIBRARIES TO STRENGTHEN AND INSPIRE THEIR
	COMMUNITIES. OUR VISION IS A DYNAMIC LIBRARY AT THE HEART OF EVERY
	COMMUNITY, AND WE ARE GUIDED BY FIVE CORE BELIEFS (OUR VALUES): WE
	BELIEVE IN LIBRARIES; WE BELIEVE IN CONNECTION; WE BELIEVE IN
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? Yes X No
•	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.
7	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 654,249 \cdot including grants of \$ 654,249 \cdot) (Revenue \$ 0 \cdot)
4a	
	FUNDRAISING. THE FRIENDS ANNUALLY INVESTS IN OUR LIBRARY THROUGH
	FUNDRAISING, ADVOCACY, AND PROGRAMMING. WE FUNCTION AS THE SAINT PAUL
	PUBLIC LIBRARY'S FOUNDATION, MANAGING MORE THAN \$16 MILLION IN
	ENDOWMENT ASSETS. THE FRIENDS SENT \$655,000 TO THE LIBRARY IN 2023,
	INCLUDING \$120,000 IN UNRESTRICTED FUNDS. THIS REPRESENTS 3% OF THE
	LIBRARY'S ANNUAL OPERATING BUDGET. FRIENDS ANNUAL FUNDRAISING SUPPORTS
	ONGOING LIBRARY PRIORITIES SUCH AS INNOVATION THROUGH PILOT PROGRAMS,
	CHILDREN AND FAMILY ENGAGEMENT, AND DIGITAL EQUITY AND ECONOMIC
	INCLUSION. IN 2023, THE FRIENDS ESTABLISHED A NEW CHILDREN, YOUTH, AND
	FAMILY ENDOWMENT TO SUPPORT THE LIBRARY'S WORK ON BEHALF OF SAINT PAUL
	CHILDREN AND FAMILIES IN PERPETUITY.
4b	(Code:) (Expenses \$ 19,121. including grants of \$ 0.) (Revenue \$)
	ADVOCACY. IN 2023, FRIENDS ADVOCACY EFFORTS CONTRIBUTED TO AN INCREASED
	ALLOCATION OF \$150,000 TOWARD SPENDING ON LIBRARY COLLECTIONS IN THE
	2024 LIBRARY BUDGET. THIS IS IN RECOGNITION OF THE DIMINISHING
	PURCHASING POWER OF A STAGNANT COLLECTIONS BUDGET, GIVEN GENERAL
	INFLATION FOR ALL MATERIALS AS WELL AS THE INCREASED COSTS AND PATRON
	DEMAND FOR E-BOOKS. THE FRIENDS ALSO SUCCESSFULLY ADVOCATED FOR
	DEDICATED FUNDING TO SUPPORT OUR PROGRAMMING AS MINNESOTA'S CENTER FOR
	THE BOOK, A LIBRARY OF CONGRESS DESIGNATION, THROUGH AN APPROPRIATION
	FROM THE MINNESOTA STATE LEGISLATURE.
	4.460.404
4c	(Code:) (Expenses \$1, 163, 134. including grants of \$0. (Revenue \$326.)
	PROGRAMMING. THE FRIENDS CONTINUED OUR SIGNATURE PROGRAMS AND EVENTS IN
	2023 WITH A MIX OF IN PERSON, VIRTUAL, AND HYBRID PROGRAMMING. AS
	MINNESOTA'S CENTER FOR THE BOOK, A LIBRARY OF CONGRESS DESIGNATION, WE
	PRESENTED 28 EVENTS AND WELCOMED THOUSANDS OF PARTICIPANTS FROM ACROSS
	THE STATE TO THE MINNESOTA BOOK AWARDS, ONE BOOK ONE MINNESOTA, AND
	MOVING WORDS: WRITERS ACROSS MINNESOTA, AMONG OTHER PROGRAMS. OUR
	LIBRARY STRATEGIES CONSULTING GROUP WORKED WITH 24 CLIENTS ACROSS THE
	COUNTRY, ASSISTING OTHER LIBRARY SYSTEMS AND FOUNDATIONS WITH STRATEGIC
	PLANNING, FUNDRAISING, AND PROJECT MANAGEMENT.
	Other program comings (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,836,504.
	Form 990 (2023)

41-6029683 LIBRARY Page 3 Form 990 (2023)

Part IV | Checklist of Required Schedules

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10	х	
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	21	
••				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI	Ha	21	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
	Schedule D, Parts XI and XII	12a	X	
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			17
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

332003 12-21-23

Form **990** (2023)

Form 990 (2023) LIBRARY 41-6029683 Page 4

Ра	rt 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	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		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 noncash 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			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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	1		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule 0	38	X	
ra				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 72		Yes	No
b		-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	
	(3	110		

332004 12-21-23

Form 990 (2023) LIBRARY 41-6029683 Page **5**

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 18 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? Х 6a 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). Х 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 X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a **14a** Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 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.

332005 12-21-23 Form **990** (2023)

Form 990 (2023) LIBRARY 41-6029683 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 40									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
-	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0								
а	The governing body?	8a	Х							
h	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0								
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
·	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	X							
_	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									
	taxable entity during the year?	16a		Х						
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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MN									
18	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)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LESLIE JOHNSON - (651)222-3242									
	332 MINNESOTA ST, STE W1420, SAINT PAUL, MN 55101									

Form **990** (2023)

Form 990 (2023) LIBRARY 41-6029683 Page 7

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

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

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

- 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.

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

- 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.

(A)	(B)		(C) Position		(D)	(E)	(F)			
Name and title	Average hours per	(do	(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week		officer and a director/truste			from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for	or dire	a)			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		ep.	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) BETH BURNS	40.00		_			T 0	ш.			
PRESIDENT				Х				151,306.	0.	68,095.
(2) LESLIE JOHNSON	40.00									•
SR. DIRECTOR OF FINANCE & ADMINISTRA				Х				81,442.	0.	38,029.
(3) BRIDGET MANAHAN	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) ERIN BAILEY	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) SEAN KERSHAW	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SCOTT ZASTOUPIL	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(7) DUCHESS HARRIS	1.00	1								_
CHAIR CENTER FOR THE BOOK		Х		Х				0.	0.	0.
(8) MELANIE MCMAHON	1.00	ļ								
CHAIR COMMUNICATIONS	1	Х		X				0.	0.	0.
(9) BRYCE MILLER	1.00	ļ								
CHAIR HUMAN RESOURCES	1 00	Х		X				0.	0.	0.
(10) DEEPA NIRMAL	1.00								•	
CO-CHAIR CAPITAL CAMPAIGN	1 00	Х		X				0.	0.	0.
(11) TOCCARA STARK	1.00	.,		7.7						
CHAIR GOVERNANCE	1 00	Х		Х				0.	0.	0.
(12) JENNIFER WOLF	1.00	Х		Х				0.	0.	_
CHAIR DONOR ENGAGEMENT (13) CAROLYN WOLLAN	1.00	Λ		Λ				0.	0.	0.
CHAIR OPUS & OLIVES	1.00	Х		х				0.	0.	0.
(14) DER YANG	1.00	Λ		Λ				· ·	0.	· ·
CHAIR ADVOCACY	1.00	Х		Х				0.	0.	0.
(15) HEATHER ANFANG	1.00	Δ		Δ				0.	0.	· ·
MEMBER	1.00	х						0.	0.	0.
(16) CAROL BAGNOLI	1.00	<u> </u>							0.	<u>_ </u>
MEMBER	1.00	х						0.	0.	0.
(17) JOEL (JP) BOND	1.00								•	<u>·</u>
MEMBER		х						0.	0.	0.
	1		_		_	_				- OOO (2222)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) LIBRARY 41-6029683 Page 8
Part VIII Section A Officers Directors Trustoes Key Employees and Highest Componented Employees (antiqued)

Section A. Officers, Directors, Trust	tees, Key Emp	oloy	<u>ees,</u>	anc	<u>jiHi</u>	ghes	st C	ompensated Employee	S (continued)			
(A)			(C)					(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	E!	stimate	ed
	hours per	box, unless pe		s person is both an			compensation	compensation	ar	mount	of	
	week		cer ar	nd a di	irecto	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations	1	npensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MISC/	1	rom th	
	organizations	ustee	trust		9	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	1 ~	ganizat d relat	
	below	ual tr	tional		ploye	t con	_	1099-NEC)		1	anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ailizati	.0115
(18) JASON BRADSHAW	1.00		=	0	ž	王屯	Œ			+		
MEMBER	1.00	Х						0.	0.			0.
(19) TETRA CONSTANTINO	1.00	25							•	+		<u> </u>
MEMBER	1.00	Х						0.	0.			0.
(20) LOREN DANIELSON	1.00	25							•	+		<u> </u>
MEMBER	1.00	Х						0.	0.			0.
(21) KIMBERLY DITTER	1.00	- 22				\vdash		0.	0.	+		<u> </u>
MEMBER	1.00	Х						0.	0.			0.
(22) NA ENG	1.00	Δ				\vdash		0.	0.	+-		<u> </u>
MEMBER	1.00	Х						0.	0.			0.
	1 00	Λ						0.	0.	+		<u> </u>
(23) LAURA HARRIS	1.00	7.7							0			^
MEMBER	1 00	Х				┢		0.	0.	\vdash		0.
(24) BETTINA HOYE	1.00	3,7							0			^
MEMBER	1 00	Х				<u> </u>		0.	0.	┼		0.
(25) GREG JOHNSON	1.00								•			^
MEMBER	1 00	Х				┡		0.	0.			0.
(26) CHRISTINE KAIN	1.00								•			•
MEMBER		X						0.	0.	10		0.
1b Subtotal								232,748.	0.		6,1	
c Total from continuation sheets to Part VII	, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								232,748.	0.	10	6,1	<u>24.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for so	uch individual									3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch <u>r</u>	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compense	ition fr	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		((C)	
Name and business	address	N	INC	3				Description of s	ervices (Compe	nsatio	n

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2023)

Form 990 LIBRARY 41-6029683

										9683
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	es (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	e or c	tee			satec		(88-27 1099-181130)		organization and related
	organizations	truste	al trus		yee	m per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	-e-			
	line)	Indiv	Instil	Officer	Key	High	Former			
(27) PATRICIA LOPEZ	1.00									
MEMBER		Х						0.	0.	0
(28) GREG MAZANEC	1.00									
MEMBER		Х						0.	0.	0
(29) BETH MCCRAY	1.00									
MEMBER		Х						0.	0.	0
(30) MICHAEL MCGREEVY	1.00									
MEMBER		Х						0.	0.	0
(31) AHNA MINGE	1.00	1							_	_
MEMBER		Х						0.	0.	0
(32) CARRIE OBRY	1.00									
MEMBER		Х						0.	0.	0
(33) KIM O'BRIEN	1.00	l								
MEMBER	1	Х						0.	0.	0
(34) JEAN O'CONNELL	1.00								•	
MEMBER	1 00	Х				_		0.	0.	0
(35) MARIO PAEZ	1.00	٠,							0	_
MEMBER (36) MARK PRICE	1 00	Х						0.	0.	0
MEMBER	1.00	x						0.	0.	0
(37) CHRISTINE RIDER	1.00	Λ						0.	0.	
MEMBER	1.00	x						0.	0.	0
(38) KRYSTEL RUSSO	1.00	^				\vdash		0.	0.	0
MEMBER	1.00	Х						0.	0.	0
(39) TY SILBERHORN	1.00							0.	0.	
MEMBER	1.00	Х						0.	0.	0
(40) DAN STOLTZ	1.00							•	0.	
MEMBER		х						0.	0.	0
(41) MARK TAYLOR	1.00	 							•	
MEMBER		Х						0.	0.	0
(42) ANDREA ZIMMERMAN	1.00							-	-	
MEMBER		Х						0.	0.	0
		L	L			L				
		<u> </u>								
]								
		1								
										ı

Form 990 (2023) LIBRARY 41-6029683 Page **9**

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events 260,918. 1c d Related organizations 1d 134,356. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,118,858. similar amounts not included above ... 1f 470,390. g Noncash contributions included in lines 1a-1f 2,514,132. h Total. Add lines 1a-1f **Business Code** 472,326. 472,326. 2 a CONSULTING 541610 Program Service f All other program service revenue 472,326. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 482,964. 482,964. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 270,737. assets other than inventory b Less: cost or other basis 285,279. Other Revenue and sales expenses 7b -14,542. c Gain or (loss) ______7c -14,542. -14,542. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 260,918. of contributions reported on line 1c). See 8a 56,250. Part IV, line 18 вь 120,635. **b** Less: direct expenses -64,385. -64,385. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 100,744. 100,744. 11 a MISCELLANEOUS 561000 d All other revenue 100,744. e Total. Add lines 11a-11d 504,781. 3,491,239. 472,326. **12 Total revenue**. See instructions

332009 12-21-23

Form 990 (2023)

Form 990 (2023) LIBRARY 41-6029683 Page 10

Part IX Statement of Functional Expenses

000	tion 501(c)(3) and 501(c)(4) organizations must completed to Contains a respons			ipioto columni (ri).	
	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	654,249.	654,249.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	222 255	445 540	105 511	65 001
	trustees, and key employees	338,875.	145,543.	127,511.	65,821
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	040 560	207 217	202 520	240 705
7	Other salaries and wages	848,562.	397,317.	202,520.	248,725
8	Pension plan accruals and contributions (include	2 104	1 001		1 050
_	section 401(k) and 403(b) employer contributions)	3,194. 84,305.	1,281. 42,329.	55. 11,597.	1,858 30,379
9	Other employee benefits	70 005			21,707
0	Payroll taxes	79,805.	36,710.	21,388.	21,707
1	Fees for services (nonemployees):				
a	-				
b	<u> </u>	22 070		22 070	
С	5 F	22,879.		22,879.	
d	, 3				
е	, –	FF 00F		EE OOE	
f	· · · · · · · · · · · · · · · · · · ·	55,085.		55,085.	
g	` '	0 020		0 020	
	column (A), amount, list line 11g expenses on Sch 0.)	8,928. 39,380.	12 050	8,928.	11 070
12	Advertising and promotion		13,859.	14,442. 36,306.	11,079 44,213
13	Office expenses	167,027. 83,390.	86,508. 33,432.		33,285
4	Information technology	03,390.	33,434.	16,673.	33,203
15	Royalties	24,776.	11,397.	6 640	6,739
16	Occupancy	61,267.	52,543.	6,640. 3,930.	4,794
7	Travel	01,207.	52,543.	3,930.	4,/54
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	19,403.	8,925.	5,200.	5,278
2	Depreciation, depletion, and amortization	19,403.	0,923.	3,200.	3,210
3	Insurance Other expanses Itamize expanses not severed				
4	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	CONTED A CEL T A DOD	312,198.	300,893.	4,983.	6,322
b	ME CODE E ANTRONIO	53,670.	41,226.	,	12,444
C	DDOBEGGTONAL DEVELOPMENT	22,116.	10,292.	5,868.	5,956
d					
е					
5	Total functional expenses. Add lines 1 through 24e	2,879,109.	1,836,504.	544,005.	498,600
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

41-6029683 Page **11** LIBRARY

Form 990 (2023) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,085,027. 306,582. 1 Cash - non-interest-bearing 179,833. 1,639,134. Savings and temporary cash investments 98,649. 452,000. 3 3 Pledges and grants receivable, net 90,255. 86,901. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 9,150. 9,150. Inventories for sale or use 8 49,763. 51,416. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other ____<u>10</u>a 80,029. basis. Complete Part VI of Schedule D 50,651. 26,707. b Less: accumulated depreciation 10b 10c 12,197,014. 13,063,590. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,951,536. 3,447,377. 15 15 Other assets. See Part IV, line 11 16,713,531. 19,081,204. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 583,647. 296,388. Accounts payable and accrued expenses 17 17 18 18 Grants payable 3,000. 2,550. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 299,388. 586,197. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,586,665. 100,618. 27 27 Net assets without donor restrictions Net assets with donor restrictions 16,313,525. 15,908,342. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

Form **990** (2023)

18,495,007.

19,081,204.

30

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

16,414,143.

16,713,531.

30

31

32

33

Form	1990 (2023) LIBRARY	41-0	029003	Pa	ge IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,491		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,879	,1	<u>09.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 30.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,414		
5	Net unrealized gains (losses) on investments	5	1,365	5,5	<u>58.</u>
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	103	3,1	76.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	18,495	5,0	<u>07.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	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	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

332012 12-21-23

Form **990** (2023)

THE FRIENDS OF

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE SAINT PAUL PUBLIC

Attach to Form 990 or Form 990-EZ.

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

LULJ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LIBRARY 41-6029683 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990) 2023

LIBRARY

41-6029683 Page 2

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.)

Sed	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(-7	(,	(-)	(-,	(-,	(-,
	membership fees received. (Do not						
	include any "unusual grants.")	2075821.	2132329.	1811691.	1926796.	2611824.	10558461.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2075821.	2132329.	1811691.	1926796.	2611824.	10558461.
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)						412,455.
	Public support. Subtract line 5 from line 4.						10146006.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2075821.	2132329.	1811691.	1926796.	2611824.	10558461.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	353,618.	340,942.	346,909.	484,681.	482,964.	2009114.
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.)	99,128.	64,517.	92,085.	116,179.	100,744.	472,653.
11	Total support. Add lines 7 through 10						13040228.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I	, ,,,	•	.,,		14	77.81 %
	Public support percentage from 2022					15	78.10 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		Ш
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

LIBRARY

41-6029683 Page 3

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.)

qualify under the tests listed	below, please comp	plete Part II.)				
Section A. Public Support		T		1		
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.")						
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	<u> </u>					
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	` <u> </u>					
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	— `	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(i) Total
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	S					
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.)	1					
14 First 5 years. If the Form 990 is for		irst, second, third,	fourth, or fifth tax	vear as a section 5	501(c)(3) organizatio	on.
check this box and stop here			•	-		🔲
Section C. Computation of Pub						
15 Public support percentage for 2023	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	estment Income	e Percentage				
17 Investment income percentage for 2	2023 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the	ne organization did i	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2022. If the	ne organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, ch	neck this box and s	top here. The orga	nization qualifies	as a publicly suppo	orted organization	
20 Private foundation If the organizat	ion did not chack a	boy on line 14 10	a or 10h chack th	nic hay and saa ing	etructions	1 1

332023 12-21-23

Schedule A (Form 990) 2023

LIBRARY

41-6029683 Page 4

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.)

		Yes	No
	1		
	2		
	_		
	3a		
L	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	<u>5c</u>		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9с		
	10a		
	101-		
	10b (Forn	n 990)	2023

332024 12-21-23

THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY 41-6029683 Page 5 Schedule A (Form 990) 2023 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? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No 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? 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 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). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes_ No 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. 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? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

330025 12-21-23

Schedule A (Form 990) 2023

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

За

Schedule A (Form 990) 2023 LIBRARY 41-6029683 Page 6

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	II GGIJGGG Tage G			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	(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-function	ally integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2023 LIBRARY 41-6029683 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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 (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	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9_	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount		I	10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
	From 2018							
	From 2019							
	From 2020							
	From 2021							
	From 2022							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
<u> </u>	Carryover from 2018 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D, line 7:							
	line 7: \$ Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
	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							
С	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

Part VI

THE FRIENDS OF THE SAINT PAUL PUBLIC

41-6029683 Page 8 LIBRARY Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2019 AMOUNT: \$ 99,128. 2020 AMOUNT: \$ 64,517. 92,085. 2021 AMOUNT: \$ 116,179. 2022 AMOUNT: \$ 2023 AMOUNT: \$ 100,744.

Schedule B

(Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service 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

THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY

Employer identification number

41-6029683

Organization type (check one):						
Filers of	Filers of: Section:					
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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				
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	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\$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

	<u> </u>
Name of organization	Employer identification number
THE FRIENDS OF THE SAINT PAUL PUBLIC	
LIBRARY	41-6029683

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page 2

Name of organization
THE FRIENDS OF THE SAINT PAUL PUBLIC
LIBRARY
Employer identification number
41-6029683

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
7		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and En 1 7	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.

Schedule B (Form 990) (2023)

Name of organization
THE FRIENDS OF THE SAINT PAUL PUBLIC
LIBRARY
Employer identification number
41-6029683

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
4	HOUSE			
<u> </u>		\$\$	11/10/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
7	FURNITURE & EQUIPMENT			
		\$60,700.	02/06/23	
(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	
		\$		

323453 12-26-23

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE FRIENDS OF THE SAINT PAUL PUBLIC 41-6029683 LIBRARY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizat				
	ENDS OF THE SAIN	r PAUL PUBLI	[C Em	ployer identification number
LIBRARY		=0.//		41-6029683
Part I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures			
Part I-B Complete if the org	janization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955		\$
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	janization is exempt unde	er section 501(c),	except section 501	c)(3).
1 Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt funct	tion activities	\$
2 Enter the amount of the filing organ		•		
exempt function activities				\$
3 Total exempt function expenditures		•	,	
line 17b				\$
4 Did the filing organization file Form				
5 Enter the names, addresses, and er				
made payments. For each organization	•			•
political action committee (PAC). If			· ·	ate segregated fund of a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(6) EIN	filing organization's	contributions received and
			funds. If none, enter -0	
				delivered to a separate political organization.
				If none, enter -0

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

Schedule C (Form 990) 2023 LIBRARY 41-6029683 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: not over \$500,000 20% of the amount on line 1e. over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. over \$1,500,000 but not over \$17,000,000, over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0ighthere is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar vear (a) 2020 (b) 2021 (c) 2022(d) 2023 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

LIBRARY

41-6029683 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	(8	a)	(b)
io lobbyling delivity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?	X		
• Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	40 - 41
i Other activities?	X		13,54
j Total. Add lines 1c through 1i			13,54
a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- FO4/a\//	<u> </u>	
rt III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(:	o), or sec	tion
			Yes No
Were substantially all (90% or more) dues received nondeductible by members?		1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
Did the organization agree to carry over lobbying and political campaign activity expenditures from th			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered			II-A IINE 3 IS
answered "Yes."			II-A, IIne 3, IS
answered "Yes." Dues, assessments and similar amounts from members			II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal	1	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	cal	1	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	cal	1 2a 2b	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	cal	2a 2b 2c	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	2a 2b 2c	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess	2a 2b 2c	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and personal contents.	ess olitical	2a 2b 2c 3	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and preexpenditures next year?	ess olitical	2a 2b 2c 3	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and personal contents.	ess olitical	2a 2b 2c 3	II-A, line 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and prespenditures next year? Taxable amount of lobbying and political expenditures. See instructions	ess olitical	2a 2b 2c 3 4 5	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions wide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess olitical	2a 2b 2c 3 4 5	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and preventions next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information	ess olitical	2a 2b 2c 3 4 5	
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polymental expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Interview Supplemental Information Vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ructions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	ess olitical list); Part II-	2a 2b 2c 3 4 5 A, lines 1 at	nd 2 (see
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and precipe expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Int IV Supplemental Information Vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ructions); and Part II-B, line 1. Also, complete this part for any additional information.	ess olitical list); Part II-	2a 2b 2c 3 4 5 A, lines 1 at	nd 2 (see
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polymental expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Interview Supplemental Information Vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ructions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 al	nd 2 (see
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Int IV Supplemental Information Vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ructions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES: AFF TIME SPENT CONVENING AND SUPPORTING AN ADVOCACY BBIES BOTH THE CITY OF SAINT PAUL AND THE MINNESOTA	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 a	nd 2 (see HAT
Agregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political extended the amount of the except of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions Taxable amount of lobbying and political expenditures. See instructions Total Agregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and prespenditures next year? Taxable amount of lobbying and political expenditures. See instructions Total Supplemental Information Vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ructions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES: AFF TIME SPENT CONVENING AND SUPPORTING AN ADVOCACY	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 a	nd 2 (see HAT

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY

Employer identification number 41-6029683

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
			
8	Does each conservation easement reported on line 2d above		
_			
9	In Part XIII, describe how the organization reports conservation	· ·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	ther Similar Assets
. u	Complete if the organization answered "Yes" on Form		and Chimai Addeto.
10	If the organization elected, as permitted under FASB ASC 95		and balance about works
ıa	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•
h			
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	•	exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		_
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations.	acurae or other cimilar accets for financia	
~	the following amounts required to be reported under FASB A		ii gaiii, piovide
а	Revenue included on Form 990, Part VIII, line 1	-	¢
	Assets included in Form 990, Part X		
	, access moladed in Form 600, 7 art A		Ψ

332051 09-28-23

Schedule D (Form 990) 2023

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

Sche	dule D (Form 990) 2023 LIBRARY					029683 Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar Asse	ets (continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make	significant use of it	:S
	collection items (check all that apply).					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			_
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpose in Pa	art XIII.
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arran		e if the organization	answered "Yes" o	n Form 990, Part IV	, line 9, or
	reported an amount on Form 990, Pa	•				
1a	Is the organization an agent, trustee, custodi					
	on Form 990, Part X?				l	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			
						Amount
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance				1f	
	Did the organization include an amount on Fo				•	Yes No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if					
ı uı	Endownient i dias Complete ii	(a) Current year	(b) Prior year	(c) Two years back		ck (e) Four years back
4.	Designing of year balance	11,307,219.	13,501,862.	12,400,762		
1a 	Beginning of year balance	1,095,620.	650,630.	71,840		
b	Contributions	1,363,600.	-1,949,853.	1,605,901	<u> </u>	
C	Net investment earnings, gains, and losses	1,303,000.	1,545,055.	1,003,301	1,227,550	1,777,173.
d	Grants or scholarships					
е	Other expenditures for facilities	94,626.	-895,420.	576,641	534,06	5. 519,012.
	and programs	34,020.	055,420.	370,041	. 334,000	313,012.
	Administrative expenses	12,820,153.	11,307,219.	13,501,862	. 12,400,762	2. 11,704,355.
g	End of year balance Provide the estimated percentage of the curr				. 12,100,70	11,701,333.
2	Board designated or quasi-endowment	5.0510	· (iiiie 1g, coluitiii (a) · %) Held as.		
a b	Permanent endowment 50.8970	%				
	Term endowment 44.0500					
·	The percentages on lines 2a, 2b, and 2c sho					
32	Are there endowment funds not in the posse	•	tion that are held an	nd administered for	the	
ou	organization by:	oolon or the organizat	non that are note ar	a daministered for	u io	Yes No
	(i) Unrelated organizations?					- + - +
b	If "Yes" on line 3a(ii), are the related organiza					··· - · · ·
4	Describe in Part XIII the intended uses of the					
Par	t VI Land, Buildings, and Equipm					
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.	
	Description of property	(a) Cost or ot basis (investm	` ,	1 ' '	Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
	Equipment		8	0,029.	53,322.	26,707.
e	Other					
Total	. Add lines 1a through 1e. (Column (d) must e		K. line 10c. column	(B))		26,707.
				. , -		

Schedule D (Form 990) 2023 LIBRARY Part VII Investments - Other Securities		•	41-6029683 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)		+	
(D)		+	
(E) (F)		+	
(r) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		+	
(8) (9)		+	
Part IX Other Assets Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	SETS HELD BY	OTHERS	3,447,377.
(2)	<u> </u>	0111110	3,227,377
(3)			
(3)			
(4)			
(4) (5)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			2 445 255
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (column of the liability)			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of the complete if the organization of liability			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3)			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of t			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of th			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the income taxes (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.

THE FRIENDS OF THE SAINT PAUL PUBLIC T.TRRARV

Sche	dule D (Form 990) 2023 LIBRARY		3223	41-6	6029683	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With				<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,076,	<u>420.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	1 265 550			
a	Net unrealized gains (losses) on investments	2a	1,365,558. 121,659.			
b	Donated services and use of facilities Recoveries of prior year grants	2b 2c	121,039.			
c d	Other (Describe in Part XIII.)		153,049.			
	Add lines 2a through 2d		-	2e	1,640,	266.
3	Subtract line 2e from line 1			3	1,640, 3,436,	154.
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	55,085.			
b	Other (Describe in Part XIII.)	4b				005
	Add lines 4a and 4b			4c	55, 3,491,	230
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per F	5 Return		<u> </u>
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1115 1111	ii Expenses per i	ictari	•	
1	Total expenses and losses per audited financial statements			1	2,995,	556.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a	121,659.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	49,873.			
е	Add lines 2a through 2d			2e	171, 2,824,	532.
3	Subtract line 2e from line 1			3	2,824,	024.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	44	55,085.			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	33,003.			
	Add lines 4a and 4b			4c	55.	085.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,879,	
Par	t XIII Supplemental Information				-	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1	b and 2b; Part V, line 4	; Part >	K, line 2; Part X	,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	rmation.			
DXE	om v itne).					
PAL	RT X, LINE 2:					
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOM	E TAX	ES UNDER SE	CTI	ON	
<u>501</u>	(C)(3) OF THE INTERNAL REVENUE CODE, DESCR	IBED	UNDER SECTI	ON !	509(A)(2).
<u>CH</u>	ARITABLE CONTRIBUTIONS MADE BY DONORS TO TH	E ORG	SANIZATION A	RE '	rax	
D	NIGHT DI B					
DEL	DUCTIBLE.					
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
	·					
CHA	INGE IN VALUE OF ASSETS HELD BY OTHERS				103,1	76.
FUN	DRAISING EVENT EXPENSE IN EXCESS OF DIRECT	BENE	FIT		49,8	<u>73.</u>
m^-	11. TO GOVERNUE D. DIDT VI. 1777 AD				150 0	4.0
TOI	AL TO SCHEDULE D, PART XI, LINE 2D				153,0	49.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					

Schedule D (Form 990) 2023

332054 09-28-23

Schedule D (Form 990) 2023 LIBRARY Part XIII Supplemental Information (continued)	41-6029683 Page 5
Part XIII Supplemental Information (continued)	
FUNDRAISING EVENT EXPENSE IN EXCESS OF DIRECT BENEF	IT 49,873.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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 THE FRI LIBRARY	ENDS OF THE SAINT	PAUI	ı Pt	JBLIC		Employer ide 41-6029	ntification number 683
Part I Fundraising Activities. required to complete this par	- Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais a	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includanted)	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

LIBRARY

41-6029683 Page 2

		(a) Event #1 OPUS AND OLIVES EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
,		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	317,168.			317,168
	2 Less: Contributions	260,918.			260,918
	3 Gross income (line 1 minus line 2)	56,250.			56,250
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,200.			10,200
	7 Food and beverages	70,112.			70,112
1	8 Entertainment				650
ı	9 Other direct expenses				39,673
ı	10 Direct expense summary. Add lines 4 throu	• • • • • • • • • • • • • • • • • • • •			120,635 -64,385
	11 Net income summary. Subtract line 10 from till Gaming. Complete if the organizatio		990. Part IV. line 19. or r		04,505
	\$15,000 on Form 990-EZ, line 6a.		,,,	-p	
Τ		(a) Pingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (d
L	1 Gross revenue				
	1 Gross revenue 2 Cash prizes				
	2 Cash prizes				
-	2 Cash prizes 3 Noncash prizes				
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs			Yes %	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Yes% No	\Box	No No	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through	Yes% No gh 5 in column (d)	No No	No No	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the summary of the summary of the summary of the summary. Subtract lines	Yes% No gh 5 in column (d)	No No	No	
E	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state of t	Yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No No	No	
E a l	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the summary of the summary of the summary of the summary. Subtract lines	Yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	No States?	No	
a I b I	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization condist the organization licensed to conduct gaming If "No," explain:	Yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	No No	Yes N
E a l	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state of the state of the state of the organization consists the organization licensed to conduct gaming.	Yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	No No vear?	Yes N

Sch	nedule G (Form 990) 2023	LIBRARY		41-6029683 Page 3					
11	Does the organization conduct ga	ming activities with nonmembers?		Yes No					
12			r of a partnership or other entity formed						
				Yes No					
13	Indicate the percentage of gaming								
				13a %					
			's gaming/special events books and record						
	Nama	у розон нио р орыноо но отдыналион							
	Address								
15	a Does the organization have a con	ract with a third party from whom the o	rganization receives gaming revenue?	Yes No					
ŀ	If "Yes," enter the amount of gam	ng revenue received by the organizatior	n \$ and the an	nount					
	of gaming revenue retained by the	third party \$							
(If "Yes," enter name and address								
	,	, ,							
	Name								
	Address								
16	Gaming manager information:								
10	Gaming manager information.								
	Name								
	Gaming manager compensation \$								
	Description of services provided								
	Director/officer	Employee Indep	pendent contractor						
47	Mandatan, diatributiana								
	Mandatory distributions:	akaka laurika mada aharikabla diakibu di	and forms the constraint and a second at the						
â		state law to make charitable distribution		□ vaa □ Na					
	retain the state gaming license?			L Yes L No					
t		•	ed to other exempt organizations or spent	in the					
Pa	organization's own exempt activit		uired by Part I, line 2b, columns (iii) and (v)	ord Part III lines 0. Ob. 10b					
		applicable. Also provide any additional		, and Part III, lines 9, 90, 100,					
SC	HEDULE G, PART II								
тн	E 20TH ANNUAL OPUS	& OLIVES EVENT IN :	2023 GENERATED \$317,10	68 IN					
OP	ERATING REVENUE (NCLUDING SPONSORSHI	PS, EVENT DONATIONS, '	TICKET					
			XPENSES OF \$120,635, 1						
				KEBOHIING					
IN	A NET GAIN OF \$19	6,533 FOR THE ORGAN	[ZATION.						

DocuSign Envelope ID: B0C0A1FA-0391-478A-8DAF-3E8011A6EA58 THE FRIENDS OF THE SAINT PAUL PUBLIC 41-6029683 Page 4 LIBRARY Schedule G (Form 990) Part IV Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE FRIEN LIBRARY	DS OF THE	SAINT PAUL	PORTIC				Employer identification number 41-6029683		
Part I General Information on Grants a	nd Assistance					•			
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	stance? ocedures for monito	oring the use of grant	funds in the United	States.			X Yes No		
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(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		
THE SAINT PAUL PUBLIC LIBRARY 900 W. 4TH STREET	41-6005521		654.240	0	N/A	N. (2)	GRANTS TO SUPPORT THE SAINT PAUL PUBLIC LIBRARY		
ST PAUL, MN 55101	41-6005521		654,249.	0.	N/A	N/A	OPERATIONS AND PROGRAMS.		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 			e line 1 table		<u> </u>	1	1.		

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

Schedule I (Form 990) 2023

Schedule I	(Form 990) 2023	LIBRARY	41-6029683	Pag

ge **2** Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 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: ALL GRANTS TO THE ST. PAUL PUBLIC LIBRARY (THE FRIENDS SOLE GRANTEE) ARE ACCOMPANIED BY A DOCUMENT INDICATING THE REQUIRED USE OF THE FUNDING AS APPROVED BY THE BOARD OF TRUSTEES AND SPECIFIES THAT BY CASHING THE FRIENDS' CHECK, THE GRANTEE IS AGREEING TO SPEND THE FUNDS IN ACCORDANCE WITH THE GRANT TERMS. FRIENDS AND LIBRARY STAFF MEMBERS MEET REGULARLY TO TRACK SPENDING PROGRESS USING A SHARED TRACKING TOOL.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY

 $Employer\ identification\ number \\ 41-6029683$

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
				l		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.			l		
	Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
	During the year did any name listed on Farm 200. Both VII. Coation A. line to with warrant to the filing					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l		
_	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х		
a h		4b		X		
		4c		X		
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	The feet to dry of lines 4d of list the persons drid provide the applicable difficulties for each femiliar dream.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		i		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 LIBRARY

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.

41-6029683

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	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BETH BURNS	(i)	151,306.	0.	0.	32,752.	35,343.	219,401.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

41-6029683 LIBRARY Schedule J (Form 990) 2023 Page 3 Part III | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 3: THE HUMAN RESOURCES COMMITTEE REVIEWS AND APPROVES THE PRESIDENT'S SALARY ANNUALLY, WHICH IS BENCHMARKED AGAINST THE MN COUNCIL OF NONPROFITS' SALARY AND BENEFITS SURVEY.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

THE FRIENDS OF THE SAINT PAUL PUBLIC

Employer identification number 41-6029683

	LIBRARY					41-6029	683	
Pai	rt I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determir n contribution a	_	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	11	58,561.	HIGH/LO	OW AVE.	STO	CK
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	Х	1	392,665.	MARKET	ANALYSI	S	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	3,000.	RETAIL	VALUE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FURNITURE AND E)	X	1	60,700.	RETAIL	VALUE		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?	?				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 LIBRARY	41-6029683	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a compact this part for any additional information.	3, and whether the organizat	tion olete
SCHEDULE M, PART I, COLUMN (B):		
NUMBER OF CONTRIBUTORS		
SCHEDULE M, LINE 32B:		
IN 2023, WE PARTNERED WITH THE SAINT PAUL & MINNESOTA FOU	NDATION TO	
SELL A GIFT OF REAL ESTATE THAT WE RECEIVED DUE TO THEIR	EXPERTISE IN	
THIS AREA AND THE EVENTUAL CONTRIBUTION OF THE FUNDS TO A	FOUNDATION	
ENDOWMENT. THE DECISION TO WORK WITH A THIRD PARTY TO PRO-	CESS OR SELL	
NON-CASH CONTRIBUTIONS IS MADE ON A CASE-BY-CASE BASIS, D	EPENDING ON	
THE GIFT RECEIVED.		

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY

Employer identification number 41-6029683

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INSPIRE THEIR COMMUNITIES. AS AN INDEPENDENT, NONPROFIT ORGANIZATION, THE FRIENDS INVESTS LOCALLY IN THE LIBRARY THROUGH FUNDRAISING, ADVOCACY, AND PROGRAMMING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LEARNING; WE BELIEVE IN TRANSPARENCY; AND, WE BELIEVE IN THE POWER OF BELONGING.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE FOUR BOARD OFFICERS (CHAIR, VICE CHAIR OR IMMEDIATE PAST CHAIR, TREASURER, AND SECRETARY) AS WELL AS CHAIRS OF ALL BOARD COMMITTEES. ALL EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE HAS THE POWER AND AUTHORITY OF THE BOARD AND THE ABILITY TO ACT ON BEHALF OF THE BOARD IN THE INTERVALS BETWEEN BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE PRESENTED TO THE FINANCE AND EXECUTIVE COMMITTEES FOR REVIEW AND APPROVAL BEFORE SHARING ELECTRONICALLY WITH THE BOARD OF DIRECTORS FOR QUESTIONS AND INPUT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST DISCLOSURE STATEMENT IS REQUIRED TO BE SUBMITTED ANNUALLY BY ALL BOARD MEMBERS. IF A CONFLICT IS DISCLOSED, IT IS REPORTED

TO ALL BOARD MEMBERS.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY	Employer identification number 41-6029683
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT AND FINANCE DIRECTOR REVIEW THE MN COUNCIL O	F NONPROFITS'
SALARY & BENEFITS SURVEY DATA AND MAKE RECOMMENDATIONS TO	THE HUMAN
RESOURCES COMMITTEE FOR SALARY AND/OR BENEFITS CHANGES FOR	ALL STAFF. THE
HUMAN RESOURCES COMMITTEE REVIEWS AND APPROVES SALARIES &	BENEFITS AS PART
OF THE ANNUAL BUDGET PROCESS, INCLUDING THE PRESIDENT'S SA	LARY AND
BENEFITS. THE REVIEW IS DOCUMENTED IN THE COMMITTEE MINUTE	S AND A WRITTEN
MEMO FOR THE HUMAN RESOURCES COMMITTEE REGARDING THE PRESI	DENT'S REVIEW.
THIS PROCESS LAST TOOK PLACE IN JANUARY 2024 FOR THE YEAR	ENDED DECEMBER
31, 2023.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST DISCLOSURE S	TATEMENT, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF ASSETS HELD BY OTHERS	103,176.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.	