# Form **991**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Open to Public Inspection

<b>B</b>	heck if	C Name of organization		D Employer identifi	cation number		
_	∏Addre	Friends and Foundation of the San					
Ļ	chang Name	Francisco Public Library		- 04 60054	F.0		
	_]chan@ □Initial	Doing business as	5 ( );	94-60854			
	return Final return	1630 17+h g+	Room/suite	E Telephone numbe (415)626			
	termii ated			G Gross receipts \$	3,264,894.		
	Amen	ded Can Francisco CA 9/107		H(a) Is this a group re			
F	Appli	-		for subordinates			
	pendi	same as C above		H(b) Are all subordinates included? Yes No			
T 1	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 52		list. See instructions		
J١	Vebsi	te: ▶ www.friendssfpl.org		H(c) Group exemption			
		forganization: X Corporation Trust Association Other	L Yea		M State of legal domicile: CA		
		Summary					
_	1	Briefly describe the organization's mission or most significant activities: See	Sched <sup>.</sup>	ule O			
Governance							
ern	2	Check this box  if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net a			
Š	3			3	14		
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			14		
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			26		
Activities &	6	Total number of volunteers (estimate if necessary)			58		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······				
		0 17 17 17 17 17 17 17 17 17 17	-	Prior Year 2,002,047.	Current Year 2,254,241.		
ine	8	Contributions and grants (Part VIII, line 1h)		2,002,047.	2,234,241.		
Revenue	9	Program service revenue (Part VIII, line 2g)		189,686.	161,505.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,021,429.	706,118.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,213,162.	3,121,864.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		690,655.	734,049.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0,00,000.	734,043.		
"	15	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,887,630.	1,392,618.		
Expenses	l			0.	0.		
per	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  378,1	97.	•			
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,058,358.	924,174.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,636,643.			
	19	Revenue less expenses. Subtract line 18 from line 12		-423,481.	71,023.		
or		······································		Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		7,398,385.	10,027,176.		
ASS	21	Total liabilities (Part X, line 26)		291,218.	250,638.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		7,107,167.	9,776,538.		
Pa	art II	Signature Block					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	ments, and to the best of m	y knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of when the complete is the complete.	hich prepare	er has any knowledge.			
		O'control of the control		Dete			
Sig	n	Signature of officer		Date			
Here		Bob Daffeh, Dir. of Finance & Admin.  Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	i	Sean E. Cain, CPA		if self-employ	P01612986		
Pre	oarer	Firm's name Harrington Group, CPAs, LLP		Firm's EIN 🛌	95-4557617		
Use	Only	Firm's address 2698 Mataro Street					
		Pasadena, CA 91107		Phone no. (6	26) 403-6801		
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Га	Statement of Program Service Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III	<b>_</b>
1	Briefly describe the organization's mission:  See Schedule O	
	bee beneatte o	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	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	l hy eynenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	
	revenue, if any, for each program service reported.	ar experience, and
	(Code:) (Expenses \$1,081,986 • including grants of \$) (Revenue \$	706,061.)
··u	Community Program:	,
	Through ongoing efforts to support the library, Friends connections	ects
	readers with books and authors. Each year, through its Commun	nity Book
	Program, ("CBP"), Friends takes in over one million (1,000,00	
	donated books and media, which it in turn resells to the publ	
	two bookstores, online sales and a number of specialty book s	
	(including some of the largest book sales on the West Coast)	
	also selectively acquires rare books from Friends that enhance	
	SFPL's collections. Many books are also donated to schools ar	
	non-profit organizations.	
	Friends re-engineered what has been known as Books Operations	s into the
4b	(Code:) (Expenses \$ 1,037,283 • including grants of \$ 734,049 • ) (Revenue \$	)
	Library Support:	_
	Friends has an annual direct support program that funds various	ous library
	programs, resources and equipment. As a community foundation,	, Friends
	awards support to the SFPL for innovative, free programs and	services
	that are open to everyone across San Francisco in the areas	of:
	children and teens, neighborhood branches, arts and culture,	
	exhibitions, careers and job support, ESL and new immigration	n support,
	technology and media learning, remote outreach (bookmobiles),	, and
	special collections and infrastructure support for affinity of	
	throughout the Main Library. Examples of popular programs that	
	almost exclusively on Friends' support are One City One Book	, the
	Summer Stride Reading and STEM Program, Tricycle Music Festiv	zal, and
4c	(Code:) (Expenses \$	)
	Advocacy:	
	Friends continues the tradition of active and vocal support t	co ensure
	excellence in library services for all users. Friends' long a	and
	successful track record includes its critical role in passing	
	ballot measures over the last 30 years. Through its advocacy Friends helped pass a \$106 million bond measure to build and	errorts,
	24 neighborhood branch libraries city-wide (2000, Prop A), charteness the Library Preservation Fund, ensuring increased library how	
	services and budget (1994, Prop E); spearheading the legislat	
	campaign to build a \$109.5 million new Main Library (1988, Proposition of the contract of the	
	securing over \$9.7 million in state funding. Most recently, I	
	helped pass a measure that will bring in over \$1.2 billion to	) CITE
4d	Other program services (Describe on Schedule O.)	`
_	(Expenses \$ 95,213 • including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 2,451,500.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	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			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		1
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		<del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	040		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 5a	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	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 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 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			7.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	50		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		<b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		` '			77
	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 transa			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the proceeding that were not toy deductible as abortisble contributions?			6-		x
h	any contributions that were not tax deductible as charitable contributions?			6a		23
D				6b		
7	Were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		х
	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 w					
	to file Form 8282?		·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8	899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 1	file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		37 / 3			
	Did the sponsoring organization make any taxable distributions under section 4966?		37/3	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا	I			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a 10b				
ы 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	TOD	1			
	Gross income from members or shareholders N/A	11a	1			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/A$	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	nt inco	nme?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	it ii iCC	ome?	10		
	n res, complete i unii 4720, conedule O.					

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 14	:									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1									
	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?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a											
	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:										
а		8a	Х								
b		8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
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								
12a	and the second s	12a	Х								
b		12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
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		15a	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	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 ▶CA										
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	3)s only	/) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	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, as	nd fina	ncial								
-	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										
	The Organization - (415)626-7500										
	1630 17th St., San Francisco, CA 94107										

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 VI	IIL	
		_

94-6085452

Page 7

#### 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Form 990 (2020)

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	mpei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per				compensation	compensation	amount of			
	week (list any	⊢					Ú	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			en sa te		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itutio	cer	Key employee	hest c	Former			organizations
	line)	pul	Insi	Officer	Key	Hig	윤			
(1) Marie Ciepiela	35.00							150 016	•	20 255
Executive Director	25 00			Х				158,216.	0.	30,357.
(2) Bob Daffeh	35.00	-		,,				120 206	0	20 510
Dir. of Finance & Admin.	1 00			Х				138,386.	0.	29,518.
(3) Sarah Jones	1.00	٠,,		,,					0	0
Board Member/Chair (Transition 7/20)	1.00	Х		Х				0.	0.	0.
(4) David Stringer-Calvert	1.00	X		х				0.	0.	0.
Chair (End 12/20) (5) Daphne Li (Transition 1/21)	1.00	^		Δ		-		0.	0.	<u> </u>
Board Member/Vice Chair	1.00	X		х				0.	0.	0.
(6) Elizabeth Kelly	1.00	Δ		Δ				0.	· ·	<u> </u>
Vice Chair (End 7/20)	1.00	x		х				0.	0.	0.
(7) Kathy Bella	1.00								•	
Secretary (End 7/20)	100	x		x				0.	0.	0.
(8) Gabrielle Bozmarova	1.00	<del> </del>								
Treasurer		Х		x				0.	0.	0.
(9) Jay Auslander	1.00									
Board Member(End 12/20)		Х						0.	0.	0.
(10) Gina Baleria	1.00									
Board Member		Х						0.	0.	0.
(11) Aurin Bhattacharjee	1.00									
Board Member (End 7/20)		Х						0.	0.	0.
(12) Rebecca Charnas-Grant	1.00									
Board Member (Start 7/20)		Х						0.	0.	0.
(13) Diane Gibson	1.00									
Board Member (Start 1/21)		Х						0.	0.	0.
(14) Sarah Ives	1.00								_	_
Board Member		Х						0.	0.	0.
(15) Matthew Kenaston	1.00									
Board Member (Start 7/20)	1 00	Х						0.	0.	0.
(16) Betsy Klein	1.00	١,,							_	•
Board Member	1 00	Х						0.	0.	0.
(17) Alissa Lee	1.00	Ψ,							_	0
Board Member (Start 7/20)		Х					<u> </u>	0.	0.	0.

032007 12-23-20 Form **990** (2020)

Francisco Public Library 94-6085452 Form 990 (2020) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) 1.00 (18) Vishal Saluja 0. 0. 0. Board Member (Start 7/20) (19) Sapna Satagopan 1.00 0. X 0 . 0. Board Member 1.00 (20) Walter Thompson X 0. 0. 0. Board Member (Start 7/20) (21) Michael Warr 1.00 X 0 . 0. Board Member 0. 296,602. 0. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 296,602. 59,875. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation

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

Form **990** (2020)

\$100,000 of compensation from the organization

Friends and Foundation of the San Francisco Public Library Form 990 (2020) Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII			
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
	С	Fundraising events 1c					
ar/ar/		Related organizations 1d					
ntributions, Gi d Other Simila		Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and					
			,254,241.				
	g	Noncash contributions included in lines 1a-1f	199,350.				
a C	h	Total. Add lines 1a-1f		2,254,241.			
			Business Code				
Program Service Revenue	2 a						
	b						
	С						
eve	d						
og R	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte					
		other similar amounts)	•	125,583.			125,583.
	4	Income from investment of tax-exempt bond					
	5	Royalties	·				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	<b>&gt;</b>				
	7 a	Gross amount from sales of (i) Securities	1				
		assets other than inventory 7a 35,922	•				
	b	Less: cost or other basis					
ne		and sales expenses					
Other Revenue	С	Gain or (loss) 7c 35,922	•				
Re		Net gain or (loss)	<b>&gt;</b>	35,922.			35,922.
Ē		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses 8	b				
		Net income or (loss) from fundraising events	<b>&gt;</b>				
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses 9	b				
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
			a <mark>849,091.</mark>				
	b	Less: cost of goods sold	ь143,030.				
		Net income or (loss) from sales of inventory	<b>&gt;</b>	706,061.	706,061.		
s			Business Code				
Miscellaneous Revenue	11 a	Miscellaneous	900099	57.			57.
ane	b						
e Sel	С						
Ais	d	All other revenue					
		Total. Add lines 11a-11d		57.			
	12	Total revenue. See instructions	<b></b>	3,121,864.	706,061.	0.	161,562.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	·			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21	734,049.	734,049.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			_,	
	trustees, and key employees	373,283.	250,630.	74,657.	47,996.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F04 201	FF1 0F0	60 405	150 004
7	Other salaries and wages	794,301.	551,952.	62,425.	179,924.
8	Pension plan accruals and contributions (include	10 000	12 500	1 700	2 055
	section 401(k) and 403(b) employer contributions)	18,233.	13,580.	1,798.	2,855. 19,816.
9	Other employee benefits	126,816.	93,670.	13,330.	19,816.
10	Payroll taxes	79,985.	57,611.	10,579.	11,795.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	36,811.	29,935.	2,730.	4,146.
	Accounting	30,011.	49,933.	2,730.	4,140.
	Lobbying				
	Professional fundraising services. See Part IV, line 17	32,035.		32,035.	
f	Investment management fees	32,033.		32,033.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	217,082.	144,612.	4,897.	67,573.
40	· •	4,110.	4,110.	4,007.	01,515.
12	Advertising and promotion	88,994.	68,395.	2,913.	17,686.
13 14	Office expenses	00,334.	00,333.	2,515.	17,000.
15	Information technology Royalties				
16	Occupancy	385,911.	359,465.	10,501.	15,945.
17	Travel	2,411.	2,283.	50.	78.
18	Payments of travel or entertainment expenses	_,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53,680.	51,137.	1,009.	1,534.
23	Insurance	16,847.	14,469.	945.	1,433.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	Repairs & maintenance	37,488.	35,552.	769.	1,167.
b	Bank charges	21,566.	17,453.	1,482.	2,631.
С	Rentals & equipment	18,089.	16,015.	823.	1,251.
d	Dues & subscription	6,445.	4,712.	111.	1,622.
е	All other expenses	2,705.	1,870.	90.	745.
25	Total functional expenses. Add lines 1 through 24e	3,050,841.	2,451,500.	221,144.	378,197.
26	<b>Joint costs</b> . 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)				F 000 (0000)

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		210,143.	1	198,296
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	432,323.	3	363,500	
	4	Accounts receivable, net	1,316.	4	16,073	
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these pers		5		
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		55,081.	9	90,021
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1,411,941.			
	b	Less: accumulated depreciation 10b	1,054,267.	372,545.	10c	357,674
	11	Investments - publicly traded securities		6,254,671.	11	8,967,984
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		72,306.	15	33,628
	16	Total assets. Add lines 1 through 15 (must equal line		7,398,385.	16	10,027,176
	17	Accounts payable and accrued expenses		191,218.	17	250,638
	18	Grants payable	100 000	18		
	19	Deferred revenue		100,000.	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or former off				
Liabilities		trustee, key employee, creator or founder, substantial				
<u>=</u>		controlled entity or family member of any of these pers	_		22	
_	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	1). Complete Part X			
		of Schedule D		291,218.	25	250,638
	26	Total liabilities. Add lines 17 through 25		491,410.	26	230,030
S		Organizations that follow FASB ASC 958, check he	re 🕨 🕰			
Š		and complete lines 27, 28, 32, and 33.		899,384.	07	2,625,977
3ala	27	Net assets without donor restrictions		6,207,783.	27 28	7,150,561
뒫	28	Net assets with donor restrictions		0,201,103.	28	7,130,301
Ξ		Organizations that do not follow FASB ASC 958, ch	leck nere			
ō		and complete lines 29 through 33.			200	
ets	29	Capital stock or trust principal, or current funds			29	
ASS	30	Paid-in or capital surplus, or land, building, or equipme	_		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,		7,107,167.	31	9,776,538
Z	32	Total net assets or fund balances		7,398,385.	32	10,027,176
	33	Total liabilities and net assets/fund balances		1,350,303.	აა	10,021,110

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	3,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,05		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,10	•	
5	Net unrealized gains (losses) on investments	5	2,61	9,7	71.
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	-2	1,4	23.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,77	6,5	38.
Pa	rt XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e 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 Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
_	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	ar audite explain why an Schoolule O and describe any stand taken to undergree such audite		26		I

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Friends and Foundation of the San Employer identification number Name of the organization Francisco Public Library 94-6085452 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 Francisco Public Library

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 **(b)** 2017 (d) 2019 (c) 2018 (e) 2020 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

#### 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.)

<u></u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,160,054.	1,553,102.	2,016,615.	2,002,047.	2,254,241.	9,986,059.
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	1,254,056.	1,336,918.	1,505,081.	1,097,448.	849,091.	6,042,594.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3,414,110.	2,890,020.	3,521,696.	3,099,495.	3,103,332.	16,028,653.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	94,300.		88,172.			265,087.
C	Add lines 7a and 7b	94,300.		88,172.		82,615.	265,087.
8 Se	Public support. (Subtract line 7c from line 6.)						15,763,566.
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	3,414,110.	2,890,020.	3,521,696.	3,099,495.	3,103,332.	16,028,653.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	155,781.	325,024.	160,909.	189,686.	1,135,141.	1,966,541.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	155,781.	325,024.	160,909.	189,686.	1,135,141.	1,966,541.
11	Net income from unrelated business activities not included in 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.)	79.	99.	173.	108.	57.	516.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,569,970.	3,215,143.	3,682,778.	3,289,289.	4,238,530.	17,995,710.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
	check this box and stop here		·			······	▶□
Se	ction C. Computation of Publ	ic Support Pe					
15	Public support percentage for 2020 (	line 8, column (f), d	livided by line 13, o	column (f))		15	87.60 %
16	Public support percentage from 2019		•			16	92.87 %
	ction D. Computation of Inves						70
17	•			ne 13 column (fl)		17	10.93 %
18	6 00						
	33 1/3% support tests - 2020. If the						
136	more than 33 1/3%, check this box a						► X
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	00x on line 14, 19	a, or 190, check th	iis box and see ins	structions	▶∟

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	9a		
	9b		
	JD		
	9с		
	10a		
	134		
	10b		
m 9	90 or 99	90-EZ)	2020

Par	t IV	Supporting Organizations (continued)	,		
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_		vised, or controlled the supporting organization.	2		
Sec.	tion C	C. Type II Supporting Organizations		1	
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	-		
200		pported organization(s).  D. All Type III Supporting Organizations	1		
sec	lion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	uson of the relationship described in line 2, above, did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			<u> </u>
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions)			
a		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.			
С		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in 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 V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

## Friends and Foundation of the San

Schedule A (Form 990 or 990-EZ) 2020 Francisco Public Library

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

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Ра	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 Francisco Public Library

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)			
Section D - Distributions							
1	Amounts paid to supported organizations to accomplish ex		1				
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organization	ns	3			
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pa	rovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.	,		6			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
	,	(i)	(ii)		(iii)		
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
С	Excess from 2018						
d	Excess from 2019						
	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

### Friends and Foundation of the San

Schedule A (Form 990 or 990-EZ) 2020 Francisco Public Library 94-6085452 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

2020

OMB No. 1545-0047

Name of the organization

Friends and Foundation of the San Francisco Public Library Employer identification number

94-6085452

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		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 I	Rules						
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution:	An organization the	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),					

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
Friends and Foundation of the San
Francisco Public Library

Employer identification number

94-6085452

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	Stock		
38			
		\$ 199,350.	06/30/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization
Friends and Foundation of the San
Francisco Public Library

Employer identification number

94-6085452

Part III			section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through <b>(e) and</b> the following line er	ntry. For organizations				
	Use duplicate copies of Part III if additional	space is needed.	less for the year. (Effet this lift), thee,				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(4)	(-, 3	(3, 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2				
		(e) Transfer of git	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
		(e) Transfer of git	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

#### **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.

Friends and Foundation of the San

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Francisco Public Library

Employer identification number 94-6085452

Pai			similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised	d 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 w	riting that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ınt funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose confe	erring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	on or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the form of a o	conservation easement on the last
	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-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or t	erminated by the orga	anization during the tax
	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		ion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conserva	tion easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	easements during the year
_	<b>-</b> \$			<b>—</b>
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservatio		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	tinanciai statements	that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art Historical Tre	asures or Other	Similar Assets
ı u	Complete if the organization answered "Yes" on Form 9	•	asarcs, or other	Olimai Assets.
	If the organization elected, as permitted under FASB ASC 958		anue statement and h	alance sheet works
ıu	of art, historical treasures, or other similar assets held for publ	, I		
	service, provide in Part XIII the text of the footnote to its finance	,		ariod of public
h	If the organization elected, as permitted under FASB ASC 958			ice sheet works of
	art, historical treasures, or other similar assets held for public of	· ·		
	provide the following amounts relating to these items:	oxinibition, education, or	researer in randician	oc of public scritice,
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treat			
-	the following amounts required to be reported under FASB AS			, p. 21140
а	Revenue included on Form 990, Part VIII, line 1	~		<b>&gt;</b> \$
	Assets included in Form 990, Part X			

## Friends and Foundation of the San Schedule D (Form 990) 2020 Francisco Public Library 94-6085 Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets/a

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	cm   Organizations Maintaining C		•					•	nuea)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that m	ake sigr	nificant ı	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	s exemp	t purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other s	imilar as	ssets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			L	Yes		_ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Ye	s" on Fo	orm 990	, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	<u> </u>								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets	s not ind	cluded		_		_
	on Form 990, Part X?						L	Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII									
								Amour	ıt	
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F				liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Par	rt XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance	4,553,612.	4,418,263.	5,182,9	56.	5,0	56,498.	4	,820	,215.
b	Contributions									
С	Net investment earnings, gains, and losses	2,225,712.	683,058.	181,7	50.	1:	26,458.		236	,283.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,268,698.	547,709.	638,4	70.					
f	Administrative expenses									
g	End of year balance	5,510,626.	4,553,612.	4,418,2	63.	5,18	32,956.	5	,056	,498.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment > 65.4000	%	_							
С	Term endowment ▶ 34.6000	<del></del>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that are held a	nd administered	for the	organiz	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	see Form 990, Pa	art X, lin	ie 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	( <b>c</b> ) Accı	umulate	d	(d) Boo	k valu	ie
		basis (investm	nent) basis	(other)	depre	ciation				
1a	Land									
b	Buildings									
С	Leasehold improvements			9,958.		32,00				53.
d	Equipment			0,647.		37,47				69.
е	Other		30	1,336.	28	34,78	34.			52.
	. Add lines 1a through 1e. (Column (d) must e							2.5	7 6	74.

		roundation (		04 6005450
Schedule D (Form 990) 2020		ıblic Librar <u>y</u>	7	94-6085452 Page
Part VII Investments -				
		on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	2.
(a) Description of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	O Dort V col (D) line 10 )			
Total. (Col. (b) must equal Form 990				
Part VIII Investments -				_
			11c. See Form 990, Part X, line 1	
(a) Description of	investment	(b) Book value	(c) Method of Valuation: Cos	t or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990	0, Part X, col. (B) line 13.)			
Part IX Other Assets.				
Complete if the org	ganization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 1	5.
	(a) [	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo	orm 000 Part V col (P) line	15)		
Part X Other Liabilitie		13.)		
		on Form OOO Dort IV line	110 or 11f Coo Form 000 Dort V	line OF
(-) D	ganization answered Tes C rescription of liability	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	(b) Book value
	escription of liability			(b) book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.... X

(8) (9)

32,035.

3,050,841.

32,035

Sche	edule D (Form 990) 2020 Francisco Public Library			94-	6085452 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per F	Returi	n.
	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	5,810,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b	122,576.		
	Recoveries of prior year grants				
d			-21,423.		
е	Add lines 2a through 2d			2e	2,720,924
3	Subtract line 2e from line 1			3	3,089,829
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	32,035.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	32,035
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,121,864
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,141,382
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	122,576.		
	Prior year adjustments	2b			
	Other losses	2c			
		2d			
	Add lines 2a through 2d			2e	122,576
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,018,806

#### Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

### Part V, line 4:

Friends' endowment consists of five funds established for a variety of purposes and includes donor-restricted funds. Net assets associated with this endowment are classified and reported based on the existence or absence of donor-imposed restrictions.

Friends has adopted investment and spending policies for endowment assets that attempt to preserve the purchasing power of the Endowment Fund and at the same time provide a regular and growing distribution of funds for the use of Friends, consistent with the terms of the Endowment Fund Distribution Policy and the terms governing each of the individual endowment funds. A balanced approach is to be taken between risk,

Part XIII   Supplemental Information (continued)
preservation of capital, income and growth.
Part X, Line 2:
Friends is exempt from taxation under Internal Revenue Code Section
501(c)(3) and California Revenue and Taxation Code Section 23701d.
Generally accepted accounting principles provide accounting and disclosure
guidance about positions taken by an organization in its tax returns that
might be uncertain. Management has considered its tax positions and
believes that all of the positions taken by Friends in its federal and
state exempt organization tax returns are more likely than not to be
sustained upon examination. Friends' returns are subject to examination by
federal and state taxing authorities, generally for three and four years,
respectively, after they are filed.
Part XI, Line 2d - Other Adjustments:
Fixed asset reclass -21,423.

#### 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. Friends and Foundation of the San

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Friends a Francisco	Employer identification numbe $94-6085452$						
Part I General Information on Grants						<u> </u>	
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	istance? rocedures for moni	toring the use of gran	t funds in the Unite	d States.			Yes X No
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
San Francisco Public Library 100 Larkin Street							Support San Francisco Public Library and the surrounding community
San Francisco, CA 94102	94-6000417		734,049.	0.			members.
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization							

Schedule I (Form 990) 2020

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.					

#### **SCHEDULE J** (Form 990)

**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

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

Friends and Foundation of the San Francisco Public Library

Employer identification number 94-6085452

			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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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.			
	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			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			77
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section $FO1(a)(2)$ , $FO1(a)(4)$ , and $FO1(a)(20)$ organizations must complete lines $F$			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
2	The organization?	5a		Х
	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			
Ŭ	contingent on the net earnings of:			
а	The organization?	6a		Х
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) Marie Ciepiela	(i)	158,216.	0.	0.	4,772.	25,585.	188,573.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.		
(2) Bob Daffeh	(i)	138,386.	0.	0.	4,282.			
Dir. of Finance & Admin.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020 Francisco Public Library	94-6085452 Page
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 F	art II. Also complete this part for any additional information.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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.

Friends and Foundation of the San Francisco Public Library

Employer identification number 94-6085452

Par	t I Types of Property										
		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	<b>(d)</b> Method of de	terminino	a				
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		_	;			
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	X	1	199,350.	FMV						
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											
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ()										
26 27	Other () Other ()										
28	Other ( )										
29	Number of Forms 8283 received by the organi	zation during	n the tay year for o	contributions							
	for which the organization completed Form 82										
	Tel Whielf the organization completed form of	00,1 411 1, 2	orree / terane wreag			Y	es	No			
30a	During the year, did the organization receive b	v contributio	on anv property rei	ported in Part I, lines 1 throu	gh 28, that it						
	must hold for at least three years from the date	-			-						
	exempt purposes for the entire holding period					30a		X			
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31		X			
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash							
	contributions?					32a		X			
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,						
	describe in Part II.										

Schedule M (Form 990) 2020

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Part		Sup is rep this p	ortir	ng in	Part	I, col	umn	(b), th	he nu	ımb	e the er of o	infor	matio ibutio	n req ns, th	juired ne nu	l by P mber	art I, of ite	lines ms r	30b eceiv	, 32b /ed, c	, and or a co	33, an ombina	d whe	ether of bot	the or	rganiza so com	tion plete
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#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Friends and Foundation of the San Francisco Public Library

Employer identification number 94-6085452

Form 990, Part I, Line 1, Description of Organization Mission:

Friends of the San Francisco Public Library (Friends) is a

member-supported, nonprofit organization that advocates, fundraises, and

provides critical support for the San Francisco Public Library ("SFPL")

and its mission for equitable access to resources for everyone. Friends

is dedicated to creating, stewarding, and supporting one of the best

libary systems in the country.

Form 990, Part III, Line 1, Description of Organization Mission:

Friends supports the free public libraries of San Francisco. We provide

funding and conduct advocacy and outreach to ensure that all people

have equal access to the information, resources and support that our

libraries provide. Friends believes that libraries are anchors for

thriving neighborhoods, and that an excellent library system is

critical to the health of our city.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Book Program, embracing its activities more accurately and fueling its

growth as a valuable community asset that supports the SFPL's mission

for literacy and literary engagement. The Book Programs's four

fundamental goals balance literacy and a national model for

environmental responsibility. These goals are to:

- Increase access to low-cost books and media through multiple venues of convenience and affordability.

Francisco Public Library	Employer identification number 94-6085452
- Redirect free books from the traditional market to und	erserved and
low-income children and families.	
- Promote literary engagement through free literary acti	vities.
- Keep more than one million books and media out of land	fill and
recycling plants each year.	
Form 990, Part III, Line 4b, Program Service Accomplishme	nts:
the publication of At the Library, a free newsletter of a	ctivities at
the Main library and the 27 branches. Friends's funds als	o support
professional development for library staff, including pay	ing for
specialized training and conferences, and grants to Libra	rians, to
pilot new innovative services that if successful, are oft	en expanded
system wide.	
Through Friends, community members express their support	and
aspirations for the SFPL as:	
- Persuasive Advocates committed to a strong and respons	ive library
with reliable public funding.	
- Engaged Champions advancing the SFPL's mission for com	munity
literacy and expansive free resources and opportunities f	or everyone.
- Generous investors bridging the funding gap between wh	at the city
provides and the cost of additional programs, resources a	nd services
that San Franciscans want and need.	

Employer identification number 94-6085452

Form 990, Part III, Line 4c, Program Service Accomplishments:

library by renewing the Library Preservation Fund (2007, Prop D). We

continue to work with elected officials, community groups and the

library administration to ensure a premier library system for San

Francisco.

Form 990, Part III, Line 4d, Other Program Services:

#### Volunteer Program:

Friends has a robust volunteer program which helps support the CBP,
library and Friends' literary events, and contribute to our library
advocacy efforts by educating the public about the Library Preservation
Fund as well as promoting patronage of the twenty-eight libraries in
San Francisco. In FY20/21, the program experienced a significant
decline in the total number of volunteers from 1,400 to 58 during a
year of unprecedented times due to the Covid-19 pandemic which forced
strict shutdowns, limited in-person interactions, program and event
cancellations and a sharp switch to remote work. Adapting to these new
conditions and guidelines, Friends continue to strategize ways to make
volunteerism effective as new phases of the pandemic are implemented
and a greater number of our volunteers become more comfortable getting
back into the community.

The Lisa Brown & Daniel Handler Writer's Residency Program:

Made possible by the generosity of Daniel Handler and Lisa Brown, the residency is designed to provide five writers with free, adequate, and accessible space in which to produce creative work, and to connect them with the San Francisco Public Library to produce and share their work

Name of the organization Friends and Foundation of the San Francisco Public Library

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in the community. The resident authors work in designated artist space

(the writers hive) at the Friends office where they have 24-hour

unlimited access to the office and all the amenities and supplies of

the office. Each resident is connected to a branch library as the

resident writer/creator for the purpose of highlighting their talents

and engaging with the library patrons.

Expenses \$ 95,213. including grants of \$ 0. Revenue \$ 0.

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

The audit committee reviews and approves the Form 990 and then forwards accepted Form 990 to all board members for acceptance before it is filed.

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

It is Friends of SFPL's policy that employees and board members acting on behalf of the Friends be free from conflicts of interest that could influence their judgment, objectivity or loyalty to the organization. The following policy and procedures apply. No member of the board of directors shall participate in any discussion or vote on any matter in which he or she or a member of his or her immediate family has potential conflict of interest due to having material economic involvement regarding the matter being discussed when such a situation presents itself. The director must announce his or her potential conflict, disqualify himself or herself, and be excused from the meeting until discussion is over on the matter involved. The chair of the meeting is expected to make inquiry if such conflict appears to exist and the board member has not made it known.

Employees are to avoid any conflict of interest and even the appearance of a conflict of interest. Potential conflict of interest or the appearance of a conflict of interest is to be reported to the executive director or

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization Friends and Foundation of the San **Employer identification number** 94-6085452 Francisco Public Library supervisor immediately. Employees must take the following steps to avoid conflict or appearance of an impropriety: - Request ED's approval of outside activities that may pose a real or potential conflict of interest - Avoid personal relationship with other Friends employees where parties in the relationship may receive or give unfair advantage or preferential treatments because of relationship - Avoid actions or relationships that might conflict or appear to conflict with your job responsibilities or the interest of friends - Avoid accepting gifts, money or gratuities from persons or entities performing or seeking to perform services under contract with the organization - Avoid receiving personal honoraria for services you perform that are closely related to your work at the Friends. Obtain ED or supervisor approval for occasional honoraria

- Not use nonpublic Friends information for your personal gain or advantage or for the gain or advantage or another
- Employees are prohibited from hiring family members when they play a dual role in the decision making.

A policy acknowledgement form is reviewed and signed by board of directors, committee members, officers, staff members and certain consultants to ensure no member of the board of directors, or any of its committees, shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with the Friends of the San Francisco Public Library. Each individual shall disclose to the organization any personal interest which he or she may have in any matter pending before the

Employer identification number 94-6085452

organization and shall refrain from participating in any decision on such matter. Also, any member of the board, any committee, or staff who is an officer, client organization or vendor of the Friends shall identify his or her affiliation with such agency or agencies. Further, in connection with any committee or board action specifically directed to that agency, he or she shall not participate in the decision affecting that agency and the decision must be made and/or ratified by the full board. Any member of the board, any committee, staff and certain consultants shall refrain from obtaining any list of Friends' clients/members for personal or private solicitation purposes at any time during the term of their affiliation.

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

In reviewing and approving the compensation, the Board of Directors of

Friends through the executive/compensation committee (the Committee) will

utilize the following process:

- 1. Impartial decision makers. The compensation arrangement must be approved in advance by the committee comprising entirely of individuals who do not have a conflict of interest with respect to the compensation arrangement for executives, officers or key employees.
- 2. Comparability data. When the committee is considering compensation to executives, officers and key employees, it must rely on comparability data that demonstrate the fair market value obtained from independent source.
- 3. Documentation. The committee must document how it reached its decisions, including the data on which it relied. The terms of the compensation, the date it was approved, committee members who were present and those who voted in favor.
- 4. Conflict of interest. The committee must document any actions taken with respect to consideration of the compensation by anyone who is otherwise a