# Form **990**

# 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

Department of the Treasury Internal Revenue Service

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

and ending JUN 30, 2022 Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identif	cation number
		Friends and Foundation of the Rochester		
	Addres	Public Library		
	Name change	Doing business as	16-13474	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/ termin	115 South Avenue	585 428-	
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,452,286.
Ļ	Ameno	Rochester, Nr 14004	H(a) Is this a group r	
	Applic tion pendir		for subordinates	····· — —
		same as c above	H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) ( )		list. See instructions
		e: www.ffrpl.org	H(c) Group exemption	
			Year of formation: 1989	M State of legal domicile: N Y
Р	art I	Summary	. fdd	
çe	1	Briefly describe the organization's mission or most significant activities: To raise	e runus and pr	ovide
Activities & Governance		general funding for library facilities and r	_	
/eri	2	Check this box if the organization discontinued its operations or disposed of	1 _	ssets.   14
Ĝ	3		3	14
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)	······	8
ij	5 6	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		28
¥	70	Total number of volunteers (estimate if necessary)		0.
¥	h	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
	+ -	Net differenced business taxable income from 1 om 350-1,1 art 1, life 11	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	8,202,922.	6,790,315.
n	1	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	507,010.	670,282.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,871.	117,330.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,723,803.	7,577,927.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	605,762.	820,295.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	444,706.	468,057.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
x	b	Total fundraising expenses (Part IX, column (D), line 25)  206,000.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	135,933.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,186,401.	
	19	Revenue less expenses. Subtract line 18 from line 12	7,537,402.	6,104,302.
Net Assets or	3		Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	21,087,427.	23,466,918.
HAS I	21	Total liabilities (Part X, line 26)	241,490.	201,557.
챨	22	Net assets or fund balances. Subtract line 21 from line 20	20,845,937.	23,265,361.
_	art II	Signature Block		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer nas any knowledge.	
۰.		Signature of officer	l Date	
Sig		Donna Borgus, Executive Director	24.0	
He	re	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	id	Jeanne Beutner Jeanne Beutner	10/05/22 self-employ	
	parer	Firm's name  Heveron & Company CPAs, PLLC	Firm's EIN	27-18951 <b>4</b> 9
	e Only	Firm's address 260 Plymouth Avenue South	TIMISEM	
	•	Rochester, NY 14608	Phone no. 58	5-232-2956
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions	1,	X Yes No

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	See Schedule O	
	Did the second of the second 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.	L Yes LALINO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	L 162 21 NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy evnences
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	
	royanua if any for each program convice reported	
4a	1 000 001 000 000	117,330.)
	On an ongoing basis, the Friends & Foundation of RPL compleme	ents
	regular government appropriations to Rochester Public Library	y through
	(1) gifts to an annual fund raising campaign, (2) special gra	
	corporations, individuals, charitable foundations and govern	
	funding sources, (3) earnings generated by a permanent endow	
	(4) individual gifts made through wills and trusts, and (5)	
	the sale of books and library related items through the Library	
	Funds from these sources are used to expand library programs	
	support capital improvements at public libraries, to ensure appropriate maintenance of library facilities, and to support	
	professional resources, services and staff. (Continued on Sci	
	professional resources, services and searr, (continued on ser	ilcuare 07
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	, (	,
4c	(Code: \(\frac{1}{2}\) (Funesce 0 including greate of 0 \(\frac{1}{2}\)	)
70	(Code:) (Expenses \$	,
4.1	Otherwise was in a (Danwitte or Orbertal O)	
4d	Other program services (Describe on Schedule O.)	1
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 1,028,351.	)
TÜ	Total program out vioc expenses P	Form <b>990</b> (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	00		X
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"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		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t 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			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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			
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			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	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		X
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed NY  Section 6104 requires an examination to make its Forms 1022 (1024 or 1024 A. if applicable), 900, and 900 T (continue 501(a)/3)	0.051.	) over:	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain on Schedule O)			
10	· · · · · · · · · · · · · · · · · · · ·	d fine:	ooic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiial	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 585 428-8321			
	115 South Avenue, Rochester, NY 14604			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	<b>)</b>	•		(D)	(E)	(F)
Name and title	Average	(do	not c	Posi heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle: cer an	ss pe d a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (	ruste		a)	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	onal t		ploye	com		1099-NEC)		and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Edward B. Davis III, Executive	37.50	_								
Director (Through July)				Х				67,655.	0.	4,059.
(2) Donna Borgus, Executive	37.50									
Director (Beginning July)				Х				28,558.	0.	3,239.
(3) Andrew Iserson	0.40									
Director		Х						0.	0.	0.
(4) Brian McLaughlin	0.40									
Director		Х						0.	0.	0.
(5) Dan Ross	0.60									
Secretary		Х		Х				0.	0.	0.
(6) David Hou	0.60									
Treasurer		Х		Х				0.	0.	0.
(7) Diana Carter	0.40							_	_	_
Director		Х						0.	0.	0.
(8) Dr. Sheila Strong	0.20							_	_	_
Director		Х						0.	0.	0.
(9) Donna P. Benjamin	0.80							_	_	_
President		Х		Х				0.	0.	0.
(10) Dr. Kiah Nyame	0.20								_	_
Director		Х						0.	0.	0.
(11) Justin Stevens	0.60								_	_
Vice President		Х		Х				0.	0.	0.
(12) Patty Uttaro	0.40	l								
Ex Officio		Х						0.	0.	0.
(13) Richard L. Hamilton	0.60	l								
Consultive/Ex Officio	0.40	Х		X				0.	0.	0.
(14) Sally Millick	0.40	١							•	
Director	0.40	Х						0.	0.	0.
(15) Tiana Stephens	0.40								_	_
Director	0.40	Х						0.	0.	0.
(16) William Yust	0.40									_
Director		Х						0.	0.	0.
		-								

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees.	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	;	Es	timate	<del>:</del> d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount (	of
	week	<del>-</del>	Cer an	uau	liecic	Ji/ ii us	iee)	from	from related	- 1		other	
	(list any hours for	irecto						the	organization			pensa	
	related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC)			om the	
	organizations	ruste	trus		e e	nben		1099-NEC)	1099-1120)	,		anizati d relate	
	below	dual tr	tional	١. ا	yoldı	st cor	_	1033-1120)				anizatio	
	line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	Former						
	1	┢	_		×	1 0	_						
		1											
										$\neg$			
		1											
										$\neg$			
		1											
		1											
		1											
		1											
		1											
		1											
		1											
1b Subtotal							<b>—</b>	96,213.		0.		7,2	98.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								96,213.		0.		7,2	98.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportab	le			
compensation from the organization						,							0
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, l	кеу е	emp	loye	e, or	hic	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual	•	•	·	•	·			•		3		Х
4 For any individual listed on line 1a, is the s										·····			
and related organizations greater than \$15	50,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	J t	for such individual	· ·		4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedul	e J t	or su	ıch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.				
(A)								(B)			(C	<del>)</del>	
Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
2 Total number of independent contractors	including but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ						0							
											Form	990 (2	2021)

132008 12-09-21

Form 990 (2021)

Part VIII Statement of Revenue

			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
			Check ii Conedale C Contains a respons	o or riote to drift iiii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
(A (A)								SECTIONS 212 - 214
빏			Federated campaigns 1a					
اج ق			Membership dues 1b					
A,			Fundraising events 1c					
ig la		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e	50,000.				
호기		f	All other contributions, gifts, grants, and					
ફ			similar amounts not included above 1f	6,740,315.				
함		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f		6,790,315.			
				Business Code				
o l	2	а						
ķ		b						
Ser		c						
E S								
gra		d						
Program Service Revenue		e	All II					
_		f	1 0					
-		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte		674 711			674 711
			other similar amounts)		674,711.			674,711.
	4		Income from investment of tax-exempt bond	· .				
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 1,830,278	3.				
		b	Less: cost or other basis					
ne			and sales expenses <b>7b</b> 1,834,707	' <b>.</b>				
Revenue		С	Gain or (loss) 7c -4,429	).				
Be		d	Net gain or (loss)		-4,429.			-4,429.
her			Gross income from fundraising events (not					
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses	b				
		С	Net income or (loss) from fundraising events					_
	9	а	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	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	a 152,915.				
		b	Less: cost of goods sold	<b>b</b> 39,652.				
		С	Net income or (loss) from sales of inventory		113,263.	113,263.		
s				Business Code				
e on	11	а	Other Income	900099	4,067.	4,067.		
ane		b						
e e		С						
Miscellaneous Revenue		d	All other revenue					
~			Total. Add lines 11a-11d		4,067.			
	12		Total revenue. See instructions		7,577,927.	117,330.	0.	670,282.

#### 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	<del></del>			(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	820,295.	820,295.		
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,	406 777	25 252		
	trustees, and key employees	106,777.	37,372.	32,033.	37,372
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 000		
7	Other salaries and wages	264,800.	122,356.	52,521.	89,923
8	Pension plan accruals and contributions (include	46.44			
	section 401(k) and 403(b) employer contributions)	18,117.	7,928.	3,995.	6,194 18,063
9	Other employee benefits	48,059.	17,025.	12,971.	18,063
10	Payroll taxes	30,304.	13,089.	6,840.	10,375
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	D ( )   (   )   )   O D   N     17				
f	Investment management fees	93,666.		93,666.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	17,793.		17,793.	
12	Advertising and promotion				
13	Office expenses	58,341.	4,659.	9,872.	43,810
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	amount not into 2 to expenses on deficultion,				
a b					
C					
d					
	All other expenses	15,473.	5,627.	9,583.	263
е 25	Total functional expenses. Add lines 1 through 24e	1,473,625.	1,028,351.	239,274.	206,000
25 26	Joint costs. Complete this line only if the organization	1,1,5,025.	1,020,001.	20012120	200,000
20	reported in column (B) joint costs from a combined				
	. , , .				
	educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20)

Form 990 (	
Part X	<b>Balance Sheet</b>

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			708,319.	1	594,386.
	2	Savings and temporary cash investments				2	745,198
	3	Pledges and grants receivable, net				3	119,642
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, s					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disc					
		under section 4958(f)(1)), and persons desc	ribed in	section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			119,523.	8	180,136
Ä	9	Prepaid expenses and deferred charges			8,640.	9	6,480
	10a	Land, buildings, and equipment: cost or oth	ner				
		basis. Complete Part VI of Schedule D	1	Oa			
	b	Less: accumulated depreciation	1	Ob		10c	
	11	Investments - publicly traded securities			12,349,320.		17,654,999
	12	Investments - other securities. See Part IV, li	198,578.	12	4,166,077		
	13	Investments - program-related. See Part IV,	line 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must	equal li	ne 33)	21,087,427.		23,466,918
	17	Accounts payable and accrued expenses	117,621.	17	89,509		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	lete Par	t IV of Schedule D		21	
es	22	Loans and other payables to any current or	former	officer, director,			
≣		trustee, key employee, creator or founder, s	substan	ial contributor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unre				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on	lines 17	-24). Complete Part X	100 000		110 040
		of Schedule D			123,869.		112,048
	26	Total liabilities. Add lines 17 through 25			241,490.	26	201,557
S		Organizations that follow FASB ASC 958,	check	here 🕨 🔼			
ü		and complete lines 27, 28, 32, and 33.			10,737,925.		0 221 002
ala	27				10,737,923.	_	9,321,883
<u>Б</u>	28	Net assets with donor restrictions			10,100,012	28	13,343,470
μ̈́		Organizations that do not follow FASB AS	SC 958,	check here			
<u></u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fur				29	
ASS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			20,845,937.	31	23,265,361
Z	32	Total liabilities and not assets find balances			21,087,427		23,466,918
	33	Total liabilities and net assets/fund balances	S		41,001,421	<b>ত</b>	Eorm <b>990</b> (2021

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,57	7,9	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,47		
3	Revenue less expenses. Subtract line 2 from line 1	3		,10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,84		
5	Net unrealized gains (losses) on investments	5	-3	,68	4,8	78.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	23	, 26	5,3	61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
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 Scl	nedule	0.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Friends and Foundation of the Rochester

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Public Library 16-1347453 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	909,215.	786,811.	666,736.	1202922.	826,676.	4392360.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	000 015	506 044	666 506	100000	006 686	100000
4	Total. Add lines 1 through 3	909,215.	786,811.	666,736.	1202922.	826,676.	4392360.
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,						700 050
	column (f)						799,252.
6	Public support. Subtract line 5 from line 4.						3593108.
	etion B. Total Support	(-) 0047	(1-) 0040	/-\ 0040	(-1) 0000	(-) 0004	/6\ T - + - l
	ndar year (or fiscal year beginning in)	(a) 2017 909, 215.	(b) 2018 786,811.	(c) 2019 666, 736.	(d) 2020 1202922.	(e) 2021 826,676.	(f) Total 4392360.
	Amounts from line 4	909,213.	700,011.	000,730.	1202922.	020,070.	4392300.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	175,068.	184 819	178 404.	154,800.	674,711.	1367802.
9	and income from similar sources  Net income from unrelated business	173,000.	101,013.	170,101.	131,000	0/1//110	13070021
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	17,832.	13,640.	13,883.	10,688.	4,067.	60,110.
11		, -		, , , , ,	, , , , , ,		5820272.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	536,816.
13	First 5 years. If the Form 990 is for the						<u> </u>
	organization, check this box and stor				-		<b>&gt;</b>
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2021 (	line 6, column (f), c	divided by line 11,	column (f))		14	61.73 %
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	54.59 %
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization	ı			<b>▶</b> X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	. —
	organization meets the facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990) 2021

#### 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.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

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#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		. 55	
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9с		
	10a		
ulo	10b	n 000	2021

	dule A (Form 990) 2021 Fubile Library 10-13	4/43	) Pa	age <b>5</b>
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	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.		1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	istructioi		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e 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 integrat	ted Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<b>3</b>					
4	Amounts paid to acquire exempt-use assets		4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e					
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2021 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2021 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019 Excess from 2020							

Schedule A (Form 990) 2021

e Excess from 2021

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.)											
Sched	ıle A,	Part	II,	Line	10,	Explar	nation	for	Other	Income:	
Other	Progr	am Se	rvice	e Inco	ome						

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Friends and Foundation of the Rochester Public Library

**Employer identification number** 16-1347453

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	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		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	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			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easements during the year
-		dition of challed one and on	£	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	forcing conservation	n easements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of acotion 170/h)	(4\/D\/i\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililailciai stateilleili	to that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
b	Assets included in Form 990, Part X			

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Schedule D (Form 990) 2021

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

Pai	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, or Oth	er Similar	Asse	<b>ts</b> (contin	ued)	<u>.g.</u>
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that make	significant us	e of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b									
С									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be main	ntained as part of th	ne organization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arrang						line 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?					$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	lowing table:						
							Amount	İ.	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on For						Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the exp	planation has been	provided on Part XII	I				]
Pai	t V Endowment Funds. Complete if t	he organization ans	swered "Yes" on Fo	orm 990, Part IV, line	10.				
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back	(e) Four	years	back
1a	Beginning of year balance	12,582,829.	9,941,817.	10,283,123.	1,961	,347.	1	,665,	224.
	Contributions	13,122,028.	223,898.	46,605.	8,304	,443.		223,	621.
С	Net investment earnings, gains, and losses	-3,008,977.	2,913,065.	065. 43,860. 644,238				141,828.	
d	d Grants or scholarships								
	Other expenditures for facilities								
	and programs	660,523.	452,392.	414,919.	541	,937.		57,	099.
f	Administrative expenses	93,666.	43,559.	16,852.	84	,968.		12,	227.
g	End of year balance	21,941,691.	12,582,829.	9,941,817.	10,283	,123.	1	,961,	347.
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	38.6200	%						
b	Permanent endowment ► 61.3800	%	_						
С	Term endowment > %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	· ·	tion that are held a	nd administered for	the organizati	on			
	by:	· ·			· ·			Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the o								
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	ccumulated		(d) Book	k value	—— Э
		basis (investm			preciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
	. Add lines 1a through 1e. (Column (d) must equ		X, column (B), line 1	0c.)		•			0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PUDIIC LIDT	ary	16-	-134/453 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	4 1 6 6 0 7 7	Trad of Wood Woodlook	77-1
(A) US Bonds	4,166,077.	End-of-Year Market	value
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Tatal (Col. /h) must equal Form 000 Part V and /D) line 10 )	4,166,077.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	4,100,077.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(b) Metriod of Valuation. Cost of cita	or your market value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	l l		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Due to Rochester Public L	ibrary		112,048.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	<b>&gt;</b>	112,048.

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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...

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Public Library	. che ko	CHESCEL	16-	1347453 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R	eturr	1.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
Total revenue, gains, and other support per audited financial statements			1	3,894,828.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a   -	3,684,878.		
<b>b</b> Donated services and use of facilities		95,445.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	-3,589,433.
3 Subtract line 2e from line 1			3	7,484,261.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,666.		
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	93,666.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,577,927.
Part XII   Reconciliation of Expenses per Audited Financial State			Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
Total expenses and losses per audited financial statements			1	1,475,404.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	95,445.		
<b>b</b> Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	95,445.
3 Subtract line 2e from line 1			3	95,445. 1,379,959.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,666.		
<b>b</b> Other (Describe in Part XIII.)		-		
c Add lines 4a and 4b	·		4c	93,666.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,473,625.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	art 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 a			.,	. , –,,
···· ···-, ···· ···-, ··· ···-, ···-				
Part V, line 4:				
· · · · · · · · · · · · · · · · · · ·				
The annual income generated from the invest	ment of	these fun	ds :	is required
to be used in specific ways by donors and,	accordi	ngly, is r	eco:	rded as
		<u> </u>		
donor restricted or undesignated according	to dono	r requirem	ent	S •
<u></u>				<u>-</u>
Part V, Line 1c - Three Year Back				
The 2018 contributions total of \$8,304,443	include	d contribu	tio	ns of
				<del></del>
\$8,287,439 of investments that were establi	shed as	board des	igna	ated
endowment in the prior year.				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Friends and Foundation of the Rochester Public Library							Employer identification number 16-1347453	
Part I General Information on Grants a	and Assistance							
Does the organization maintain records     criteria used to award the grants or assi     Describe in Part IV the organization's propert II     Grants and Other Assistance to	stance? ocedures for mon	toring the use of gran	t funds in the Unite	d States.			X Yes No	
recipient that received more than					anization answered	res on Form 990, Far	Try, line 21, for any	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Rochester Public Library In C/O the Organization Rochester, NY 14604	22-3160973	501(c)3	470,471.	349,824 <b>.</b>	Cost	Various equipment and supplies	Support the organization's exempt purpose	
Noneptel, NI 14004	22 3100373	501(0/5	270,271.	349,021.	CODE	Supplies	parpose	
2 Enter total number of section 501(c)(3) a			ne line 1 table				<b>&gt;</b>	

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(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, column	ı (b); and any other a	dditional information.	
Part I, Line 2:					
Each year the Rochester Public Lib	rary Boa	rd approve	s the dist	ribution of	
the annual campaign proceeds to th	e Librar	y, and the	Friends a	nd Foundation	
of the Rochester Public Library.		_			
from the RPL board for these distr				<u> </u>	
Trom the RPL board for these distr	IDUCTORS	•			
The other monies that the organiza	tion give	es to the	Library co	me from	
income received through proposals	for supp	ort of spe	cific area	s at the	
Library or are unsolicited donor d	esignate	d.			

Part IV	Supplemental Information				
Regula	r communication between the two organizations	ensure	that	funds	are
spent	in accordance with their intended purposes.				
				Schedule I (	Form 990)

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Friends and Foundation of the Rochester Public Library

Employer identification number 16-1347453

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

The Friends and Foundation of the Rochester Public Library is an incorporated, not-for-profit public charity whose mission is to raise funds and provide programming in support of the Central Library of Rochester and Monroe County and the Rochester Public Library. The Foundation's primary goals are to raise private and public funds to help ensure the library's financial security, to enable the highest level of library service to the community in the 21st century, and to help build broad public support for the library's programs.

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

Through ongoing communication, the Friends & Foundation of RPL seeks to

coordinate its efforts with other public libraries and library support

groups throughout Monroe County, and whenever possible acts as a source

of information and counsel for other Monroe County public libraries.

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

A draft copy of the return was sent to all members of the board for comments before filing.

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

All members are expected to disclose any conflict of interest that arises in the course of the year.

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

The board discusses the compensation of the Executive Director annually.

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

Schedule O (Form 990) 2021

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