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)

2017

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

Open to Public Inspection

A	For the	e 2017 cale	ndar year, or tax year beginni	ing 01/01	, 2017, and end	ling 12	/31	, 20 17	
В	Check if	f applicable	C Name of organization FRIEND	S OF THE SANTA FE PUBLIC	LIBRARY INC		D Employer	dentification number	r
	Address	s change	Doing business as		•			51-0161692	
\Box	Name ci	•	Number and street (or P.O. box i	f mail is not delivered to street add	ress) Room/	suite	E Telephone	number	
$\overline{\Box}$	Initial re	-	145 Washington Ave		İ		50	05-955-2839	
$\overline{\Box}$		um/terminated		ountry, and ZIP or foreign postal c	ode				
Ħ		ed return	Santa Fe, NM, 87501				G Gross rece	ıpts \$ 1,535,	.497
H			F Name and address of principal of	fficer Edelma Huntley		H(a) is this a o	roup return for sub-		
	гррпса	tion pending	145 Washington Ave, Santa			,,,		cluded? Yes	
_	Tay ava	empt status	501(c)(3) 501(d		'(a)(1) or 527		ach a list. (see		
<u> </u>	Website		w.santafelibraryfriends.org	() () 1 (insert (io.)	(B)(1) 01 321		exemption nu		
K				ociation Other ►	L Year of form		'	legal domicile NN	
	art	Summ		ociation other >	L rear or long	181011 1974	IN State of	regat domicile [4]	VI
				ignion or most significant a	atuutios: T				
•	1	-	escribe the organization's m	ission of most significant a	cuvides: 10E	roviae tunaing	and suppo	rt for the Santa Fe	
ĕ		Public Li	brary.				· · · · · · · · · · · · · · · · · · ·		
Governance		Ob1. 4b					050/ -4.4-		
Ş.	2		is box ► ☐ if the organization				1 1	net assets.	
Ğ			of voting members of the go						10
<u>ي</u> م	4		of independent voting memi			D)			10
Activities &	5		nber of individuals employe	-			5	······	0
흕	6		mber of volunteers (estimate	= -			6		170
₹	7a		elated business revenue fro	· ·			7a		0
	b	Net unre	lated business taxable incor	ne from Form 990-T, line 3	<u> 4 </u>		7b		0
						Prior Ye	ear	Current Year	
<u> </u>	8	Contribu	tions and grants (Part VIII, III	ne 1h)			77,473	140,	,788
Revenue	9	Program	service revenue (Part VIII, III	ne 2g)			0		0
ě	10	Investme	ent income (Part VIII, column	(A), lines 3, 4, and 7d) .			43,679	198,	,347
4	11	Other rev	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and	l 11e)		69,689	72,	,314
	12	Total rev	enue-add lines 8 through 11	l (must equal Part VIII, colur	nn (A), line 12)		190,841	411,	,449
	13	Grants a	nd sımılar amounts paid (Pa	rt IX, column (A), lines 1-3)			31,072	37,	,896
	14	Benefits	paid-to-or-for-members (Rai	tTX, çolumn (A), line 4) .			0		0
ø	15	Salaries,	other compensation, employe	ee behefits (Part IX, column (A), lines 5-10)		0		0
Expenses	16a	Profession	onal fundraising fees (Part IX	ີ່, codumn (A), line 11e) .			0		0
<u>e</u>	b	Total fun	draising expenses (Part IX,	column (D), line 25) ▶	5,989		MARKET &	25%。这类对于15%的	
ம	17	Other ex	penses (Part IX, column (A),	ling 11a-11d, 11f-24e)			131,428	136,	,545
	18	Total exp	penses-Add-lines-13-17 (mu	ıst equal Part IX, column (A), line 25) .		162,500	174,	,441
	19		less expenses Subtract line				28,341	237,	
ts or	3					Beginning of Cu	irrent Year	End of Year	
55	20	Total ass	sets (Part X, line 16)			1	,228,823	1,423,	.218
Ass	21		oilities (Part X, line 26)				0		0
Net Asset	22		ts or fund balances. Subtrac	ct line 21 from line 20			,228,823	1,423,	
	art II		ture Block			<u>-</u>	,		
			iry, I declare that I have examined th	nis return, including accompanying	schedules and sta	tements, and to t	he best of my	knowledge, and belief	t it is
trı	Je, correc	ct, and comp	lete. Declaration of preparer (other t	han officer) is based on all informat	on of which prepa	rer has any know	ledge.	/ /	,
_	·		Moria H	Sa -			5/14	1/18	
Sig	an	Sign	ature of officer	7		L Da		110	
	ere			/		5.			
		INIO	ira Gehring, Treasurer*						
		Type	or print name and title	<u> </u>					
	aid		or print name and title pe preparer's name	Preparer's signature		Date	Check 🗸	PTIN	

Friends of the Santa Fe Public Library

Firm's address ▶ 145 Washington Ave, Santa Fe, NM 87501

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

505-660-8524

✓ Yes
☐ No Form **990** (2017)

Firm's EIN ▶

Phone no

Cat. No. 11282Y

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	The second for the second annual factor of Contact of Dublic Laborator
	To provide funding and support for the Santa Fe Public Library
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 82,365 including grants of \$ 37,896) (Revenue \$ 0)
	The Friends of the Santa Fe Public Library supplements the Santa Fe Public Library's Books and Materials budget, the Library's
	E-books and Services and Technology budget, and contributes supplemental funding for Furnishings, Fixtures and Equipment.
	The Friends also provide Continuing Education funds for Library staff.
4b	(Code.) (Expenses \$ 26,024 including grants of \$ 0) (Revenue \$ 0)
	The Friends of the Santa Fe Public Library provides funding for Early Childhood and Youth After-school and Summer Reading
	programs at all three Santa Fe Public Library branches. In 2017, there were a total of 462 Early Childhood and Youth programs
	that served 15,846 participants. Main Library held 141 programs for 4,188 participants, La Farge Library conducted 122 programs
	for 3,449 participants; and Southside Library held 199 programs for 8,209 participants. The six-week Summer Reading Program is
	held annually at all three branches. To entice children to participate, magicians, puppet shows, singers and storytellers put on
	performances tied to a general reading theme each week. Participants also received weekly incentives to encourage continued
	attendance. In 2017, 1,502 children participated. Southside Library led attendance with 687 participants, followed by Main Library
	with 605 participants and La Farge Library with 210 participants.
Ac	(Code:) (Expenses \$ 25,728 including grants of \$ 0) (Revenue \$ 0)
4c	
	With funding from the Brindle Fund at the Santa Fe Community Foundation, and an Anonymous donor, the Friends of the Santa Fe
	Public Library funds Books and Babies, a year-round, early childhood reading and activities program for caretakers and children
	aged six months to two years. In 2017, sessions were offered in both English and Spanish. In 2017, 8 six-week sessions were held
	at all three library branches for a total of 5,521 participants.

4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 13,104 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses

	3 (2011)			-90 0
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,"	Γ	163	110
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		√
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	✓	
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		1
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
ь	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		 ✓
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		✓
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		√
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	1	-
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	•	
		1 13		<u>. • </u>

Part	Checklist of Required Schedules (continued)		· · · · ·	age -
Fart	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
_	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	✓	
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			,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	<i>.</i>	/
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
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	Ì		
	through 24d and complete Schedule K. If "No," go to line 25a .	24a		✓_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	✓
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230	<u> </u>	<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			ļ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .			,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	 	-
-	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	22		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓
0.7	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V. line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		•	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	./
20	Part VI	37	-	✓
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		1 90	<u> </u>	<u> </u>

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •		
		郑春 春	Yes KNAWA	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?			
ο-		1c	¥KŽLEM	Tables W.
za	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 0	Section 2		3423
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	是是是漢字	STANCE TO
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Here	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	towns:	takki kari
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	İ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ua	<u> </u>	<u> </u>
U	qifts were not tax deductible?	6b	1	[
7	Organizations that may receive deductible contributions under section 170(c).	600	美黎大教教	SACTO
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		\vdash
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			SPAPE
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Part Control	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g 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			A 200
	sponsoring organization have excess business holdings at any time during the year?	8	STATISTIC.	RECEINA S
9	Sponsoring organizations maintaining donor advised funds.	200	104	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	PHENCHA:	#4.780ECT-0
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	製變		2000
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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	X		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	·		. 🗸
Secti	on A. Governing Body and Management			
	ent all the second of the seco	SECTION.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10 If there are material differences in voting rights among members of the governing body, or	囊		
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10	H		
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6	/	
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	6	V	
	one or more members of the governing body?	7a	1	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	8b		 ✓
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	71 950 W. so. 10
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	1	\vdash
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	
Ū	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>,</u>
b	Other officers or key employees of the organization	15b	理論を定っ	√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVA	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NM	- 501		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501((C)(3)s	i only)
40	Own website Another's website Upon request Other (explain in Schedule O)	ora-t	nel -	اء جيء ي
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	holici	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
-	Moira Gehring, (505)467-8647			

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Page 7

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

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.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
				(0	C)					
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and Title	Average					than one of the state of the st		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	요글	2	Q	Š	육포	F	from the	related organizations	other compensation
	related	불	計	Officer	y e	흥물	Former	organization	(W-2/1099-MISC)	from the
	organizations	ctal	tion	`	귤	yee c	-	(W-2/1099-MISC)		organization and related
	below dotted	Individual trustee or director	altr	Ì	Key employee	ļ ģ				organizations
	,	tee	Institutional trustee	ĺ	"	Highest compensated employee				-
			ď			ited				
Wendy Hitt	6.5	,								
Co-President	0	✓	_	✓	_	ļ		0	0	0
Edelma Huntley	7.0			١,						
Co President	0	✓	<u> </u>	✓			ļ	0	0	0
Moira Gehring	5.0	l .								
Treasurer	0	✓		✓				0	0	0
Sherry Morrison	2.0									
Co-Treasurer	0	✓	ļ	✓	L_			0	0	0
Eva Monika Borins	2.0									
Corresponding Secretary	0	✓		✓				0	0	0
Leslie Levin	1.25						1			
Member	0	✓				L	ļ	0	0	0
Linda Mowbray	1.0							1		
Member	0	✓	ļ			ļ		0	0	0
Susan Sheldon	6.5									
Member	0	1						0	0	0
Henry Wilson	2.0									
Member	0	✓						0	0	0
Jaap Vermeulen	0.25							ļ		
Member	0	✓						0	0	0
Derrick Chavez - partial year	0.25									
Member	0	✓					<u> </u>	0	0	0
Jeffrey Less - partial year	0.5							}		
Member	0	1	L					0	0	0
Susan Nalder - partial year	1.5									
Member	0	✓						0	0	0
Kate Oldroyd - partial year	2.00									
Member	0	✓				L		0	0	0

	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles r and	Pos eck s pe	more rson irect	than on the thick the thic	an ee)	(D) Reportable compensation from	(E) Reportab compensatior related		(F) Estimate amount o other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensat from the organizati and relate organizatio	e on ed
						ļ.—		<u> </u>		<u> </u>			
			<u> </u>										
								-					
						ļ		ļ		<u> </u>			
1b c	Sub-total			•	•		•	>	0		0		0
d 2	Total (add lines 1b and 1c)	not limited						▶ e) w	ho received me	ore than \$1	00,00	0 of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, dırec						emp		est compe	nsate	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual											ie 🦸 💮	
5	Did any person listed on line 1a receive of for services rendered to the organization?												V
Section	n B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	ress			_				(B) Description of s	ervices		(C) Compensation	
None													
						_						-	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Pen	VIII	Check if Schedule O		rest	oonse or note to	any line in this	: Part VIII		П
	SALE TO S	Check if deficition	Edition a	103	DONSE OF HOLE IN	(A) Total revenue	(B)	(C) Unrelated	(D)
	7					Total revenue	Related or exempt	business	Revenue excluded from tax
	20.						function revenue	revenue	under sections 512-514
ts ts	1a	Federated campaigns		1a	0				
iran	b	Membership dues .	P	1b	28,364				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .		1c	7,940	学学工作	2.5 477		
a He	d	Related organizations	[1d	0				7.83
tributions, Giff Other Simılar	е	Government grants (con	tributions)	1e	0				
rior r S	f	All other contributions, gi						0.00	
ibu		and similar amounts not incl	luded above	1f	104,484				
Contrained C	g	Noncash contributions includ	led in lines 1a-1	1f. \$	0		ar recent		
	h	Total. Add lines 1a-1	f			140,788			
Program Service Revenue					Business Code				
ver	2a								
æ	b								
ξ	С								
Ser	d	***************************************				,			
ä	e								
Jo	f	All other program sen		,			The Mindson of the San Section of	Topogrammar, 24. U probate 7. Visual on Ale	DE MINISTE VILLIAMO ANTE, TAIS, II GALLACTI MINISTERIA GANTANA
	g	Total. Add lines 2a-2				0			
	3	Investment income							
		and other similar amo	•		•	30,716	0	0	30,716
	4	Income from investment		-	•	0	0	0	0
	5	Royalties	(i) Real	•	▶	O CONTRACTOR CONTRACTOR	0	0	O
		0	(I) Neal		(II) Fersona				
	6a	Gross rents						Note that	* * * * * * * * * * * * * * * * * * *
	b	Less rental expenses						and the age of the	
	C .	Rental income or (loss)	loos)	0	0				
	d 7a	Net rental income or (Gross amount from sales of	(i) Securitie		(ii) Other		NAMES OF THE PARTY OF THE		
	'a	assets other than inventory							
	b	Less cost or other basis	1,271	,426	0				
	"	and sales expenses .	4 402	705					
		Gain or (loss)	1,103	,631	0				
	d	Net gain or (loss)				167,631	0	0	167,631
	ľ	rici gain or (1033) .		•		107,031			
Pe	8a	Gross income from fu	ındraising				S Royana a seed to		
ē		events (not including \$	7,940	1					
ě		of contributions reporte							
-					29,198				
Other Reve	b	Less: direct expenses		b	20,253				
U		Net income or (loss) fi		sing		8,945		0	8,945
		Gross income from ga				CONTRACTOR	MARKET AND A		
		See Part IV, line 19 .		а					
	b	Less: direct expenses		b					
	С	Net income or (loss) for	rom gaming	acti	vities ►				
	10a	Gross sales of in	ventory, le	ess					The state of the s
	ĺ	returns and allowance	es	а					
	b	Less: cost of goods s	old	b					
	С	Net income or (loss) fi		finve					
		Miscellaneous R	evenue		Business Code		V. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		716 F 78 F 78 F 18
	11a	Book Sales			451211	63,369	63,369	0	0
	b								
	С								
	d	All other revenue .				0	0	0	0
	е	Total. Add lines 11a-			🟲	63,369	THE CHILD		
	12	Total revenue. See in	structions.		▶	411.449	63.369	l o	207.292

Part IX Statement of Functional Expenses

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

Section	on 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b,			(C) Management and	
8b, 9b	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,896	37.896		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	C
10	Payroll taxes	0	0	0	C
11	Fees for services (non-employees).				
a	Management	2,700	75	2,437	188
b	Legal	0		0	
C	Accounting	3,455		3,455	(
d	Lobbying	0	0	0	(
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	9,382	0	0.202	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			9,382	
12	Advertising and promotion	2,762	1,381 1,612	691	690 691
13	Office expenses	5,131	1,796	2,309	1,026
14	Information technology	959	336	335	288
15	Royalties	0	0	0	(
16	Occupancy	407	81	41	285
17	Travel	0	0	0	(
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	' (
19	Conferences, conventions, and meetings .	349	35	227	87
20	Interest	0	0	0	(
21	Payments to affiliates	0	0	0	C
22	Depreciation, depletion, and amortization .	216	216	0	C
23	Insurance	1,305	261	1,044	C
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		TO AN ACCOUNT		
а	Books and Materials	42,960	42,960	0	C
b	Children and Youth Programs	26,024	26,024	0	C
C	Early Childhood Programs	25,728	25,728	0	C
d	Education and Training; Newsletter	5,249	3,753	0	1,496
е	All other expenses	7,615	5,067	1,310	1,238
25	Total functional expenses. Add lines 1 through 24e	174,441	147,221	21,231	5,989
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
		L	L	<u> </u>	Form 990 (2017

Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 182,343 63,525 2 67,785 1,076,635 2 3 3 0 0 4 0 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0 0 7 7 0 0 0 8 0 q Prepaid expenses and deferred charges . 740 1,583 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b 433 216 11 Investments—publicly traded securities 1,096,340 11 162,441 12 12 Investments—other securities. See Part IV, line 11 . . . 0 0 13 13 Investments—program-related. See Part IV, line 11 0 0 14 14 0 0 15 Other assets. See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,228,823 1,423,218 17 17 0 0 18 18 0 0 19 19 0 0 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 Unsecured notes and loans payable to unrelated third parties 24 24 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 n 26 **Total liabilities.** Add lines 17 through 25 . 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 1,228,823 1,423,218 33 1,228,823 33 1,423,218 Total liabilities and net assets/fund balances 34 1,228,823 1,423,218

Part	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		411	,449
2	Total expenses (must equal Part IX, column (A), line 25)	2		174	,441
3	Revenue less expenses. Subtract line 2 from line 1	3		237	,008
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,228	,823
5	Net unrealized gains (losses) on investments	5		-42	,613
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,423	<u>,218</u>
Part	XII Financial Statements and Reporting				 -1
	Check if Schedule O contains a response or note to any line in this Part XII				
_			And the second	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," es	kpiain in			
_			2a		
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-		Zan		
	reviewed on a separate basis, consolidated basis, or both:	ipilea oi			
L	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	20 3293 k S	Ren a	
	separate basis, consolidated basis, or both:	.00 017 4			
	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 or	versiaht	344734	SCHOOL B	
·	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c		
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	,			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	S. Links	PRESENT P	2.5. PEN
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b		
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 20**17** Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization 51-0161692 FRIENDS OF THE SANTA FE PUBLIC LIBRARY INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/2% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 h 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) d 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, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E) **Total**

(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** (f) Total (b) 2014 (c) 2015 (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) ▶ (a) 2013 Gifts, grants, contributions. and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for 2 Tax organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 5 The portion of total contributions by person (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2017 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015(d) 2016 (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 Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 15 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a b 331/a% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check 17a 10%-facts-and-circumstances test-2017. 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 b 10%-facts-and-circumstances test-2016. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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.)

Secti	Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")	81,956	90,609	96,324	77,473	104,484	450,846		
2	Gross receipts from admissions, merchandise	· ·					 -		
	sold or services performed, or facilities								
	furnished in any activity that is related to the organization's tax-exempt purpose	0	0	832	1,236	29,198	31,266		
3	Gross receipts from activities that are not an			032	1,230	20,100	31,200		
·	unrelated trade or business under section 513	0	0	0	0	0	0		
4			<u> </u>						
4									
	organization's benefit and either paid to or expended on its behalf				_		_		
-	•	0	0	0	0	0	0		
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge	_	_	_	_	_ }	_		
•	-	0	0	0	0	0	0		
6	Total. Add lines 1 through 5	81,956	90,609	97,156	78,709	133,682	482,112		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	_	_	_	_	_	_		
_	·	0	0	0	0	0	0		
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0		
	Add lines 7a and 7b	O	O	0	0	O water and the contents of th	0		
8	Public support. (Subtract line 7c from								
C4:	line 6.)	STATE OF THE STATE				SEA WILLIAM	482,112		
	on B. Total Support	4-1.004.0	#-\ 00d.4	(-) 004E	(4) 004 0	(-) 0047	46 T-1-1		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9	Amounts from line 6	81,956	90,609	97,156	78,709	133,682	482,112		
10a	Gross income from interest, dividends,					:			
	payments received on securities loans, rents,								
	royalties, and income from similar sources.	32,002	66,667	41,856	43,679	198,347	382,551		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses				;				
	acquired after June 30, 1975	0	0	0	0	0	<u>_</u>		
C	Add lines 10a and 10b	32,002	66,667	41,856	43,679	198,347	382,551		
11	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on	0	0	0	0	0	0		
12	Other income. Do not include gain or								
	loss from the sale of capital assets	Ì							
	(Explain in Part VI.)	66,655	70,711	66,375	68,453	63,369	335,563		
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	180,613	227,987	205,387	190,841	395,398	1,200,226		
14	First five years. If the Form 990 is for the	•			•		n 501(c)(3)		
	organization, check this box and stop he					· · · · ·	· • U		
	on C. Computation of Public Suppo					11			
15	Public support percentage for 2017 (line	• • •	-			15	40.17 %		
16	Public support percentage from 2016 Sc			<u> </u>	· · · · ·	16	43.51 %		
	on D. Computation of Investment In				(6)	149	0'		
17	Investment income percentage for 2017			-		17	31.87 %		
18	Investment income percentage from 201					18	20.96 %		
19a	331/3% support tests—2017. If the organ								
_	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► 33½% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and								
b									
	line 18 is not more than 331/3%, check this	-	_		•	-	_		
20_	Private foundation. If the organization d	io not check a	pox on line 14	, ₹9a, or 19b, c	neck this box	and see instruc	ctions 🕨 🔲		

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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)
- B 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**.
- 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 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
g y			
is d	2		
er	3a		
d e			
3)	3c		
lf			
jn o <i>n</i>			
on ed 3)	46		1
," N n,			
ły	5a		
to ed or	5c		
or th	6 7		
?			
re ed			
ch	9b	77.	
fıt	9c		
on ed			
to	10a		

Scheau	ie A (Porm 990 or 990-62) 2017	Page J
Part	Supporting Organizations (continued)	
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
С	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b
Secti	on B. Type I Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes No
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
Secti	on C. Type II Supporting Organizations	
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).	Yes No
Secti	on D. All Type III Supporting Organizations	
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?	Yes No
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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	(see instructions).
2	Activities Test. Answer (a) and (b) 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 in (a) 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

-Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional	v in	tegrated Type III supporting	organization (see
Instructions)	,	G ==== : 7F 2 ==FF 2	, 3

Schedul	e A (Form 990 or 990-EZ) 2017			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish		·	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a	The state of the s			
<u>b</u>	From 2013			
c	F 0045			
e	From 2016			
	Total of lines 3a through e		76-77-1478-1-17-5-7-3-8	
<u>.</u>	Applied to underdistributions of prior years		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
9 _	Applied to 2017 distributable amount			TO COLOR STORY OF THE PARTY OF
<u>:</u>	Carryover from 2012 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Washington Straight S		
4	Distributions for 2017 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			Section Real of Published Sections 2 and 2 of the Contract of Section 2 and Section 2
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	Tamber - Sentential and Assistant Control Land Section 2015 (1997)		
8	Breakdown of line 7.			
а	Excess from 2013			
b	Excess from 2014	CONTRACTOR OF THE	PERSONAL SE	FILE SECTION OF THE S
C	Excess from 2015			
d	Excess from 2016	TANK CAMPANA		
е	Excess from 2017		PROPERTY AND AND ASSESSMENT	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part III, Line 12 - Other income is income from Sales of Donated Books
••••	
	<u> </u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

2017

Department of the Treasury

		misso for instructions and the latest morn	
	the organization		Employer identification number
	DS OF THE SANTA FE PUBLIC LIBRARY INC	hierd Funds or Other Similar Fun	51-0161692
Par	Organizations Maintaining Donor Ad Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bollor advisod lulius	(b) I and and one 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 5	Aggregate value at end of year	or advisors in writing that the assets h	yeld in donor advised
5	funds are the organization's property, subject to t	the organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the beneconferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	· · · · · · L Yes L No
_ Par		141V2 F 000 Dt IV I 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		- · · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
_	Preservation of open space		the first transfer
2	Complete lines 2a through 2d if the organization h	neid a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			2a
b	Total acreage restricted by conservation easemer		······································
C	Number of conservation easements on a certified		
d	Number of conservation easements included in historic structure listed in the National Register	i (c) acquired after 7/25/06, and not	
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished, or teri	minated by the organization during the
4	Number of states where property subject to cons	ervation easement is located ▶	
5	Does the organization have a written policy reviolations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect \$\Bigs\\$	ing, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easen	nents.	
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	•	
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relative		ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII. line	1	> \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other simila SFAS 116 (ASC 958) relating to these i	r assets for financial gaın, provide the tems
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		▶ \$

⊢Part									
3	Using the organization's acquisition, collection items (check all that apply):		her records, che	eck any of the	ne follov	ving that are a	significar	t use	of its
а	☐ Public exhibition		d 🗌 Loa	n or exchan	ge prog	rams			
b	☐ Scholarly research		e 🗌 Oth	er					
С	☐ Preservation for future generation								
4	Provide a description of the organiza XIII.							ose in	Part
5	During the year, did the organization	solicit or receive	donations of an	t, historical t	reasure	s, or other simi	ar		
	assets to be sold to raise funds rathe		ined as part of t	he organizat	ion's co	ollection?	<u> </u>	es 🗌	No.
Part					_				
	Complete if the organization 990, Part X, line 21.							n Forr	n —
	Is the organization an agent, trustee included on Form 990, Part X?						_	es 🗆] No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the following	table:	Г			,	
					-		Amount		
C	Beginning balance				10				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1 <u>f</u>		🗆 🔪		1 11-
2a	If "Yes," explain the arrangement in F	· ·							J NO
Pari		art Alli. Check hen	e ii the explanat	ion has beer	provide	eo on Part Alli.	• • •		<u></u>
ган	Complete if the organization	answered "Ves	" on Form 990	Part IV lun	o 10				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years bad	k (e) For	ır years i	pack
10	Paginging of year balance	<u> </u>							
1a	Beginning of year balance	1,043,149	1,000,23	1	057,331	1,035,68	1		3,209
b	Contributions	1,850	1,09	0	2,000	3,11	3	30	5,598
C	losses	454.400	70.07	_	20.054	44.00		4.74	
		154,400	70,07	0	-29,854 0	41,92	0	126	5,916
d e	Grants or scholarships Other expenditures for facilities and	U		•			<u> </u>		0
-	programs	30,000	20.00		30 000	10.00		21	
	Administrative expenses	20,000	20,00		20,000	10,00			5,975
f	End of year balance	9,481 1,169,918	8,25 1,043,14		9,238	13,39 1,057,33	-		0,068
g 2	Provide the estimated percentage of						91]	1,035	0,000
a	Board designated or quasi-endowme		o %	rg, column (i	ajj Heiu i	as.			
b	Permanent endowment	0%	<u>. 70</u>						
	Temporarily restricted endowment	0 %							
C	The percentages on lines 2a, 2b, and		nn%						
3a	Are there endowment funds not in th			hat are held	and ad	ministered for t	he		
-	organization by:	o poodoco	organization (a. a.oo.a	and do			Yes	No
	(i) unrelated organizations						3a(i)	-	\
	(ii) related organizations						3a(ii	1 1	`
b	If "Yes" on line 3a(ii), are the related of		l as required on	 Schadula R7		<i>.</i>	3b	1	
4	Describe in Part XIII the intended use						30	1	
Part			on a chactimon	101100					
· arc	Complete if the organization		" on Form 990	Part IV lin	e 11a.	See Form 990	Part X	line 1	Λ.
	Description of property	(a) Cost or ot	her basis (b) Cos	t or other basis (other)	(c)	Accumulated epreciation	·	ok value	
1a	Land		0	0	新疆 沙科敦	2323753			0
b	Buildings	.		0	ASTROPHEN OF SALE	0			0
~	Leasehold improvements		0	0		0			0
d	Equipment		1,081	0		865			216
u e	Other		0	0	1	0			0
	Add lines 1a through 1e (Column (d) r	nust equal Form 9			0c)				216
i Jiai.	mad lines ta dirough te (Column (d) i	nusi equal i Ullil 9	JU, FAIL A, CUIUI	nn (D); iine 1	· · ·				216

Part VII	Investments—Other Securities.	IV line 11h See F	orm 000 Dort V line 12
	Complete if the organization answered "Yes" on Form 990, Part (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		
	neld equity interests		
(3) Other			
(A)			
(B)		-	
(C) (D)			
(E)			
(F)		-	
(G)			
(H)			
Total. (Column (Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part		T
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		_	
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	hi wastaanal Farm 000 Part V and (Pillian 171) h		And the second s
Part IX	b) must equal Form 990, Part X, col (B) line 13) ► Other Assets.	L	
Faltix	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990, Part X, line 15.
(1)	(a) Description		(b) Book value
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)			
(5)		7	
(6)			
<u>(7)</u>			
(8)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form 990, Part X,
	line 25.		
(1) Federal in	(a) Description of liability		(b) Book value
(2)	icome taxes		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	nization's financial eta	tements that reports the
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the t	ext of the footnote has	been provided in Part XIII

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c '	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	, . ,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	· · · · · · · · · · · · · · · · · · ·		er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	_ marine
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С 5	Add lines 4a and 4b		4c 5
Part		e 10)	<u> </u>
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1h and 2	o: Part V line 4 Part Y line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		
	ule D, Part V, Line 4 - The intended use of the organization's quasi-endowmen		
	rt in future years to the Santa Fe Public Library, to fund the purchase of books		
	and a supplied to the supplied		
a3 (U I	and youth programming and library stan education.		
		•	
			••
		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G (Fòrm 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest instructions. Employer identification number Name of the organization 51-0161692 FRIENDS OF THE SANTA FE PUBLIC LIBRARY INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part-I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants ☐ Internet and email solicitations c Phone solicitations Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity col (i) Yes No 1 2 3 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-Fart-II

Fa	irt-II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		3. 3.3.3.3.4.3.4.3.4.3.4.3.4.3.4.3.4.3.4	(a) Event #1 Copier-Printer Activity (event type)	(b) Event #2 Author Events (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	20,604	8,439	8,095	37,138
	2	Less: Contributions Gross income (line 1 minus	0	3,745	4,195	7,940
		line 2)	20,604	4,694	3,900	29,198
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
Direct Expenses	6	Rent/facility costs	О	0	0	0
Exp	7	Food and beverages	0	0	0	0
Direct	8	Entertainment	0	0	0	0
	9	Other direct expenses .	7,063	2,758	10,432	20,253
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	.	20,253 8,945
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" on Form 99	0, Part IV, line 19, or	reported more
Revenue		,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		-		
_	5	Other direct expenses .				
	6	Volunteer labor ,	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summan	y. Subtract line 7 from lii	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain.		in each of these states		
10		ere any of the organization's g "Yes," explain	aming licenses revoked	•		

Schedu	le G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility 13a % An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party.
С	Name N
	Address►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

OMB No 1545-0047

FRIENDS OF THE SANTA FE PUBLIC LIBRARY INC	LIBRARY INC						51-0161692
Part I General Information on Grants and Assistan	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs	stantiate the amou	int of the grants or	assistance, the g		eligibility for the grants or assistance, and	tance, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fu	nds in the United]
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do for any recipient	mestic Organiz that received m	ations and Dom ore than \$5,000.	estic Governm Part II can be d	lents. Complete if uplicated if additic	the organization and space is need	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal. other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
	501(c)(3) and gov	ernment organiza	tions listed in the li	ine 1 table			A
3 Enter total number of other organizations listed in the line 1 to Enr Panerwork Reduction Act Notice see the Instructions for Form 990	rganizations listed	I in the line 1 table for Form 990					Chock (190 mod) I elimpados
· () () () () () () () () () () () () ()	200 516 115115115	200 - 200		ž	II, INO, COCCOT		Colorations in only in particular

Schedule I (Form 990) (2017)

President. Reguests for support are reviewed and approved by the Library Director. Schedule I, Part I, Line 2 - Santa Fe Public Library: Purchases of Furniture, Fixtures and Equipment and Technology are reviewed and approved by the Board Treasurer and/or the Board (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III N ന 4 S 9

SCHEDULE O (Form 990 or 990-EZ)

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.

2017

OMB No. 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

FRIENDS OF THE SANTA FE PUBLIC LIBRARY INC 51-0161692 Form 990, Header, Line G - The organization engaged a new investment advisor in 2017. As a result, included in gross receipts and throughout the return are transactions involving sales of securities in connection with the change in advisors. Form 990, Part III, Line 4d - Other-program services include support for Santa Fe Public Library operations, including program publicity and outreach, adult education programs and volunteer support. The organization also produced a newsletter. Form 990, Part VI, Section A, Line 6 - The Friends of the Santa Fe Public Library is a membership organization. Members in good standing are defined as those who have paid annual dues and are thereby entitled to make motions and vote at general membership meetings. The presence of twenty (20) members constitutes a quorum at any general membership meeting, including the Annual Meeting. Form 990, Part VI, Section A, Line 7a - The organization's bylaws require that elections be held at the annual meeting. Officers and directors take office at the close of the meeting at which they are elected. Electors are members in good standing, who are defined as those who have paid annual dues. In addition, the bylaws state that any voting member vacancies which arise in the time between annual meetings are to be filled by appointment by the President with confirmation by a majority Board vote. Form 990, Part VI, Section A, Line 7b - Revisions to the organization's bylaws are subject to approval by electors at the next general membership meeting of the organization. Electors are members in good standing, who are defined as those who have paid annual dues and are thereby entitled to make motions and vote at general membership meetings. Form 990, Part VI, Section A, Line 8b - Minutes are taken contemporaneously at meetings of the full Board, but not at the various committee meetings. All significant decisions are taken at meetings of the full Board. Form 990, Part VI, Section B, Line 11b - The organization's Form 990 is reviewed and approved by the Executive Committee of the Board. All members of the Board have an opportunity to review the Form 990 electronically. Form 990, Part VI, Section B, Line 12c - All Board members are required to sign a conflict of interest policy at the beginning of the calendar Form 990, Part VI, Section C, Line 19 - The organization's governing documents and financial statements are made available upon request and are posted on the organization's website.