Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023

OMB No. 1545-0047

Open to Public Inspection

For the 2023 calendar year, or tax year beginning 06-01 2023, and ending 05-31 ,2024 Check if applicable: C Name of organization Friends of the Chestnut Hill Library D Employer identification number Address change Doing business as 23-2252185 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 84 Bethlehem Pike (215)315-8588 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Philadelphia, PA 19118 206,605 X No Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? **X** 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: https://chlibraryfriends.org Website: H(c) Group exemption number X Corporation Trust Association Other L Year of formation: 1983 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: The friends of the Chestnut Hill Library serves to support the Chestnut Hill Library branch and to promote literacy, encourage lifelong Activities & Governance learning, and inspire curiosity. see attachment Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 12 4 12 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 1 Total number of volunteers (estimate if necessary) 6 60 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 84,487 91,269 Revenue 94,228 114,021 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 990 1,315 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 179,705 206,605 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57,977 60,481 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 102,641 103,203 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 160,618 163,684 Revenue less expenses. Subtract line 18 from line 12 19,087 42,921 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 279,046 280,155 21 Total liabilities (Part X, line 26) 95,550 52,689 Net assets or fund balances. Subtract line 21 from line 20 184,605 226,357 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Amy Wilson Sign Signature of officer Date Here Amy Wilson, Exec Dir Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check **Paid** NICK REIS 02-10-2025 self-employed P03013218 Preparer Firm's name ELLIS LEE HOSTETTER & CO Firm's EIN **Use Only** 1810 S 5TH AVENUE Firm's address Phone no. LEBANON PA 17042 717-273-8197 X No May the IRS discuss this return with the preparer shown above? See instructions Yes

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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 L	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		х
8	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Х
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		Α
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Λ
•	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.5		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.5		
00-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 24	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	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV

23-2252185

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
J-T	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O \dots		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
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 (Fig. 1).	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \ \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?} . .$		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots$		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	, ,	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots$		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				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $$.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year? $\dots \dots \dots$		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
h	one or more members of the governing body?	7a		Х
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		А
Ū	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0		
40	describe on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		х
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		42
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Amy Wilson (215)315-8588, 84 Bethlehem Pike, Philadelphia, PA 19118			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

						•				_
				((C)					
(A)	(B)	l ,.			sition			(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Karen Freedman	1.00									
Secretary/Garden Committee Chair		х						0	0	0
(2)Prather Ann Egan										
Branch Manager		х						0	0	0
(3)Laura Lucas	1.00									
Fundraising Chair		х						0	0	0
(4)Denise Connerty										
Board Member		х						0	0	0
(5)Lynne Brown	1.00									
Fundraising Coordinator		х						0	0	0
(6)Ann Marie Arment	1.00									
Communication Co-Chair		х						0	0	0
(7)Amy Wilson	40.00									
Exec Dir		Х				х		0	0	0
(8)Stanley Cutler	1.00									
Programs/Events		Х						0	0	0
(9)John Autin	1.00									
Communications Co-Chair		х						0	0	0
(10)Jan LeSuer	1.00									
President		Х		х				0	0	0
(11)Tiffany Kim										
Treasurer		Х		х				0	0	0
(12)Rona Sisson	1.00									
Vice President		х		х				0	0	0
(13)	-									
<u>(14)</u>										
										Form 000 (2022)

EEA Form **990** (2023)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not che , unles er and	Po eck m ss pe d a di	(C) sition nore the rson is rector	han one s both ar r/trustee)	1	(D) Reportable compensation from the organization (W-2/	(E) Reporta compens from rela organization 1099-Mi	able ation ated ns (W-2/ ISC/	cor fi orga	(F) ated amo of other npensati com the nization a	on and
(15)														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(24)														
(25)														
1b c	Subtotal													
d 2	Total (add lines 1b and 1c)	ot limited to							0 received more th	an \$100	0 ,000 of			0
	reportable compensation from the organiza	itiOH											Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-					3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpensa	ation	and	oth	er com	pen	sation from the			3		^
	organization and related organizations greater the individual											4		х
5	Did any person listed on line 1a receive or accrue	•		-			-					_		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scried	iuie c	<i>J</i> 101	Suc	n pers	OH.	• • • • • • • • •	<u></u>		5		x
1	Complete this table for your five highest co	•												
	compensation from the organization. Report compensation for the calendar year ending with or within th									vithin the	organiz	zation's (c)	tax ye	ear.
	Name and business address D								Description of service	es		Compens	ation	
2	Total number of independent contractors (in	•					ose li	stec	d above) who					
	received more than \$100,000 of compensa	uon from th	ie org	anız	.atiC	111								

23-2252185

Form 990 (2023)
Part VIII

State	ement of	f Revenu
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		Check if Schedule O contains a resp	ons	e or note to any li				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c					
Gra Ou	d	Related organizations	1d					
fts, Am	e	Government grants (contributions)	1e					
اة ق	f	All other contributions, gifts, grants,	16					
Sim	'	and similar amounts not included above	45	01 060				
e e			1f	91,269				
를	g	Noncash contributions included in	4					
ag		lines 1a-1f	1g		01 010			
	h	Total. Add lines 1a-1f	• •		91,269			
				Business Code				
Ð		Book Sales		900099	114,021	114,021		
<u>ه ځ</u>	b							
Ser	С							
ram Serv Revenue	d							
Program Service Revenue	е							
<u>r</u>		All other program service revenue						
	g	Total. Add lines 2a-2f			114,021			
	3	Investment income (including dividends, inter						
		other similar amounts)		-				
	4	Income from investment of tax-exempt bond						
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a 1,	315					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c 1,	315					
	d	Net rental income or (loss)			1,315	1,315		
	7a	Gross amount from (i) Securities	5	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ē		and sales expenses 7b						
venue	С	Gain or (loss) 7c						
	d	Net gain or (loss)						
Other Re	l	Gross income from fundraising						
₽		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising events	•					
	l	Gross income from gaming						
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	iva	returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	l .	Net income or (loss) from sales of inventory						
		, ,		Business Code				
Ω	11a							
Miscellanous Revenue	b							
scellano Revenue	С							
isc. Re	d	All other revenue						
Σ	е	Total. Add lines 11a-11d						
		Total revenue. See instructions			206,605	115,336	0	0

Part IX Statement of Functional Expenses

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

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

Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48,239	48,239		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,220	8,220		
10	Payroll taxes	4,022	4,022		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	1,377	609	768	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	2,305	2,155		150
12	Advertising and promotion	633	633		
13	Office expenses	702	78	624	
14	Information technology				
15	Royalties				
16	Occupancy	48,907	48,907		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,773	5,773		
23	Insurance	3,672	3,023	649	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Bank and PayPal Fees	3,777	3,777		
b	Bookstore	4,099	4,099		
С	Dues and Fees	3,773	2,614	682	477
d	Library Programs	28,185	24,875		3,310
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	163,684	157,024	2,723	3,937
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

30

31

32

33

30

31

33

226,357

279,046

184,605

280,155

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 Cash - non-interest-bearing 109,007 158,285 2 35,186 2 34,010 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 95,550 52,112 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 57,731 10b b Less: accumulated depreciation 10c 23,092 40,412 34,639 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 280,155 16 279,046 Accounts payable and accrued expenses 17 17 577 18 19 19 95,550 52,112 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 _ 26 95,550 26 52,689 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 184,605 27 226,357 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29

EEA Form 990 (2023)

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

Retained earnings, endowment, accumulated income, or other funds

D -	4 VI Page addition of Not Appete						
Par	Reconciliation of Net Assets			_			
	Check if Schedule O contains a response or note to any line in this Part XI			X			
1	Total revenue (must equal Part VIII, column (A), line 12)		206,	605			
2	Total expenses (must equal Part IX, column (A), line 25)		163,	684			
3	Revenue less expenses. Subtract line 2 from line 1		42,	921			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		184,	605			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7 Investment expenses							
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain on Schedule O)		(1,	169			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))		226,	357			
Par	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			П			
	,		Yes	No			
1	Accounting method used to prepare the Form 990: X Cash						
If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both.						
	X Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?	2b		х			
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Λ			
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c					
		20					
	If the organization changed either its oversight process or selection process during the tax year, explain on						
2-	Schedule O.						
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b					

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Employer identification number

Friends of the Chestnut Hill Library 23-2252185 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 2 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 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 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

23-2252185

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

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

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		on A. Public Support		I	1	I	1				
membership fees received. (Do not include any "unusual grants.")	Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
include any *unusual grants.")	1	Gifts, grants, contributions, and									
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not									
organization's benefit and either paid to or expended on its behalf		include any "unusual grants.")	14,108	41,479	103,583	84,487	91,269	334,926			
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 The portion of total contributions by each person (other than a governmental unit to 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 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Support B. Calendar year (or fiscal year beginning in) 14,108 41,479 103,583 84,487 91,269 334, 331, 341,301 14,108 41,479 103,583 84,487 91,269 334, 34,401 14,108 41,479 103,583 84,487 91,269 334, 34,401 14,108 41,479 103,583 84,487 91,269 334, 34,401 14,108 41,479 103,583 84,487 91,269 334, 34,401 14,108 41,479 103,583 84,487 91,269 334, 34,401 14,408 41,408 41,409	2	Tax revenues levied for the									
The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid									
furnished by a governmental unit to the organization without charge		to or expended on its behalf									
organization without charge 4 Total. Add lines 1 through 3 14,108 41,479 103,583 84,487 91,269 334, 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3, 6 Public support. Subtract line 5 from line 4. 3331, Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 14,108 41,479 103,583 84,487 91,269 334, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,361 1,504 (2,794) 9 Net income from unrelated business activities, whether or not the business is regularly carried on 1,361 1,504 (2,794) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 17 Total support. Add lines 7 through 10 28 Gross receipts from related activities, etc. (see instructions) 12 19 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. For enganization qualifies as a publicly supported organization b 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 31/3% support test - 2022. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization or publicly supported organization.	3	The value of services or facilities									
4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 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 carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 11 Total support, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Section C. Support test - 2023. If the organization did not check he box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. 18 2 16 2 17 3 17 3 17 3 17 3 17 3 17 3 17 3 17											
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		G	14,108	41,479	103,583	84,487	91,269	334,926			
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	•									
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
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 Calendar year (or fiscal year beginning in) Amounts from line 4		• •									
shown on line 11, column (f)		· · · · · · · · · · · · · · · · · · ·									
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4											
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4								3,300			
Calendar year (or fiscal year beginning in) Amounts from line 4								331,626			
7 Amounts from line 4			T				T				
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		, , , , , ,					1				
payments received on securities loans, rents, royalties, and income from similar sources			14,108	41,479	103,583	84,487	91,269	334,926			
rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	8										
9 Net income from unrelated business activities, whether or not the business is regularly carried on		• •									
9 Net income from unrelated business activities, whether or not the business is regularly carried on											
activities, whether or not the business is regularly carried on	_		1,361	1,504	(2,794)			71			
is regularly carried on	9										
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2022 Schedule A, Part II, line 14 15 99.9 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supporte											
loss from the sale of capital assets (Explain in Part VI.)											
(Explain in Part VI.)	10										
Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2022 Schedule A, Part II, line 14 Satisfy Support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
12 Gross receipts from related activities, etc. (see instructions)	44										
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))			(a. a. i.a. atm ati. a	>			40	334,997			
organization, check this box and stop here		·	•	•				-\/2\			
Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	13										
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	Socti					· · · · · · · · ·		· · · · · · L			
 Public support percentage from 2022 Schedule A, Part II, line 14					1 column (f))		14	98.99 %			
 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization											
 box and stop here. The organization qualifies as a publicly supported organization											
 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	IVa										
this box and stop here. The organization qualifies as a publicly supported organization	h	•	•		•			_			
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a				-						
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			-								
organization											
· · · · · · · · · · · · · · · · · · ·											
b 1070 lates and on canotal cost and into organization and not officer a box of mile 10, 100, of 174, and into	b	3						_			
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain	~		-								
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported		——————————————————————————————————————					-	-			
organization					-	•	•				
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	18	~									
instructions											

EEA Schedule A (Form 990) 2023

23-2252185

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	on A. Public Support			•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
1 a	received from disqualified persons						
h	Amounts included on lines 2 and 3						
b							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total
9	Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(u) 2022	(e) 2023	(f) Total
์ 10a							
IUa	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources .						+
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
4-	(Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				61.		() (0)
14	First 5 years. If the Form 990 is for the or						
C4:	organization, check this box and stop her					<u></u>	
	on C. Computation of Public Suppor			10		45	0/
15	Public support percentage for 2023 (line 8		-			15	<u>%</u>
16	Public support percentage from 2022 Sch					16	<u>%</u>
	on D. Computation of Investment Inc			vy lino 12 politi	umn (f))	17	0/
17 10	Investment income percentage for 2023 (Investment income percentage from 2023)			-		17	<u>%</u> %
18	Investment income percentage from 2022					18	
19a	33 1/3% support tests - 2023. If the orga						
1.	17 is not more than 33 1/3%, check this b	=	-		· · · · · ·		
b	33 1/3% support tests - 2022. If the organization of the second this had been supported to the second to the second this had been supported to the second to the s						
00	line 18 is not more than 33 1/3%, check this bo		-			-	
20	Private foundation. If the organization di	a not check a	box on line 14,	, 19a, or 19b, c	cneck this box a	nd see instru	ctions \square

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations	Section	A. All	Supporting	Organizations
---	---------	--------	------------	----------------------

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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.	3b		
С	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.	3с		
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 lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	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			

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

23-2252185

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a 11b		
b	A family member of a person described on line 11a above? A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
С	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
	on an appearance of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sooti	supervised, or controlled the supporting organization.	2		
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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 line 2, above, did the organization's supported organizations have			
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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	e inst	ructio	ns).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions Test. Analysis I have a supported a government entity (see instructions).	ctions)		NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	e A (Form 990) 2023 Friends of the Chestnut Hill Library		23-22523	185	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gan	izations		
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explai</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	ns A through	า E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Curre	
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) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current	t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			

(see instructions).

EEA Schedule A (Form 990) 2023

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

5

6

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

EEA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

2022

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

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

2023

OMB No. 1545-0047

Name of the organization **Employer identification number** Friends of the Chestnut Hill Library 23-2252185 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Friends of the Chestnut Hill Library

Employer identification number

23-2252185

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAT & STEVE GLUCKMAN 3400 Civic Center Philadelphia PA 19255	\$\$	Person X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	of the organization			Employer identification number
Frie	nds of the Chestnut Hill Library			23-2252185
	rt I Organizations Maintaining Donor Advised I	Funds or Other S	imilar Funds or Ac	counts
	Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 6.	
	•	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asset	s held in donor advised	
	funds are the organization's property, subject to the organization	ation's exclusive legal	control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing tha	t grant funds can be us	ed
	only for charitable purposes and not for the benefit of the dor	nor or donor advisor,	or for any other purpos	e
	conferring impermissible private benefit?			
Par	t II Conservation Easements			
	Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	tion (check all that ap	ply).	
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form of	a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str			_
d	Number of conservation easements included on line 2c, acq	uired after July 25, 20	006, and not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished	, or terminated by the o	organization during the
	tax year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, ins	pection, handling of	
	violations, and enforcement of the conservation easements in	t holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations	and enforcing conserv	ration easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	l enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2d abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	tion easements in its	revenue and expense s	statement and balance
	sheet, and include, if applicable, the text of the footnote to the	e organization's finan	cial statements that des	scribes the
_	organization's accounting for conservation easements			
Par				Other Similar Assets
	Complete if the organization answered "Yes" of	· · · · · · · · · · · · · · · · · · ·	•	
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu			nerance of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 9	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education	n, or research in further	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre			gain, provide the
	following amounts required to be reported under FASB ASC	=		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining (Collections of	Art, His	torical T	reasures,	or Oth	ner Similar A	ssets (c	ontinu	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check a	any of the fo	llowing that ma	ake sigr	nificant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan or	r exchange pro	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ain how the	y further the	e organization's	s exemp	ot purpose in Par	t		
	XIII.									
5	During the year, did the organization solicit or	receive donations	of art, hist	orical treas	ures, or other s	similar				
	assets to be sold to raise funds rather than to	be maintained as	part of the	organizatio	on's collection?	2		. Ye	s 🗌	No
Part	IV Escrow and Custodial Arrar	ngements								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	in or other intermed	diary for co	ntributions	or other assets	s not				
	included on Form 990, Part X?							. Ye	\$ [No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	following ta	ble.						
							Ar	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21, for es	scrow or cu	stodial accoun	t liability	?	. Ye	s \square	No
b	If "Yes," explain the arrangement in Part XIII.					-		·		
Part					•					
	Complete if the organization a	answered "Yes	on For	m 990. P	art IV. line	10.				
		(a) Current year		ior year	(c) Two years b		(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance	(1)	(-,	, ,	(4)		(1)	(4)	,	
b	Contributions									
C	Net investment earnings, gains, and									
·	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
е	,									
	programs									
†	Administrative expenses		+							
g	End of year balance		(1) 4	(-)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
2	Provide the estimated percentage of the curre	•	ce (line 1g	column (a)) neid as:					
a	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
_	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organi	zation that	are held an	id administered	for the				
	organization by:								Yes	No
	(i) Unrelated organizations?							. 3a(i)		
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organization							. 3b		
4	Describe in Part XIII the intended uses of the		dowment for	unds.						
Par										
	Complete if the organization a	answered "Yes	on For	m 990, P	art IV, line 1	11a. S	ee Form 990	Part X,	ine 1	0.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	r other basis	(c) A	ccumulated	(d) Boo	k value	
		(investm	nent)	(0	other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements		57,731				23,092	<u> </u>	34,6	639
d	Equipment								-	
е	Other									
Total.	Add lines 1a through 1e. (Column (d) must ed		art X, line 1	0c, column	(B)				34,6	639

	(a) Description of security or category (including name of security)	(b) Book value	, ,	ethod of valuation: d-of-year market value
1) Financial	derivatives			
2) Closely-he	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col.(B))			
Part VIII	Investments - Program Related	000 5 107 11		000 5 11/1 10
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	, ,	ethod of valuation:
			Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on (b) must equal Form 000. Part V line 12, and (D))			
Part IX	on (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
I all IX	Complete if the organization answered "Yes" on For	m 990 Part IV line	11d See Form	n 990 Part X line 15
	(a) Description	111 000, 1 411 17, 11110	7 1 Tu. 000 1 0111	(b) Book value
	(a) Description			(b) Book value
(1)				
(1)				
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)	on (b) must equal Form 990, Part X, line 15 col. (B))			
(2) (3) (4) (5) (6) (7) (8) (9)	on (b) must equal Form 990, Part X, line 15 col. (B))			
(2) (3) (4) (5) (6) (7) (8) (9)				e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities			e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities Complete if the organization answered "Yes" on For	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) (3)	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) (3) (4)	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line		e Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book	m 990, Part IV, line	2 11e or 11f. Se	e Form 990, Part X,

Part		•	keturn
	Complete if the organization answered "Yes" on Form 990, Part IV		
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	-	4c
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Deturn
Part	XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV		Return
	·		4
1	Total expenses and losses per audited financial statements		1
2	Donated services and use of facilities		
a			
b	Prior year adjustments 2b Other losses 2c		
c d	Other (Describe in Part XIII.)		
e	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:		3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5
Part			-
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	and 2b; Part V, line 4; Pa	art X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		

Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

Friends of the Chestnut Hill Library 23-2252185 01. Organizational document changes (Part VI, line 4) The Organization updated the Bylaws in November 2022 02. Form 990 governing body review (Part VI, line 11) The board of trustees reviews the form 990 prior to sumbitting to IRS 03. Conflict of interest policy compliance (Part VI, line 12c) The Organization adopted a Conflict of Interest Policy in early March 2023. 04. Governing documents, etc, available to public (Part VI, line 19) all board meeting minutes and financial data are available to the public upon written request 05. Explanation of other changes in net assets or fund balances (Part XI, line 9) other changes in net assets - investment adjustment to fair market value 06. General explanation attachment The Friends of the Chestnut Hill Library serves to support the Chestnut Hill Library branch and to promote literacy, encourage lifelong learning, and inspire curiosity. To uphold this mission, The Friends of the Chestnut Hill Library has given away hundreds of books to children, hosted community events celebrating and encouraging learning, and supported the Chestnut Hill Library branch by supporting library programs, grounds maintenance, and repairs.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Business or activity to which this form relates

Sequence No. 179

Identifying number Name(s) shown on return Friends of the Chestnut Hill Lib FORM 990 - 1 23-2252185 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 5,773 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/I 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 5,773 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or print Friends of the Chestnut Hill Library 23-2252185 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 84 Bethlehem Pike filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Philadelphia PA 19118 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application Is For** Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 80 Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Amy Wilson, 84 Bethlehem Pike Philadelphia PA 19118 Telephone No. 215-315-8588 Fax No. • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 04-15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or 06-01 , 20 <u>23</u> , and ending _____ 05-31 , 20 24 . x tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a ∣\$ **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3с