

Return of Organization Exempt From Income Tax

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON

Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
700 BOYLSTON STREET
City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02116

D Employer identification number 04-6151731

E Telephone number 617-536-5400

G Gross receipts \$ 32,500,704

F Name and address of principal officer: EMILY TOKARCZYK
700 BOYLSTON ST, BOSTON, MA 02116

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.BPL.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1848

M State of legal domicile: MA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Sign Here Signature of officer Date
Emily Tokarczyk, Chief Financial Officer
Type or print name and title

Paid Preparer Use Only Preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Boston Public Library provides educational and cultural enrichment free to all by engaging the public through programming and active spaces, restoring and preserving our history, providing access to borrow from our vast collection of books and other material and caring for the Public's Special Collections.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,480,510 including grants of \$ 0) (Revenue \$ 131,566)
The Boston Public Library (BPL) is an extraordinary institution that has served the citizens of Boston since 1848. Founded as the first municipal library and the first public library to lend books, the Boston Public Library is dedicated to the advancement of learning and is "Free to All" as is carved in the facade of the historic McKim building in Copley Square. The BPL encompasses a Central Library, twenty-five vibrant neighborhood libraries, a robust website, and classes and programs for all ages. The Library's collection of more than 23 million items includes circulating books, eBooks, DVDs, and music, as well as research and special collections that encompass rare manuscripts, prints, photographs, drawings, maps, posters, and more. The Boston Public Library's Kirstein Business Library and Innovation Center, Norman B. Leventhal Map Center, and Collections of Distinction such as the personal library of John Adams, the Anti-Slavery collection, the Thomas Pennant Barton Collection of Shakespeare, and the Boston Pictorial Archive attract researchers and scholars from across the city and around the world. In fiscal year 2025, Boston Public Library hosted 14,576 public programs reaching 247,957 people, had 2.4 million in person visits, and loaned 6.3 million times. Of those 6.3 million checkouts, more than 5.1 million were digital downloads of e-books and audiobooks. In the same fiscal
(Continued on Schedule O, Statement 1)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 14,480,510

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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 on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with columns for question number, question text, sub-column (e.g., 2a, 2b), and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section 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.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

Section 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?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c			
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15a			
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
15b			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MA
- 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 Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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.

Emily Tokarczyk, (617)859-2345

700 BOYLSTON STREET, BOSTON, MA 02116

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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J LEONARD President	35.00 0.00			✓				0 233,136	32,027	
KEITH ALLEN GILLETTE Chief Technology Officer	35.00 0.00					✓		0 149,624	42,257	
PRISCILLA FOLEY Neighborhood Library Services Manager	35.00 0.00					✓		0 147,561	43,297	
MICHAEL R COLFORD Director Of Library Services	35.00 0.00					✓		0 162,630	27,001	
EMILY TOKARCZYK Chief Financial Officer (CFO) (effective July 2023)	35.00 0.00			✓				0 140,216	41,229	
ELIZABETH PRINDLE Director Of Research & Special Collections (effecti	35.00 0.00					✓	10,783	139,555	15,521	
SARAH ZAPHIRIS Chief Of Staff & Administration(effective June 2021)	35.00 0.00					✓		0 147,561	16,887	
PAMELA CARVER Clerk & Executive Assistant To The President	35.00 0.00			✓				0 110,302	11,396	
DOCTOR RAYMOND LIU Chair(effective May 2024), (prior Trustee September 2021)	1.00 0.00	✓		✓				0 0	0	
EVELYN ARANA Vice Chair(Interim Chair Jan-May2021,Trustee prior to 2021)	1.00 0.00	✓		✓				0 0	0	
CHERYL CRONIN Trustee	1.00 0.00	✓						0 0	0	
JOHN T HAILER Trustee	1.00 0.00	✓						0 0	0	
JEFFREY B HAWKINS Trustee	1.00 0.00	✓						0 0	0	
NAVJEET K BAL Trustee (effective January 2021)	1.00 0.00	✓						0 0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH S BERMAN Trustee (effective January 2021)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
MICHAEL RUSH Trustee (effective January 2021)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
CHRISTIAN J WESTRA Trustee (effective January 2021)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
JOSE C MASSO III Trustee (effective May 2022)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
DOCTOR LYNN PERRY WOOTEN Trustee (effective May 2022)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
PORSHA OLAYIWOLA Trustee (effective September 2023)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
JAMES CANALES Trustee (effective September 2023)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
JULIE KIM Trustee (effective May 2024)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
JONATHAN S LAVINE Trustee (effective May 2024)	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
1b Subtotal								10,783	1,230,585	229,615
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,783	1,230,585	229,615

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **85**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EMCOR Service-Northeast dba Comm Air Balco, P O Box 845286, Boston, MA 02284	HVAC	495,232
Internet Archive, 300 Funston Avenue, San Francisco, CA 94118-2116	Digitization	275,233
United Elevator, 165 Enterprise Drive, Marshfield, MA 02050	Elevator Maintenance	271,492
Boston Library Consortium, 31 Hayward St, Suite 2F, Franklin, MA 02038	Cataloging, Membership and F	244,321
Gensler and Associates Architects Inc, 12478 Collections Center Drive, Chicago, IL 6	Consultant	235,922

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 4,598,583				
	e	Government grants (contributions)	1e 6,172,694				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,192,870				
	g	Noncash contributions included in lines 1a-1f	1g \$ 0				
	h	Total. Add lines 1a-1f		11,964,147			
	Program Service Revenue	2a	<u>NETWORK MEMBERSHIP DUES</u> Business Code 611710	131,566	131,566	0	0
b							
c							
d							
e							
f		All other program service revenue . .	0	0	0	0	
g		Total. Add lines 2a-2f		131,566			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,647,045	0	0	1,647,045	
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0	
	5	Royalties	29,697	0	0	29,697	
	6a	Gross rents	(i) Real	2,776,948	0		
			(ii) Personal	0			
			6a	2,776,948	0		
	b	Less: rental expenses	0	0			
	c	Rental income or (loss)	2,776,948	0			
	d	Net rental income or (loss)	2,776,948	0	0	2,776,948	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	15,317,303	0		
			(ii) Other	0			
			7a	15,317,303	0		
	b	Less: cost or other basis and sales expenses	13,086,712	0			
	c	Gain or (loss)	2,230,591	0			
	d	Net gain or (loss)	2,230,591	0	0	2,230,591	
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	0					
b	Less: direct expenses	0					
c	Net income or (loss) from fundraising events	0					
9a	Gross income from gaming activities. See Part IV, line 19	0					
b	Less: direct expenses	0					
c	Net income or (loss) from gaming activities	0					
10a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	0					
c	Net income or (loss) from sales of inventory	0					
Miscellaneous Revenue	11a	<u>Commissions(events&Other)</u> Business Code 611710	458,354	0	0	458,354	
	b	<u>Mcgovern Trust Fund Distribution</u>	100,873	0	0	100,873	
	c	<u>PayForPrint</u>	71,892	0	0	71,892	
	d	All other revenue	2,879	0	0	2,879	
	e	Total. Add lines 11a-11d		633,998			
12	Total revenue. See instructions		19,413,992	131,566	0	7,318,279	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	4,414,237	3,458,013	956,224	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	273,854	214,531	59,323	0
9 Other employee benefits	391,339	306,566	84,773	0
10 Payroll taxes	0	0	0	0
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	37,000	0	37,000	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	289,765	0	289,765	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,938,066	1,518,237	419,829	0
12 Advertising and promotion	29,539	23,140	6,399	0
13 Office expenses	821,111	643,240	177,871	0
14 Information technology	1,633,620	1,279,743	353,877	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	111,004	86,958	24,046	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	132,407	103,725	28,682	0
20 Interest	0	0	0	0
21 Payments to affiliates	672,649	526,938	145,711	0
22 Depreciation, depletion, and amortization	126,274	98,920	27,354	0
23 Insurance	45,949	0	45,949	0
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.)				
a <u>Books & related materials</u>	3,069,901	3,069,901	0	0
b <u>Equipment rental/Maintenance/Facilities</u>	1,592,667	1,247,659	345,008	0
c <u>Program/Admin</u>	1,356,831	1,356,831	0	0
d <u>Security</u>	502,326	393,511	108,815	0
e All other expenses	194,793	152,597	42,196	0
25 Total functional expenses. Add lines 1 through 24e	17,633,332	14,480,510	3,152,822	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	221,958	1	306,848
	2 Savings and temporary cash investments	25,905,192	2	32,914,728
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	2,671,162	4	1,836,195
	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	0	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)	0	6	
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	835,727	9	942,171
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,973,810		
	b Less: accumulated depreciation	10b 3,192,786	2,030,948	10c 1,781,024
	11 Investments—publicly traded securities	66,245,585	11	64,789,936
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	0	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	97,910,572	16	102,570,902	
Liabilities	17 Accounts payable and accrued expenses	1,382,181	17	1,547,513
	18 Grants payable		18	
	19 Deferred revenue	3,007,507	19	2,192,575
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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 of Schedule D	565,717	25	456,286
	26 Total liabilities. Add lines 17 through 25	4,955,405	26	4,196,374
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,903,802	27	7,843,073
	28 Net assets with donor restrictions	87,051,365	28	90,531,455
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	92,955,167	32	98,374,528
33 Total liabilities and net assets/fund balances	97,910,572	33	102,570,902	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,413,992
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,633,332
3	Revenue less expenses. Subtract line 2 from line 1	3	1,780,660
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92,955,167
5	Net unrealized gains (losses) on investments	5	3,145,257
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	493,444
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	98,374,528

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a 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?		✓
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.		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON	Employer identification number 04-6151731
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - e 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2024. 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		<input type="checkbox"/>
b 33 1/3% support 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		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— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON; Employer identification number: 04-6151731

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 for various questions and amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Table with 2 columns: Revenue, Assets. Rows 1a, 1b, 2 for various amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	67,689,642	65,587,890	64,375,841	77,942,460	61,526,120
b Contributions	19,294	38,389	51,669	6,934	284,321
c Net investment earnings, gains, and losses	6,312,421	5,805,037	5,015,952	-10,069,873	19,536,257
d Grants or scholarships	3,215,459	3,287,727	3,348,694	3,075,628	2,936,666
e Other expenditures for facilities and programs	177,922	182,882	184,653	169,822	162,901
f Administrative expenses	326,765	271,065	322,225	258,230	304,671
g End of year balance	70,301,211	67,689,642	65,587,890	64,375,841	77,942,460

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 0 %
- b** Permanent endowment 100 %
- c** Term endowment 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations? Yes No
- (ii)** Related organizations? Yes No

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0	0	0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	1,253,921	1,021,920	232,001
e Other	0	3,719,889	2,170,866	1,549,023
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,781,024

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO CITY OF BOSTON	456,286
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	456,286

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,433,268
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,145,257
b	Donated services and use of facilities	2b	380,575
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	493,444
e	Add lines 2a through 2d	2e	4,019,276
3	Subtract line 2e from line 1	3	19,413,992
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	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,413,992

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	18,013,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	380,575
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	380,575
3	Subtract line 2e from line 1	3	17,633,332
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,633,332

Part XIII Supplemental Information

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

Schedule D, Part III, Line 1 - EXPLANATION: TERMS FOR NOT REPORTING ASSETS PER SFAS 116 -THE LIBRARY MAINTAINS COLLECTIONS INCLUDING ARTWORK, RARE BOOKS COLLECTIONS AND HISTORICAL TREASURES THAT HAVE BEEN PURCHASED OR DONATED. THESE ITEMS ARE PRESERVED AND CARED FOR AND MANY ARE DISPLAYED IN PUBLIC EXHIBITIONS. THE LIBRARY DOES NOT HAVE A FORMAL POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF THESE ITEMS TO BE USED TO EXPAND THE COLLECTIONS THROUGH ADDITIONAL ACQUISITIONS. HOWEVER, HISTORICALLY, THE LIBRARY HAS NOT SOLD WORKS OF ARTS AND HISTORICAL TREASURES. AS OF JUNE 30, 2025, THE LIBRARY HAD NO INTENTION TO SELL COLLECTIONS OR USE PROCEEDS TO RESTORE CURRENT HOLDINGS OR EXPAND THE COLLECTION THROUGH ADDITIONAL ACQUISITIONS-----IN ADDITION-FORM 990 SCHEDULE D, PART XIII-EXPLANATION: PART XIII SUPPLEMENTAL FINANCIAL INFORMATION THE LIBRARY IS A PUBLIC ENTITY AND THEREFORE DOES NOT FOLLOW FASB PRONOUNCEMENTS ISSUED AFTER NOVEMBER 30, 1989.

Schedule D, Part III, Line 4 - DESCRIPTION OF COLLECTIONS AND HOW THEY FURTHER EXEMPT STATUS---LIBRARY BOASTS OVER ONE MILLION RARE BOOKS AND MANUSCRIPTS, A WEALTH OF MUSICAL SCORES AND PRINTS. AMONG ITS LARGE COLLECTIONS, THE LIBRARY HOLDS SEVERAL FIRST EDITION FOLIOS BY WILLIAM SHAKESPEARE, ORIGINAL MUSIC FROM MOZART TO PROKOFIEV'S "PETER AND THE WOLF", AND IN ITS RARE BOOK COLLECTIONS, THE PERSONAL LIBRARY OF JOHN ADAMS. DUE TO THE EXTENT OF THE COLLECTIONS, MANY ITEMS ARE DISPLAYED ON A ROTATING BASIS. THESE UNIQUE SPECIAL EXHIBITS ARE SHOWN IN THE RESEARCH LIBRARY AND OFFER THE PUBLIC AN OPPORTUNITY TO VIEW BOOKS AND SPECIAL DOCUMENTS WHICH ARE USUALLY ONLY ACCESSIBLE TO REGISTERED READERS IN THE RARE BOOKS READING ROOM.

Schedule D, Part V, Line 1b - ENDOWMENT FUNDS-ITEM '1B' LABELED CONTRIBUTIONS ARE AMOUNTS ADDED TO THE ENDOWMENT FUNDS FOR CURRENT AND ALL PRIOR YEARS LISTED HERE.

Schedule D, Part V, Line 1c - ENDOWMENT FUNDS-ITEM '1C' LABELED NET INVESTMENTS EARNINGS, GAINS, AND LOSSES SHOWS ACTUAL INCREASE OR DECREASE IN INVESTMENTS FOR CURRENT AND ALL PRIOR YEARS LISTED HERE.

Part XIII - Supplemental Information (Continued)

Schedule D, Part V, Line 1d - ENDOWMENT FUNDS-ITEM '1D' LABELED GRANTS OR SCHOLARSHIPS SHOWS 5% DISTRIBUTION WITHDRAWN FROM THE ENDOWMENT FUNDS FOR CURRENT AND ALL PRIOR YEARS LISTED HERE.

Schedule D, Part V, Line 1e - ENDOWMENT FUNDS-ITEM '1E' LABELED OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS SHOWS DISTRIBUTION TO TRINITY CHURCH IN THE CITY OF BOSTON FOR CURRENT AND ALL PRIOR YEARS LISTED HERE.

Schedule D, Part V, Line 1f - ENDOWMENT FUNDS-ITEM '1F' LABELED ADMINISTRATIVE EXPENSES SHOWS ACTUAL INVESTMENT MANAGEMENT AND ADMINISTRATIVE EXPENSES FOR CURRENT AND ALL PRIOR YEARS LISTED HERE.

Schedule D, Part V, Line 4 - INTENDED USES FOR ENDOWMENT FUNDS- THEY ARE USED TO SUPPORT THE ACTIVITIES AND PROGRAMS OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON.

Schedule D, Part XI, Line 2b - DONATED SERVICES AND USE OF FACILITIES (\$380,575) IS THE FAIR MARKET VALUE OF FREE RENTAL SPACE PROVIDED TO THE BOSTON PUBLIC LIBRARY FUND INC.(\$49,409) AND TO THE ASSOCIATES OF THE BOSTON PUBLIC LIBRARY INC. (\$11,455) AND TO THE NORMAN B. LEVENTHAL MAP & EDUCATION CENTER INC. (\$168,272). ALL OPERATING WITHIN THE COPLEY LOCATION. IT ALSO INCLUDES BOSTON RED SOX TICKETS DONATED TO THE LIBRARY WITH AN ESTIMATED VALUE OF (\$67,200) AND USED COMPUTER EQUIPMENT DONATED WITH AN ESTIMATED FAIR MARKET VALUE OF (\$84,239).

Schedule D, Part XI, Line 2d - OTHER REVENUE INCLUDES \$492,377 IN EXPENSES PAID OUT DIRECTLY TO THE LIBRARY'S VENDORS BY THE UNIVERSAL SERVICE ADMINISTRATIVE COMPANY (USAC). THIS IS TO SUPPORT THE LIBRARY'S INFORMATION TECHNOLOGY INFRASTRUCTURE. IT ALSO INCLUDES \$1,067 IN LEASE INTEREST.

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**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON

04-6151731

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID J LEONARD, President	(i)	0	0	0	0	0	0	0
	(ii)	198,226	31,160	3,750	20,982	11,045	265,163	0
2 MICHAEL R COLFORD, Director Of Library Services	(i)	0	0	0	0	0	0	0
	(ii)	162,630	0	0	14,637	12,364	189,631	0
3 ELIZABETH PRINDLE, Director Of Research & Special Collections (effective August 2025)	(i)	10,584	0	199	0	0	10,783	0
	(ii)	136,977	0	2,577	13,530	1,991	155,075	0
4 KEITH ALLEN GILLETTE, Chief Technology Officer	(i)	0	0	0	0	0	0	0
	(ii)	147,561	0	2,063	13,466	28,792	191,882	0
5 PRISCILLA FOLEY, Neighborhood Library Services Manager	(i)	0	0	0	0	0	0	0
	(ii)	147,561	0	0	13,281	30,017	190,859	0
6 SARAH ZAPHIRIS, Chief Of Staff & Administration (effective June 2025)	(i)	0	0	0	0	0	0	0
	(ii)	147,561	0	0	13,281	3,607	164,449	0
7 EMILY TOKARCZYK, Chief Financial Officer (CFO) (effective July 2023)	(i)	0	0	0	0	0	0	0
	(ii)	137,680	0	2,537	12,619	28,610	181,446	0
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON

04-6151731

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	1600	67,200	Fair Market Value(See note)
26	✓	1	84,239	Fair Market Value (see note)
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON

04-6151731

Form 990, Part IV, Line 29 - RECEIVED MORE THAN \$25,000 IN NON-CASH CONTRIBUTION-THE BOSTON RED SOX ORGANIZATION DONATED GAME TICKETS WITH AN ESTIMATED FAIR MARKET VALUE OF \$67,200 TO THE BOSTON PUBLIC LIBRARY AND FROM THE BOSTON PUBLIC LIBRARY FUND INC USED COMPUTER EQUIPMENT WAS RECEIVED WITH AN ESTIMATED VALUE OF \$84,239. PLEASE NOTE ALSO THAT THE FEDERAL COMMUNICATIONS COMMISSION (FCC) "ERATE" PROGRAM HAS BEEN SUPPORTING THE OPERATING COSTS RELATED TO THE BOSTON PUBLIC LIBRARY'S INFORMATION TECHNOLOGY INFRASTRUCTURE. THIS MONEY IS PAID BY THE FCC DIRECTLY TO BPL VENDORS AND IS INCLUDED IN THE BPL'S AUDITED FINANCIAL STATEMENTS. FOR BPL'S FISCAL YEAR 2025 \$492,377 HAS BEEN PAID OUT TO BPL VENDORS.

Form 990, Part V, Line 2a - # OF EMPLOYEES REPORTED ON FORM W-3-THE 537 LISTED HERE IS THE TOTAL # OF EMPLOYEES PAID UNDER THE LIBRARY DEPARTMENT FOR CALENDAR YEAR 2024. THE CITY OF BOSTON PROCESSES THE ENTIRE PAYROLL FOR THE LIBRARY AND FILES THE W-3 TRANSMITTAL OF WAGE AND TAX STATEMENTS.

Form 990, Part V, Line 2b - FILINGS OF ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS-THE CITY OF BOSTON PROCESSES THE LIBRARY'S ENTIRE PAYROLL. THEY ALSO FILE ALL THE REQUIRED UNEMPLOYMENT TAX RETURNS FOR THE LIBRARY UNDER THE CITY OF BOSTON FEDERAL ID.

Form 990, Part VI, Section A, Line 8a - CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR BY THE GOVERNING BODY-THE CLERK TAKES THE MINUTES OF ALL THE TRUSTEE MEETINGS AND COMMITTEE MEETINGS AND ONCE THE MINUTES ARE APPROVED THEY ARE POSTED ON THE LIBRARY'S WEBSITE: BPL.ORG.

Form 990, Part VI, Section A, Line 8b - CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR BY EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE LIBRARY -THE CLERK TAKES THE MINUTES OF ALL THE TRUSTEE MEETINGS AND COMMITTEE MEETINGS AND ONCE THE MINUTES ARE APPROVED THEY ARE POSTED ON THE LIBRARY'S WEBSITE: BPL.ORG.

Form 990, Part VI, Section B, Line 11b - PROCESS TO REVIEW FORM 990-A DRAFT OF FORM 990 WAS PROVIDED TO THE GOVERNING BODY FOR REVIEW AND APPROVAL BEFORE IT WAS FILED. THIS FORM 990 IS PREPARED/REVIEWED/FILED BY THE ASSISTANT PRINCIPAL ACCOUNTANT. IT IS ALSO REVIEWED AND APPROVED BY THE SUPERVISOR OF ACCOUNTING AND THE CHIEF FINANCIAL OFFICER. ALL THE FINANCIAL NUMBERS LISTED ON THEM CORRESPONDS TO THE AUDITED FINANCIAL STATEMENT TOTALS. ACCOUNTING SCHEDULES HAVE BEEN CREATED TO BACK UP ALL THE DATA ENTERED.

Form 990, Part VI, Section B, Line 12c - REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY- ALL EMPLOYEES ARE PROVIDED A SUMMARY OF THE CONFLICT OF INTEREST LAW AND MUST SIGN AND COMPLETE AN ACKNOWLEDGEMENT OF ITS RECEIPT AT TIME OF HIRE AND ANNUALLY THEREAFTER. ALSO, WITHIN THE FIRST 30 DAYS OF HIRE AND EVERY 2 YEARS THEREAFTER THEY ARE REQUIRED TO COMPLETE AN ONLINE TRAINING PROGRAM AT [HTTP://WWW.MUNIPROG.ETH.STATE.MA.US/](http://WWW.MUNIPROG.ETH.STATE.MA.US/)

Form 990, Part VI, Section B, Line 13 - WRITTEN WHISTLEBLOWER POLICY-ALL PUBLIC ENTITIES ARE COVERED BY STATE LAW.

Form 990, Part VI, Section B, Line 14 - WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY-ALL PUBLIC ENTITIES ARE COVERED BY STATE LAW.

Form 990, Part VI, Section B, Line 15 - PROCESS FOR DETERMINING COMPENSATION FOR CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT-THE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES ARE SET BY THE CITY OF BOSTON'S HUMAN RESOURCES DEPARTMENT.

Form 990, Part VI, Section C, Line 19 - WAYS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WERE MADE AVAILABLE-ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE LIBRARY'S WEBSITE: BPL.ORG. ALL POLICIES INCLUDING CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE CITY'S HUB WHICH ALL EMPLOYEES HAVE ACCESS TO AND THEY ARE ALSO INCLUDED ON THE CITY OF BOSTON EMPLOYEE HANDBOOK.

Supplemental Information (Continued)

Form 990, Part VII, Section B, Line 1(C) - INDEPENDENT CONTRACTORS-\$ AMOUNTS LISTED FOR INDEPENDENT CONTRACTORS IS FOR CALENDAR YEAR 2024.

Form 990, Part VIII, Line 1d - RELATED ORGANIZATIONS-LISTED HERE ACTUAL \$ AMOUNTS RECEIVED DIRECTLY FROM THE BOSTON PUBLIC LIBRARY FUND INC. \$3,582,094.59 OF WHICH \$529,300.52 THE LIBRARY PAID OUT TO THE NORMAN B. LEVENTHAL MAP & EDUCATION CENTER INC. AND FROM THE ASSOCIATES OF THE BOSTON PUBLIC LIBRARY INC. \$1,016,488.37 GRAND TOTAL \$4,598,582.96.

Form 990, Part VIII, Line 2a - 2e - PROGRAM SERVICE REVENUE-AMOUNT LISTED HERE \$131,566 NEXT TO THE HEADING 'NETWORK MEMBERSHIP DUES' IS MEMBERSHIP DUES PAID BY OTHER ORGANIZATIONS WHOSE MEMBERS/PATRONS USE THE METRO BOSTON LIBRARY NETWORK SYSTEM (MBLN).

Form 990, Part IX, Line 5 - COMPENSATION OF CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES- LISTED HERE \$0 BECAUSE THE CITY OF BOSTON PROCESSES AND PAYS FOR ALL OF THE LIBRARY'S PAYROLL EXPENDITURES TO ITS EMPLOYEES. THE LIBRARY THEN REIMBURSES THE CITY OF BOSTON A PORTION OF THE TOTAL PAYROLL EXPENDITURES PAID BY GIFTS & GRANTS WHICH IS LISTED ON FORM 990 PART IX LINE 7. THE LIBRARY DOES NOT COMPENSATE ANY OF ITS TRUSTEES.

Form 990, Part IX, Line 7 - OTHER SALARIES AND WAGES-THE \$ AMOUNT LISTED HERE IS THE PORTION OF THE TOTAL PAYROLL SALARY EXPENDITURES THE LIBRARY REIMBURSED THE CITY OF BOSTON.

Form 990, Part IX, Line 8 - PENSION PLAN ACCRUALS AND CONTRIBUTIONS-THE \$ AMOUNT LISTED HERE IS THE PORTION OF PENSION BENEFITS THE LIBRARY REIMBURSED THE CITY OF BOSTON.

Form 990, Part IX, Line 9 - OTHER EMPLOYEE BENEFITS-THE \$ AMOUNT LISTED HERE IS THE PORTION OF HEALTH INSURANCE BENEFITS THE LIBRARY REIMBURSED THE CITY OF BOSTON.

Form 990, Part IX, Line 10 - PAYROLL TAXES-LISTED HERE \$0 FOR PAYROLL TAXES BECAUSE THE CITY OF BOSTON PROCESSES AND PAYS THIS EXPENSE FOR ALL LIBRARY EMPLOYEES.

Form 990, Part IX, Line 11g - FEES FOR SERVICES(NONEMPLOYEES) OTHER-Digitization/Scanning \$548,302, Facilities/Maintenance \$336,544, Preservation/Exhibitions \$292,859, Cataloging \$253,385, Strategic Plan Consultants 158,954, Snow Removal \$125,840, Staff Development \$109,827,Design Services/Engraving \$47,191, Landscaping \$39,327, Other exp \$15,837, Fellowship payments \$10,000.

Form 990, Part IX, Line 21 - PAYMENTS TO AFFILIATES-\$672,648.91 WAS PAID TO THE NORMAN B. LEVENTHAL MAP & EDUCATION CENTER INC. OF WHICH \$529,300.52 CAME FROM THE BOSTON PUBLIC LIBRARY FUND INC. AND \$143,148.39 FROM THE LIBRARY AND \$200 FOR TOURS REIMBURSEMENT.

Form 990, Part IX, Line 23 - INSURANCE-\$45,948.75 TOTAL EXPENDED IN INSURANCE COSTS CONSISTS OF CAR INSURANCE \$36,657.50, EXECUTIVES LIABILITY INSURANCE \$4,489.25 AND DISHONEST EMPLOYEE INSURANCE \$4,802.00.

Form 990, Part XI, Line 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES--THE FEDERAL COMMUNICATIONS COMMISSION (FCC) "ERATE" PROGRAM HAS FOR YEARS BEEN SUPPORTING THE OPERATING COSTS RELATED TO THE BOSTON PUBLIC LIBRARY'S INFORMATION TECHNOLOGY INFRASTRUCTURE. THE "ERATE" PROGRAM IS ADMINISTERED BY THE UNIVERSAL SERVICE ADMINISTRATION COMPANY. THIS MONEY IS PAID DIRECTLY TO BPL VENDORS AND SINCE 2021 HAS BEEN INCLUDED IN THE BPL AUDITED FINANCIAL STATEMENTS. IN FISCAL YEAR 2025 \$492,377 WAS PAID OUT TO BPL VENDORS. ALSO INCLUDED HERE IS \$1,067 FOR NONPROFITS ACCOUNTING FOR LEASES.

First Program Service Accomplishments Description

Description

year, the Boston Public Library signed up 129,671 Massachusetts residents for new library cards, provided 198,498 free computer sessions and enabled 1.5 million free wireless internet sessions. Engaging the Public Through Programming + Active Spaces: The Library offers a variety of programs for all children, teens and adults including: Future Readers Club, Local & Family History, Writing programs, Theatre Productions, The Lowell Lecture Series, Copley Concerts, Never Too Late Programs, Children's Music and Storytelling. Serving the Public with Improving technology: BPL is a national leader in library service technology. The Library has been improving the Library's IT and business systems, increasing access to knowledge through the provision and creation of digital content, and closing the digital divide by providing the public improved access to the kinds of cutting edge technology that ensure equity. Restoring and Preserving our History: At an estimated one million manuscripts, holdings are particularly strong in medieval and early Renaissance manuscripts, colonial Boston and New England, and the American anti-slavery movement. The library is also home to hundreds of archival collections with strengths in local business, political, cultural, and social history. Caring for the Public's Special Collections The Library maintains and cares for of one the world's most important public collections of art, rare books, maps and other special objects and make these precious objects, owned by the public, accessible to patrons today and far into future generations. Statewide Collection Development & Access: This program provides residents of the Commonwealth access to print, electronic, and downloadable collections not available in their individual libraries. Anyone who lives, works, goes to school, or owns property in Massachusetts can have a Boston Public Library card.

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**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

04-6151731

TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON PUBLIC LIBRARY FUND INC (04-3150560) 700 BOYLSTON STREET, BOSTON, MA 02116	FUNDRAISING FOR BPL	MA	501(c)(3)	7	N/A		✓
(2) ASSOCIATES OF THE BOSTON PUBLIC LIBRARY INC (04-290082) 700 BOYLSTON STREET, BOSTON, MA 02116	FUNDRAISING FOR BPL	MA	501(c)(3)	7	N/A		✓
(3) THE CITY OF BOSTON (04-6011380) ONE CITY HALL SQUARE, BOSTON, MA 02116	CITY GOVERNMENT	MA	501(c)(3)	6	N/A		✓
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)	✓	
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOSTON PUBLIC LIBRARY FUND INC	c	3,582,095	Actual \$
(2) BOSTON PUBLIC LIBRARY FUND INC	c	84,239	Fair Market Value
(3) BOSTON PUBLIC LIBRARY FUND INC	n	49,409	Fair Market Value
(4) ASSOCIATES OF THE BOSTON PUBLIC LIBRARY INC	c	1,016,488	Actual \$
(5) ASSOCIATES OF THE BOSTON PUBLIC LIBRARY INC	n	11,455	Fair Market Value
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
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(14)													
(15)													
(16)													

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R, Part V, Line 1c - Gift, Grant, or capital contribution from related organization(s)-The Boston Public Library received donations in actual \$ totaling \$3,582,094.59 and used computer equipment with a fair market value of \$84,239.00 from The Boston Public Library Fund Inc. of which \$529,300.52 the Library paid out to the Norman B. Leventhal Map & Education Center Inc. and \$1,016,488.37 from The Associates Of The Boston Public Library Inc. to support library operations. In fiscal year 2025 operating under the Library's fed Id # 04-6151731 expenses totaled about \$18 million (see schedule D Part XII Line 1). The Library also operates as a separate department within the City Of Boston operations, with fiscal year 2025 expenses totaling about \$48 million (see City Of Boston's fy25 comprehensive financial statements on their website).

Schedule R, Part V, Line 1n - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)-The Boston Public Library provided at the Copley location free rent space to The Boston Public Library Fund Inc. with an estimated fair market value of \$49,409.00 and to the Associates Of The Boston Public Library Inc. free rent space with an estimated fair market value of \$11,455.00. The Norman B. Leventhal Map & Education Center Inc., an affiliate of the BPL was also provided free rent space at the Copley location with an estimated fair market value of \$168,272.00.

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