

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **LIBRARY FOUNDATION FOR SARASOTA COUNTY, INC.**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **1358 FRUITVILLE ROAD, SUITE 310**
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **SARASOTA FL 34236**

D Employer identification number: **45-2585429**

E Telephone number: **304-516-1773**

G Gross receipts \$: **1,074,805**

F Name and address of principal officer:
SARAH KARON
1358 FRUITVILLE ROAD, SUITE 310
SARASOTA FL 34236

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

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

J Website: **WWW.SARASOTALIBRARYFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2011** **M** State of legal domicile: **FL**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MISSION IS TO CHAMPION STRONG PUBLIC LIBRARIES, SUPPORT INNOVATION AND HELP EXTEND THE LIBRARY SYSTEM'S REACH FOR EVERYONE IN SARASOTA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	536,051	790,548
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,554	149,760
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	589,605	940,308
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		259,534	287,965
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		128,544	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		462,667	434,003
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		722,201	721,968
19 Revenue less expenses. Subtract line 18 from line 12	-132,596	218,340	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,665,523	6,133,277
	22 Net assets or fund balances. Subtract line 21 from line 20	281,604	951,007
		5,383,919	5,182,270

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: **KAT WINGERT** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Preparer's name: **KELLEY D. MILLER** Preparer's signature: **KELLEY D. MILLER** Date: **10/08/25** Check if self-employed PTIN: **P01408511**

Firm's name: **MILLER & MILLER PA, CPA** Firm's EIN: **83-1270393**

Firm's address: **5660 MARQUESAS CIR SARASOTA, FL 34233** Phone no.: **941-366-4152**

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

For Paperwork Reduction Act Notice, see the separate instructions.