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TIN: 01-0216657

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exception is tourist attourist) numbers on this form as it may be made public.

OMB No. 1545-2018

Department of the Treasury

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

Open to Public Inspection

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		Revenue	07-01-					
≱ er ⊭ i	of t	he 2019	9 calendar year, or tax year beginning 2018	, and	ending 06	<u>6-30-2019</u>		
Add	cab Ires	ole: o	C Name of organization SANFORD LIBRARY ASSOCIATION INC			D Employ number		dentification
chan	_	Q	Doing business as			E Telepho		umher
Nar chan		ď	Bonig Saciness as			Licicpilo	iic i	idifibei
	_	eturn d				(207) 324	4-47	14
Fina	al			Room/s	suite	G Gross r	ecei	pts \$ 578,972
Am	end		delivered to street address) 952 MAIN STREET					
retur Ann		ation	City or town, state or province, country, and ZIP of	or forei	nn nostal			
pend			code	01 10101	gii pootai			
	9		FSANDFRAND MEDIO PRINCIPAL OFFICER: ALBERT POLLARD 6 CURTIS LAKE DR SANFORD, ME 04073		subo ☑ No	s a group re rdinates? o all subordina		or for Signal Yes
I Ta	х-е	xempt s	status: ☑ 501(c)(3) □ 501(c)() ◄ (insert no.)		inclu			No
49	47((a)(1) or	□ 527		If "No	o," attach a	list.	-
J W	ebs	site: LB	GOODALL.ORG			uctions)		(
<u> </u>		- (H(c) Grou	p exemptio M	ıLijy	mber •
K ⊢0 Othe		or orgai	nization: 🗹 Corporation 🗆 Trust 🗀 Association 🤇		L real of formation:			le: ME
Pa		Sum	mary		ioiiiiatioii.	1323 140	711110	iic. IVIL
Governance	; I	SANFO PROGR	lescribe the organization's mission or most significa RD LIBRARY ASSOCIATION IS A PUBLIC LIBRAR AMS TO THE RESIDENTS OF THE TOWN OF SAJNITIES.	RY WHI	CH PROV			AND
Activities &	3 4 5 6 7a	Numbe Numbe Total nu Total ur Total ur	this box make this box make the coverning body (Part VI) make the coverning members of the governing make the coverning members of the governing make the coverning member of the governing make the coverning members of the governing make the coverning members of the governing make the coverning members of the coverning make the coverning members of the governing make the coverning members of the governing make the coverning members of the governing make the coverning body (Part VI make the coverning	body (F L8 (Part C), line	Part VI, line t V, line 2a) 	3 4 5 6 7a	8 8 12 0
	b				Prio	r Year	С	urrent Year
en en			utions and grants (Part VIII, line 1h)			463,845		458.326
Revenue		9 Program service revenue (Part VIII, line 2g) 17.						<u>19,664</u>
Sev.	10	Investn	nent income (Part VIII, column (A), lines 3, 4, and 7	d)		57,452		55,628
_	11	Other r	· . evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	Oc. and	1	I		Λ
			evenue—add lines 8 through 11 (must equal Part VI			538,612		533,618
			a(A), sineila2)amounts paid (Part IX, column (A), line					0
			s paid to or for members (Part IX, column (A), line					0

Exp enses		ies, other compensation, employee benefits (Part IX, columr រទ េសតែឯ10) ndraising fees (Part IX, column (A), line 11e)		375,967	377,147 0
Ř		fundraising expenses (Part IX, column (D), line 25) ▶			
land.		r expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		175,335	<u>156,375</u>
		expenses. Add lines 13–17 (must equal Part IX, column (A), bue less expenses. Subtract line 18 from line 12		551,302 -12,690	<u>533,522</u> 96
				eginning of urrent Year	End of Year
ets or	20 Total	assets (Part X, line 16)		1,927,624	1,921,645
Net Assets or Fund Balances	21 Total	liabilities (Part X, line 26)		18,551	12,476
Zű	22 Net a	ssets or fund balances. Subtract line 21 from line 20		1,909,073	1,909,169
	<u></u>				
		gnature Block			
state	ements, a	es of perjury, I declare that I have examined this return, inclund to the best of my knowledge and belief, it is true, correct, ficer) is based on all information of which preparer has any k	and c	omplete. Declara	
	I.			2019-08-22	
Sig	-	nature of officer		Date	
Her		CKIE MCDOUGAL DIRECTOR			
	y iy	pe or print name and title		DTIN	.1
Paid	d		ite 19-	Check PTIN	N
	parer Only	Firm's name ► HAMMOND AND ASSOCIATES 08	-22	ຮູ້ຢູ່ທາ's EIN ▶ employed	
		Firm's address ▶860 MAIN STREET		Phone no. (207	") 324-7193
		SANFORD, ME 04073			
May	the IRS	discuss this return with the preparer shown above? (see instr	uction	is)	
For	Paperwo	rk Reduction Act Notice, see the separate instructions.	lo. 11	282Y	Form 990 (2018)
					(,
		Page 2			
Forr	n 990 (20	,			Page 2
Pai	Che	tement of Program Service Accomplishments eck if Schedule O contains a response or note to any line in	his Pa	art III	
1	Briefly de	escribe the organization's mission:			
	IFORĎ LI	BRARY ASSOCIATION IS A PUBLIC LIBRARY WHICH PRONTS OF THE TOWN OF SANFORD AND SURROUNDING			PROGRAMS TO
2		rganization undertake any significant program services durir Form 990 or 990-EZ?	g the	year which were	e not listed on Yes
	If "Yes,"	describe these new services on Schedule O.			
3	Did the coservices	organization cease conducting, or make significant changes i	n how ••••	it conducts, any	program . □ Yes
	If "Yes,"	describe these changes on Schedule O.			
4		the organization's program service accomplishments for each as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$			

program service reported. 4a (Code:) (Expenses \$ including grants of \$ 454,578) (Revenue \$ 19,590) LIBRARY BOOKS AND PROGRAMS TO SERVE THE TOWN OF SANFORD AND THE SURROUNDING COMMUNITIES. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) **4d** Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **_Total program service expenses**▶ 454.578 Form 990 (2018) Page 3 Form 990 (2018) Page 3 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 Yes foundation)? If "Yes," complete Schedule A la the organization required to complete Schedule B, Schedule of Contributors (see 2 Yes Distributions Anization engage in direct or indirect political campaign activities on behalf of or No 3 in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in No

effect during the tax year?

If "Vac " complete Cahadula C Dart II

report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each

5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-	5		No
6	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	6		No
7	in such funds or accounts? If "Yes," complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to	7		No
8	preserve open space, Pie the instantiation and actions as the preserve open space, Pie the instantiation and actions as the preserve open space, or other similar assets? If "Yes " complete Schedule D. Part III.	8		No
9	Similar assats? If "Yas "Gomplete And hedule D, Part III 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,	,		No
10	debt management, credit repair, or debt negotiation services? Pid/由实少语和形态程的。 Pid/由实少语和形态程的。 Pid/由实少语和形态程的。 Pid/由实少语和形态程的。 Pid/由实少语和形态程度。 Pid/由实少语和形态程度。 Pid/由实少语和形态程度。 Pid/由实少语和形态程度。 Pid/由实少语和形态程度。 Pid/由实少语和形态程度。 Pid/由实少语和形态程度。 Pid/由实少语数(Pid/由实)。 Pid/由实验(Pid/由实)。 Pid/由实验》 Pid/由实验。 Pid/由实验》 Pid/由实验验。 Pid/由实验验验验验验验验验验验验验验验验验验验验验验验验验验验验验验验验验验验验	9 10		No
	restricted endowments, permanent endowments, or quasi-endowments? If the organization is "Yes," then complete			
	Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?	44	Yes	
b	If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12	11a 11b	Yes	
С	that is 5% or more of its total assets reported in Part X, line 16? Pid the organization related in Part X, line 13	11c		No
d	that is 5% or more of its total assets reported in Part X, line 16? Pid/the organization reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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	11 f		No
12 a	(ASC 740)? If "Yes," complete Schedule D. Part X Did the organization obtain separate, independent audited financial statements for the tax	12a		No
	year? If "Yes," complete Schedule D, Parts XI and XII	u		
b	Was the organization included in consolidated, independent audited financial statements for	12h		No
	the tax year? Is the spreamize the observation 1778 (1) (A) (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	13		No
	Fahes III is optional			
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from	14a		No
	grantmaking, fundraising, business, investment, and program service activities outside the	14b		No
15	United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or complete Schedule F. Parts I other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II	15		No
	grants or other assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts	16		No
17 18	Fighther organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule Bidtler granization report more than \$15,000 total of fundraising event gross income and	17		No
	contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on	18		No
	Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		No No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to	20a 20b		No
21	bis feturianization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete	21		No
22	organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Bighthe propert more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I	22		No
	and III	Forr	n 990	(2018
	Page 4			

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II 165, COMPIECE SCHEUUIE C, Fait II

			Yes	No
	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	23		No
248	highest compensated employees? If "Yes." complete Schedule J 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,			No
b	2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No." go to line Dig the organization invest any proceeds of tax-exempt bonds beyond a temporary period	24a		
	exception? Did the organization maintain an escrow account other than a refunding escrow at any time	24b		No No
d	during the year Piditle as gan it at any time	24c 24d		No
	ເ Section 50/1(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?	25a		No
	If "Yes," complete Schedule L, Part I			
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	25b		No
26	the organization's prior Forms 990 or 990-EZ? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of former officers, directors, trustees, key employees, highest	26		No
27	combensated employees or disqualified persons? Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee	27		No
28	member, or to a 35% controlled entity or family member of any of these persons? Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i>	28a		No
	Part IV		1	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
		1	ļ	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?	28c		No
29	Pid/the organization resource more than \$25,000 in non-cash contributions?	29		No
30	bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	Pid/the organization lightighten terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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?	33		No
34		34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any	35b		
36	transaction with a controlled entity within the meaning of section 512(b)(13)? Section 501(a)(3) Seganizations of the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a	37		No
38	II 163. COMBRETE SCHEUWIC IX. TAIL VI	38	Yes	
Pa	Part VÍ, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	55		
	Check if Schedule O contains a response or note to any line in this Part V			
	U	1		
1.	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not 142		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not Experient the number of Forms W-2G included in line 1a. Enter -0- if 1b 0			
С	DANGE MAN LONG BLAND WITH DACKUP WITHHOLDING RULES for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	<u>чениога ани геропаме даннид (дантинну) мининуа то риге миниега:</u>		n 990	(2018)

Page 5			
Form 990 (2018)		F	Page 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and 2a 12			
Tax Statements, filed for the calendar year ending with or within b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note			
3a Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
b life"aries," has it filed a Form 990-T for this year?	3b		
4a Att வல் timie பெற்ற மென்கொள்கு பெற்ற கூடியில் பிறியில் மிறியில் மிறியில் மாலியில் மாலியில	4a		No
5a Was the organization a party to a probibited tax shelter transaction at any time during the	5a		No
b Piki #86 axable merty Batity the organization that it was or is a party to a prohibited tax c fineles, transferior 5b, did the organization file Form 8886-T?	5b		No
-	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable	6a		No
b [for Yes under socion include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and	7a		No
partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services	7b		
c priorvide of ganization sell, exchange, or otherwise dispose of tangible personal property for	7c		No
which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		<u>No</u>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal	7f		No
g by the fibrogrammation received a contribution of qualified intellectual property, did the	7g		
organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related	9b		
10 Section 501(c)(7) organizations. Enter:			
 a Initiation fees and capital contributions included on Part VIII, line b \$\mathbb{G}\$ coss receipts, included on Form 990, Part VIII, line 12, for public 10b 			
11 Section 5014c Wile organizations. Enter:			
a Gross income from members or shareholders 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in b lieu of Femile 10/44 amount of tax-exempt interest received or	12a		
accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?			
Note: See the instructions for additional information the organization must report on	13a		Nο

Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	Ī	1	
14a Did the organization receive any payments for indoor tanning services during the tax	year? 14a		No
b If "Yes," has it filed a Form 720 to report these payments?	14b		
15 16 the by a subject to the section 4960 tax on payment(s) of more than \$1,00	000	1	_
in remuneration or excess parachute payment(s) during the year? If "Yes." see instru	uctions 15	—	No
in remuneration or excess parachute payment(s) during the year? If "Yes." see instruss the organization an educational institution subject to the section 4968 excise tax of investment income?	n net 16		No
	For	m 990	(2018)
If "Yes," complete Form 4720, Schedule O			` ,
Page 6			
Form 990 (2018)			Page 6
Part VI Governance, Management, and Disclosure For each "Yes" response to lines a content to the content of the			V,
Section A. Governing Body and Management			-
		Yes	No
1a Enter the number of voting members of the governing body at the	0		,
end of the tax year	8		
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 in Schedule mumber of voting members included in line 1a, above, who are independent			
In Schedule O. Who are independent	8		
2 Did any officer, director, trustee, or key employee have a family relationship or a bus	iness 2		No
relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performe	.1.1.	+	No
under the direct supervision of officers, directors or trustees, or key employees to a	a by or 3		No
4 Prishtagenganization make any significant changes to its governing documents since	the 4		No
5 Diidutheorg 202 attamfbed ome aware during the year of a significant diversion of the	5		No
6 Digatizations?ave members or stockholders?	6	<u> </u>	No
7a Did the organization have members, stockholders, or other persons who had the pov	wer to _		
elect or appoint one or more members of the governing body?	<u>7a</u>	—	No
b Are any governance decisions of the organization reserved to (or subject to approva	l by) 7b		No
members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions.	ons	1	
undertaken during the year by the following:	5113		
a The governing body?	<u>8a</u>	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, wh			
cannot be reached at the organization's mailing address? If "Yes," provide the name	s and 9	<u> </u>	No
Section By Rollician Andrews (This Section B requests information about policies not required by the Internal Revenue	o Codo)		
(This Section B requests information about policies not required by the internal Revenue	e Code.)	Type	Nia
10a Did the organization have local chanters, branches, or efficience	10a	Yes	No No
10a Did the organization have local chapters, branches, or affiliates?		+	No
b If "Yes," did the organization have written policies and procedures governing the action of such chapters, affiliates, and branches to ensure their operations are consistent we		1	
11a Hasafizarian provided a complete copy of this Form 990 to all members of its	S I		
governing body before filing the form?	ша	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this F	-	↓	
12a D90 the organization have a written conflict of interest policy? If "No," go to line 13	12a	 	No
b Were officers, directors, or trustees, and key employees required to disclose annual	y 12 b		
interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with		+	
policy? If "Yes," describe in Schedule O how this was done	12c		
13 Did the organization have a written whistleblower policy?	13		No
14 Did the organization have a written document retention and destruction policy?	14		No
15 Did the process for determining compensation of the following persons include a rev	iew		
and approval by independent persons, comparability data, and contemporaneous],	
a ឬបានទង្គេរាជាស្រាប់ទាំក្រខ្លួចទៀត នៃ នៃ នៃ នៃ នេះ	15a	Yes	

If. "Yes" to line 15a or 15b. describe, the process. in Schedule O (see instructions). If a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If a Did the organization investing hollow 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 safequard the organization's exempt status with respect to such arrangements? It is the States with which a copy of this Form 990 is required to be filed. Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-(fooling) available for public inspection. Indicate how you made these available. Check all that apply. Own website Onother's website Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: **JACKIE MCDOUGAL 952 MAIN STREET** SANFORD, ME 04073 (204) 324-2714** Form 990 (2018) Page 7 List all of the organization's current officers, directors, trustees, Key Employees, Highest Compensated Employees. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation of Compensation of Compensation of Compensation of Compensation of Compensation's five current highest compensation from the capanization's former diffecrs, key employees, or highest compensated employees who received organization's former diffecrs, key employees, or highest compensated and any related organizations. List all of th	b	Other officers or key employees	•			15b \	<u>res</u>
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Name and Title Average Position (do not compensation compensation week (list one box, unless from the from related other) Average Position (do not compensation compensation do not compensation compensation compensation do not comp	dire		 		Γ		
hours per check more than compensation compensation amount of week (list one box, unless from the from related other							
week (list one box, unless from the from related other		Name and Title	_		•	•	
					organization		

	related organizations		irect	tor/	r and a r/trustee)			(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) ALBERT POLLARD	1.00	x		Х				0	0	0
PRESIDENT (2) VALERIE SULLIVAN	1.00									
	1.00	x		Х				0	0	0
VICE PRESIDENT (3) RONALD E VINCENT	1.00									
	1.00	x		Х				0	0	0
TREASURER	1.00									
(4) CARL JOHNSON	1.00	x		Х				0	0	0
SECRETARY	4.00									
(5) SAVINA HUTCHINSON	1.00	x						0	0	0
DIRECTOR										
(6) LAURIE COHEN	1.00	x						0	0	0
DIRECTOR								_		
(7) JAMI WESTERLUND	1.00	x						0	0	0
DIRECTOR		```						· ·	Ŭ	
(8) JACKIE MCDOUGAL LIBRARY MANAGER	40.00				Х			52,272	0	0
				-						
										190 (2018)

Form **990** (2018)

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	ched box, both di	k m unle an rect	ore ess offi or/t	(do the pe cer rus	not an or erson and etee)	is a	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estima amour othe compens from organiz and rel	ated nt of er sation the ation
		line)	Individual trustee or director	Institutional Trustee	cer	Key employee	Highest compensated employee	Former			organiza	
												,
1 h	Sub-Total											
	Total from continuation	sheets to Part	· · ·	ecti	on	A	۰					
	 Total (add lines 1b and 1		,				٠		52,272			
	<u> </u>	<u> </u>	ut not	limi	tod	to	thoc	lic				
2	Total number of individureceived more than \$100										V ₂ -	No.
3	Did the organization list compensated employee										Yes 3	No No
4	For any individual listed compensation from the compensation from											

	ryes, complete Sched individual	auie J for suc	cn				L	
5	Did any person listed organization or individual of "Yes," complete Sch	ual for servic	es rendered t	o the organizati	on?	ny unre	lated	5 No
S	ection B. Independent							
1	Complete this table for \$100,000 of compensa with or within the organ	your five hig	ghest comper e organizatior					
		(A)	ness address			Descrip	(B) otion of service	(C) es Compensa
	Total number of indeper received more than \$10					e listed	above) who	
	received more than \$10	0,000 01 0011	iperisation ne	mi tile organiza	uon P			Form 990 (20:
				Page 9				
=or	m 990 (2018)							Pag
Pa	Statement of R Check if Sched		ns a response	or note to any	line in th	nis Part	VIII	
				(A) Total revenue	Relat exer func reve	ed or mpt tion	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 512 - 514
s	derated campaigns	1a						
Gran	mbership dues	<u>1b</u>						
∰. 9	ndraising events	<u>1c</u>						
Contributions,	lated organizations wernment grants	1d						
_	other contributions,	<u>1e</u>						
	gifts, grants, and similar amounts not included above 151	· <u>L1f</u>						
g No	ncash contributions inclines 1a - 1f:\$	uded						
	Total. Add lines 1a-1f.	.	• 4 58,326					
•			Business Code					
-	2a NES/DAMAGED BOO	NK C		4,964				
Sevenue	<u> </u>			6,680				
ď	OPIES/READER/COM	IPUTER	<u> </u>	2 707				+

2 2	2,101		
ONRESIDENT DUES/FEES	4,372		
4	4,372		
JOK SALES/CHILDRENS ROOM	861		
OOK SALES/CHILDRENS ROOM SOURCE SO			
f All other program service	10.004		
grevenue. gTotal. Add lines 2a–2f	19,664		
3 Investment income (including dividends,			
interest, and other	50,630		
4 ปกคุณกลู เหองกาเลของtment of tax-exempt b	ond 🛌		
proceeds			
- D W	<u> </u>		
5 Royalties	•		
(i) Real (ii) Per	<u>rsonal</u>		
6a Gross			
rents b Less: rental			
expenses c Rental income			
or (loss) d Net rental income or (loss)			
· · · · · · · · · · · · · · · · · · ·	ithor.		
7a Gross	dice.		
amount 50,352			
from			
sales of			
assets			
other			
than inventory			
inventory			
b Less:			
cost or 45,354			
other	_		
basis and			
sales			
expenses	1		
Gain or 4,998			
(loss)	4.000		
(loss) d Net gain or (loss) aGross income from fundraising events (not including \$ of contributions all	4,998	 E	
aGross income from fundraising			
events (not including \$			
or contains attente a			
bresstaften en en bresses			
See income dirigs) from fundraising			
c events · · b			
· · ·	•	 E	
9a Gross income from gaming			
activities.			
See Part IV, line 19 b Less: direct expenses			
Net income or (loss) from gaming activity	ties		
10a Gross sales of inventory, less		t.	
returns and allowances			
a			
b Less: cost of goods sold			
1	ı	'	

Net income or (loss) from sales b	s of inventory				
Miscellaneous Revenue	Business				
11a	Code				
b					
С					
dAll other revenue					
Total. Add·lines 11a–11d					
e					
12Total revenue. See Instruction	IS.	533,618			
		<u> </u>		F	orm 990 (2018
		Page 10			
orm 99 <mark>0 (2018)</mark>					Page 1
Part IX Statement of Functional ection 501(c)(3) and 501(c)(4) organ					
omplete column (A). Check if Schedule O contain	•	or note to any lin	e in this Part IX		
o not include amounts reported ob, 8b, 9b, and 10b of Part VIII.	on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to do organizations and domestic gove Part IV, line 21		0			
2 Grants and other assistance to do individuals. See Part IV, line 22	omestic	0			
3 Grants and other assistance to fo organizations, foreign governmen		0			
foreign individuals. See Part IV, li 16.					
4 Benefits paid to or for members		0			
5 Compensation of current officers, trustees, and key employees .	directors,	52,272		52,272	
6 Compensation not included above disqualified persons (as defined to 4958(f)(1)) and persons describe 4958(c)(3)(B)	under section	0			
7 Other salaries and wages		225,572	225,572	I	
8 Pension plan accruals and contril (include section 401(k) and 403(k)		14,023	10,373	3,650	
	o) employer				
contributions) 9 Other employee benefits	o) employer	64,465	53,311	11,154	

20,815 16,809

10 Payroll taxes

11 Fees for services (non-employees):

aManagement

4,006

b Legal	~		ĺ	
c Accounting	<u> </u>	3.771	2,061	
· · · · · · · · · · · ·	5,0521	5,771	2,001	
d Lobbying	0			
eProfessional fundraising services. See Part IV, line 17		l		
f Investment management fees	0			
gOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	1,359	1,359		
13 Office expenses	10,365	9,847	518	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	25,382	24,113	1,269	
	121	I	121	
18 Payments of travel or entertainment expenses	0	<u> </u>	121	
for any federal, state, or local public officials	<u> </u>			
19 Conferences, conventions, and meetings	0		1	
20 Interest	ol	I I		
21 Payments to affiliates	0		Ī	
22 Depreciation, depletion, and amortization	26,470	25,147	1,323	
23 Insurance	2,770	2,770	I	
24 Other expenses. Itemize expenses not	2,770	2,770	1	
covered above (List miscellaneous expenses				
in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BOOKS OTHER MEDIA	32,682	32,682	1	
b BUILDING GROUNDS MAINTENANCE	30,559	29,031	1,528	
c EQUIPMENT RENTAL MAINTENANCE	11,540	10,963	577	
d				
e All other expenses	9,295	8,830	465	
25 Total functional expenses. Add lines 1 through 24e	533,522	454,578	78,944	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	•	•	Forr	n 990 (2018)
	Page 11 ———			
Form 990 (2018)				Page 11
Part X Balance Sheet Check if Schedule O contains a response of	r note to any line	in this Part IX		
	П	(A)		(B)

			Beginning of year		End of year
	1	Cash–non-interest-bearing	18,178	1	25,165
	2	Savings and temporary cash investments	68,765	2	42,877
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former			
		officers, directors, trustees, key employees, and highest		5	
	6	compensate the molecular and the molecular complete the reliable to the compensate of the compensate o			
		(as defined under section 4958(f)(1)), persons described in			
		section 4958(c)(3)(B), and contributing employers and		6	
w	7	sponsoring organizations of section 501(c)(9) voluntary		7	
et	8	employees beneficiary organizations (see instructions)		8	
Assets	9	sponsoring organizations of section 501(c)(9) voluntary total spins feeting of section 501(c)(9) voluntary employees perfectively organizations (see instructions) by the section of sections of sections of sections of sections of sections or sections or sections of sections of sections or secti		9	
_	_	Land, buildings, and equipment:		3	
	TUa	cost or other basis. Complete 1,629,078			
		Part VI of Schedule D		•	
	h	Less: accumulated depreciation 10b 516,062	1,104,849	10c	1,113,016
		Investments—publicly traded securities .	1,10+,0+0	11	1,110,010
	12	Investments—other securities. See Part IV, line 11	735,832	12	740,587
	13	Investments—program-related. See Part IV, line 11	133,032	13	140,301
	13 14	Intangible assets		14	
		<u> </u>		15	
		Other assets. See Part IV, line 11	1 027 624		1 001 645
		Total assets.Add lines 1 through 15 (must equal line 34)	1,927,624		1,921,645
	17	Accounts payable and accrued expenses	18,551		12,476
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Se	21	Escrow or custodial account liability.		21	
ž	22	Counsialed Rand Mpaiyables lude: Dirrent and former officers,			
Liabilities		directors, trustees, key employees, highest compensated employeesommets ពីរដៅមេថា Schedule L		22	
-00	22	Employees, and mater navable to unrelated third		23	
	23	Secured mortgages and notes payable to unrelated third			
	24	partiesured notes and loans payable to unrelated third		24	
	25	partiers liabilities (including federal income tax, payables to		25	
		related third parties, and other liabilities not included on lines			
	26	Total flabilities and artes and arrived the second	18,551	26	12,476
S		Organizations that follow SFAS 117 (ASC 958),			
20		check here ▶ ☑ and complete lines 27 through 29, and			
Balances	27	lingestricted net assets	1,909,073	27	1,909,169
ä	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958),			
9		check here ► □ and complete lines 30 through 34. Capital stock or trust principal, or current funds			
Sts	30			30	
100	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or		32	
Net	33	Titler flendssets or fund balances	1,909,073	33	1,909,169
9191	34	Total liabilities and net assets/fund balances	1,927,624	34	1,921,645
					Form 990 (2018)
		Page 12 ———			
orr	n 90	90 (2018)			Page 12
		- · · · · · /			

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

4 5 6 7 8 9 10	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (M)) unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	2 3 4 5 6 7 8 9 10		1,9	33,522 96 09,073 09,169
-	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Ot If the organization changed its method of accounting from a prior year or checked "Ot explain in Schedule O.	her,"		Yes	No
	Were the organization's financial statements compiled or reviewed by an independen accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year we compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separates basis Were the organization's financial statements audited by an independent accountant?	ere	2a		No N
	If 'Yes,' check a box below to indicate whether the financial statements for the year waudited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an		2c		
	independent accountant? If the organization changed either its oversight process or selection process during th year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or a as set forth in the Single Audit Act and OMB Circular A-133?				 No
	If "Yes," did the organization undergo the required audit or audits? If the organization not undergo the required audit or audits, explain why in Schedule O and describe any taken to undergo such audits.		3b Forr	n 990	(2018)
	n 990 (2018) ditional Data		Returi	ı to F	orm
Forn	Software ID: 18007340 Software Version: 19.1.1.0 n 990, Special Condition Description: Special Condition Description				

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ObjectId: 201932409349300638 - Submission: 2019-08-22

TIN: 01-0216657

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Department of the | Inspection SMANIFAD REVENIER ARY ASSOCIATION INC 01-0216657 Service 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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)(vi)**. (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a landgrant 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), a typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported b organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its d supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

(i) ivame of Supported organization	(II) ⊏IIN	organization (described on lines 1- 10 above (see instructions))	listed in your governing document?		monetary support (see instructions)	other support (see instructions)
		motractions))	Yes	No		
	1					
Total						
For Paperwork Reduction	n Act Notice	e, see the Instruc	ctions for	Cat. No.	11285F	

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-

EZ) 2018

Page 2

Schedule A (Form 990 or 990-EZ) 2018

naumonts received on

Page 2

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)	ii tiic organiz	ation fails to t	dainy ander t	ne tests listed	below, pieds	Complete
	ection A. Public Support						
	lendar year fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
i	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	449,845	444,014	448,094	463,845	458,326	2,264,124
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	449,845	444,014	448,094	463,845	458,326	2,264,124
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
	Public support. Subtract line 5 from line 4.						2,264,124
	ection B. Total Support						
	lendar year						_
	fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	449,845	444,014	448,094	463,845	458,326	2,264,124

	payments received on securities loans, rents, royalties and income from similar sources	54,896	38,997	38,092	57,452	55,628	245,065
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						2,509,189
12	Gross receipts from related a	ctivities, etc. (see instruction	ns)		12	
13	First five years. If the Form section 501(c)(3) organizatio	n, check this b	ox and stop h	nere		or fifth tax year	as a
	ection C. Computation of P	ublic Support	Percentage				
	Public support percentage for	•	* * *	-	1, column (f))		90.230 %
	Public support percentage fo 33 1/3% support test—2018				on line 13 a	15 nd line 14 is 33	91.220 % 3 1/3% or
100	more, check this box and stop here. The organiza					110 1110 00	3 1/0 / 0 01
b	33 1/3% support test—201 % or more, check this box and stop here. The org	.7. If the organ					5 is 33 1/3
	a10%-facts-and-circumstand and line 14 is 10% or more, and if the organization Part VI how the organization publicly supported organization	ganization mee	ets the "facts-a	and-circumsta umstances" te	inces" test, ch	neck this box a	nd stop es as a
b	10%-facts-and-circumstan 17a, and line 15 is 10% or more, and if the stop here. Explain in Part VI how the o as a publicly supported organization	e organization rganization me	meets the "facts-	cts-and-circur and-circumst	nstances" tes ances" test. T	t, check this bo	ox and
18	Private foundation. If the or and see instructions		not check a b	ox on line 13,	16a, 16b, 17	a, or 17b, ched	
		<u> </u>			Schedule A (I	Form 990 or 9	90-EZ) 2018
			Page 3	3			
Scl	nedule A (Form 990 or 990-Ez	Z) 2018					Page 3
ı	Support Schedul (Complete only if y under Part II. If the	ou checked th	e box on line	10 of Part I or	if the organiz		

II.)

Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total (or fiscal year beginning in) ▶ **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 Gross receipts from activities that are not an unrelated trade or business under section 513 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. . Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total (or fiscal year beginning in) ▶ 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 in line 10b, whether or not the business is regularly carried on.

	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9,			
14	10c, 11, and 12.) Leading the Form 990 is for the organization's first, second, third, fourth, or fifth tax y section 501(c)(3) organization,	ear a	s a	
	check this box and stop here			
Se	ection C. Computation of Public Support Percentage			
15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))			0 %
<u>16</u>	Public support percentage from 2017 Schedule A, Part III, line 15			
Se	ection D. Computation of Investment Income Percentage			
17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13,			0 %
18	nwenn(h) income percentage from 2017 Schedule A, Part III, line 17			
	331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is			
3	33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization	quali	fies a	as
	a publicly supported organization \blacktriangleright \Box			
b	33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, ar			
	more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The or	ganiz	zatior	า
	qualifies as a publicly supported organization			
20		ox a	nd se	ee
	instructions ▶□	222	>	2010
	Schedule A (Form 990 or	990-	EZ) Z	2018
	Page 4 —————			
Sch	edule A (Form 990 or 990-EZ) 2018		Pa	ıge 4
	t IV Supporting Organizations			<u> </u>
Par	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I.		comp	olete
Par	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pattons A and B. If you checked 12b of Part I, complete Sections A and C. If you checked	12c	comp of Pa	olete art I,
Par Sec com	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and	12c	comp of Pa	olete art I,
Sec com Part	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pattons A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and V.)	12c	comp of Pa	olete art I,
Sec com Part	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and	12c	ompl	olete art I, lete
Sec com Part	Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and D, and D, and E. If you checked 12d of Part I, complete Sections A and D,	12c	comp of Pa	olete art I, lete
Sec com Part	Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D, and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A and D. If you checked 12d of Part I, complete Sections A	12c	ompl	olete art I, lete
Sec com	Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a	I 12c and c	ompl	olete art I, lete
Sector Compart	Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a	12c	ompl	olete art I, lete
Sec com	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and D, and D, and E. If you checked 12d of Part I, complete Sections A and D,	I 12c and c	ompl	olete art I, lete
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Sec compart Sec 1	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and D	I 12c and c	ompl	olete art I, lete
Sec compart Sec 1	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and D, and D, and E. If you checked 12d of Part I, complete Sections A and D,	1 12c and c	ompl	olete art I, lete
Sec compart Sec 1 2	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by plasting organization have any supported organization that does not have an IRS described in Not have any supported organization that does not have an IRS described in Section 509(a)(1) or paid the organization determined that the supported organization was described in section 509(a)(1) or paid the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	I 12c and c	ompl	olete art I, lete
Sec compart Sec 1 2	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) ection A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by pigstherographization have any supported organization that does not have an IRS describe in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or pig the organization have a supported organization described in section 509(a)(1) or pig the organization have a supported organization described in section 509(a)(1), or (6)?	1 12c and c	ompl	olete art I, lete
Sec compart Sec 1 2 3a b	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a Sections A and D, a Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by playing the reganization have any supported organization that does not have an IRS described in law and the supported organization was described in section 509(a)(1) or paid the organization have a supported organization was described in section 509(a)(1) or paid the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe	1 12c and c	ompl	olete art I, lete
Sec compart Sec 1 2 3a b	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) Ection A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by play the organization have any supported organization that does not have an IRS describe in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or pain the organization have a supported organization was described in section 509(a)(1) or pain the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for	1 12c and c	ompl	olete art I, lete
Sector Compart Sector S	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) Extion A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by plets the organization have any supported organization that does not have an IRS described the supported organization was described in Section 509(a)(1) or plet the organization have a supported organization was described in section 509(a)(1) or plet the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in	1 12c and c	ompl	olete art I, lete
Sector Compart Sector S	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pattons A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by pick the organization have any supported organization that does not have an IRS describe the organization determined that the supported organization was described in section 509(a)(1) or pin the organization have a supported organization was described in section 509(a)(1) or pin the organization have a supported organization described in section 501(c)(4), (5), or (6) and satisfied the public support dorganization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in Wassanoyesuspersed/organization not organized in the United States ("foreign supported")	1 12c and c	ompl	olete art I, lete
Sec compart Sec compart Sec a 1 2 3a b c 4a	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) **Ection A. All Supporting Organizations** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by plating organization have any supported organization that does not have an IRS designated by plating organization have any supported organization that does not have an IRS designated by plating organization have any supported organization was described in section 509(a)(1) or plating organization determined that the supported organization was described in section 509(a)(1) or plating organization have a supported organization was described in section 509(a)(1) or plating organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	1 12c and c	ompl	olete art I, lete
Sec compart Sec compart Sec a 1 2 3a b c 4a	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) **Ection A. All Supporting Organizations** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by plasting organization have any supported organization that does not have an IRS described in each organization determined that the supported organization was described in section 509(a)(1) or paid the organization have a supported organization described in section 509(a)(1) or paid the organization have a supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place aloyes approved organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to	1 12c and c	ompl	olete art I, lete
Sec compart Sec compart Sec at the sec at th	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? Are all of the organization's supported organizations are designated. If designated by governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by high substitution have any supported organization that does not have an IRS determined that the supported organization was described in section 509(a)(1) or paid the organization have a supported organization was described in section 509(a)(1) or paid the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in Wasselloysuspersed longanization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part VI how the organization had (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had	1 12c and c	ompl	olete art I, lete
Sec compart Sec co	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? Are all of the organization's supported organizations are designated. If designated by gighting graphication have any supported organizations are designated. If designated by gighting graphication have any supported organization that does not have an IRS designation have any supported organization that does not have an IRS designation determined that the supported organization was described in section 509(a)(1) or paid the organization have a supported organization was described in section 509(a)(1) or paid the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in Wassaloyanaphorset/longanization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had Sudhimorganization had	1 12c and c	ompl	olete art I, lete
Sec compart Sec co	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) **Section A. All Supporting Organizations** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by plets in part VI how the supported organization that does not have an IRS determined that the supported organization was described in Section 509(a)(1) or paid the organization have a supported organization was described in section 509(a)(1) or paid the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in Wasselovestopported organization not organized in the United States ("foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had Suchtraortgalization and in Part VI what controls contention and Suchtraortgalization and Part VI what in Part VI what is controls and supported organization had suchtraortgalizations are provided organization? If "Yes," describe in Part VI how the organization had suchtraortgalizations solved organization in Part VI what the supported organization had suchtraortgalizations solv	1 12c and c	ompl	olete art I, lete
Sector Se	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I. If you checked 12a of Part II. If you checked 12b of Part II. If yo	1 12c and c	ompl	olete art I, lete
Sector Se	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I. If you checked 12a of Part II. If you checked 12b of Part II. If yo	1 12c and c	ompl	olete art I, lete
Sector Se	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Pations A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12b of Part I, complete Sections A and C. If you checked plete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, a V.) **Section A. All Supporting Organizations** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by plets in part VI how the supported organization that does not have an IRS determined that the supported organization was described in Section 509(a)(1) or paid the organization have a supported organization was described in section 509(a)(1) or paid the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in Wasselovestopported organization not organized in the United States ("foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had Suchtraortgalization and in Part VI what controls contention and Suchtraortgalization and Part VI what in Part VI what is controls and supported organization had suchtraortgalizations are provided organization? If "Yes," describe in Part VI how the organization had suchtraortgalizations solved organization in Part VI what the supported organization had suchtraortgalizations solv	1 12c and c	ompl	olete art I, lete

	removed; (ii) the reasons for each such action; (iii) the authority under the organization's	ગત	1	
b		5b	ĺ	
С	already designated in the organization's organization document? Substitutions only. Was the substitution the result of an event beyond the organization's	5c		
6	Control ? 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	_	Ī	
7	supporting organizations that also support or benefit one or more of the filing organization's Did the organization browlet a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial	6		
•	supported organizations? If "Yes," provide detail in Part VI . supstantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial			
	contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes."	7		
8	Dischible perpanization method loan the adjournable of schedule L (Form 990 or 990-EZ).			
		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or			
	more disqualified persons as defined in section 4946 (other than foundation managers and	9a		
b	organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any	30		
	entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С				
	personal benefit from, assets in which the supporting organization also had an interest? If	9c		
10a	Was, the oviginal detail rive flajet cV 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-			
I_	functionally integrated supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C,	10a		
D		401		
	Form 4720, to determine whether the organization had excess business holdings). Schedule A (Form 990 or	10b	E7\ 1	2010
	nedule A (Form 990 or 990-EZ) 2018		Ра	ge 5
Pal	rt IV Supporting Organizations (continued)		1	
			Yes	No
	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 in (b) and (c) below, the governing body of a supported organization?			
h				
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide			
		11b	Yes	No
1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection B. Pype/I.Supporting Organizations	11b	Yes	No
1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide	11b	Yes	No
1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection By Properly. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	11b	Yes	No
1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection! B: Property. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization	11b 11c	Yes	No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection! Br Properting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11b	Yes	No
2	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection! Be Properly. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Bichtive origanization toppdates from the liberate of the organization toppdates from the liberate of the organization of the org	11b 11c	Yes	No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection By Property. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Eighthe digartization topsteets from the local still directly operated organization to the local still directly operated organ	11b 11c	Yes	No
2	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection! By Property. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Bichtive organizationtoprizets from the liberate of directors channel that supported organization? If "Yes" explain in Part VI how providing such benefit carried out the purposes	11b 11c	Yes	No
2	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection! By Property. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Bichtive organizationtoprizets from the liberate of directors channel that supported organization? If "Yes" explain in Part VI how providing such benefit carried out the purposes	11b 11c		
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2 Se	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ectioni/Bi Preped/Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or leichtive offigertization trupted to repeated to the liberated of the power to appoint and the supplified organization organization in Part VI how providing such benefit carried out the purposes of the curported organization(s) that operated, supervised or controlled the supporting organization. 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,"	11b 11c		
2 Se	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ectioni/Bi. Prypte//.Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Eightive organizationtopsteets from the Illumential distractions controlled the powers to appoint and wheat sopplitions organization(s) if the competition organization in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. Were a majority of the organization's directors or trustees during the tax year also a majority of	11b 11c		No
2 Se	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ectioni/Bi Preped/Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or leichtive offigertization trupted to repeated to the liberated of the power to appoint and the supplified organization organization in Part VI how providing such benefit carried out the purposes of the curported organization(s) that operated, supervised or controlled the supporting organization. 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,"	11b 11c	Yes	No
2 S6 1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide ection B. Papel/Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Exichtive digercization topatents from the Illumated daracogs the supervised controlled that supporting organization(s) if any operated, tsupporting such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. 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 was vested in the supporting organization was vested in the same persons that controlled or management of the supported organization was vested in the same persons that controlled or management of the supported organization(s).	11b 11c	Yes	No
2 S6 1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide externi/ Br. Prape/I/. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Describe diagrazization trupatents from the liberated directors or the properties discribed the supporting organization organization organization organization organization organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organizations of the supporting organization. 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 was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the supporting organization and the supporting organization organization organization.	11b 11c	Yes	No
2 S6 1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide extraoril Bit Properties Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Deichtwe ofigactization(s) if the hellowatid directors of the powers to appoint and/or Deichtwe ofigactization(s) if the propertied organization organization organization organization organization. If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization. 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 was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supported organization(s). 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	11b 11c	Yes	No
2 S6 1	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide externi/ Br. Prape/I/. Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or Describe diagrazization trupatents from the liberated directors or the properties discribed the supporting organization organization organization organization organization organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organizations of the supporting organization. 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 was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the supporting organization and the supporting organization organization organization.	11b 11c	Yes	No

	the supported organization(s) or (ii) sorving on the governing sea			_		_
	organization? If "No," explain in Part VI how the organization mail			2		<u> </u>
3	BY THE LEVEL OF THE PROPERTY OF THE SET OF T					
J	have a significant voice in the organization's investment policies a					
	organization's income or assets at all times during the tax year? It					
S	echieno ie. the per y la financio i con all pel o teger at gel recepto est in le pel o terre per la financio i con all pel o teger at gel recepto est in le pel o terre per la financio i con all pel o teger at gel recepto est in le pel o terre per la financio i con all pel o terre pel o terre per la financio i con all pel o terre per la financio i con all pel o terre per la financio i con all pel o terre per la financio i con all pel o terre p			-		
1	Check the box next to the method that the organization used to sa			st durina	the	
_	A y r (See insarrizations) atisfied the Activities Test. Complete line	-	•	e dannig		
	The organization is the parent of each of its supported organ			B below.		
	The organization supported a governmental entity. Describe		•			
	government entity (see instructions)		are virious you supp	orteu a		
	gerenment entity (even menteus)					
2	Activities Test. Answer (a) and (b) below.				Voc	No
	a Did substantially all of the organization's activities during the tax y	ear d	lirectly further the		163	INU
•	exempt purposes of the supported organization(s) to which the or			e?		
	If "Yes," then in Part VI identify those supported organizations	_	•	·		<u> </u>
	activities directly furthered their exempt purposes, how the organi	izatioi	n was responsive to	2a		
	o Pridstas agrivities degaribations, a no notitutre ortivitinzation, determin	th eu qi	1941 1765 Pactivities			
	ம் முழியாள் நடிக்காம் முதியாக முதியாக ion's supported organiz	ation(s) would have been			<u> </u>
	engaged in? If "Yes," explain in Part VI the reasons for the organication(s) would have appared in those activities			2h		<u> </u>
3	Fundantial Supported Sugar Color of Support					
í	\mathbf{a} Did the organization have the power to regularly appoint or elect a	a maj	ority of the officers,	3a		
ı	directors, or trustees of each of the supported organizations? <i>Pro</i> Did the organization exercise a substantial degree of direction over	vide (details in Part VI. Inclicies programs	and —		<u> </u>
	activities of each of its supported organizations? If "Yes," describe					<u> </u>
	by the organization in this regard.		chedule A (Form 99			2018
	, ,		•		,	
	Page 6					
Sch	nedule A (Form 990 or 990-EZ) 2018				Pá	age 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	a Orc	anizations			age e
1	 Check here if the organization satisfied the Integral Part Test 	-		lov 20	1070	
_	(explain in Part VI). See instructions. All other Type III non-i				1370	
	organizations must complete Sections A through E.	iarioti	orially integrated 54	sporting		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Cui	rent Y	⁄ear
	Section A - Adjusted Net Income		(7.) Ther real		ional)	
_1	1101 011011 10111 00101101 00111	1				
<u> 2</u>		2				
<u>3</u>		3				
	Add lines 1 through 3	4				
<u>5</u>		5				
6	Portion of operating expenses paid or incurred for production or	6				
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see	7				
<u>8</u>	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Cui		⁄ear
	Aggregate foir market value of all non exempt use accets (see			(ont	ional)	
	Aggregate fair market value of all non-exempt-use assets (see	1				
	instructions for short tax year or assets held for part of year): A Average monthly value of securities	1a				
	Average monthly cash balances	1 b				
	Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
(e Discount claimed for blockage or other factors					
	(explain in detail in Part VI):		<u>-</u>			
2	Acquisition indebtedness applicable to non-exempt use assets	2				
	Subtract line 2 from line 1d	3				

1 Cash doomed hold for exempting Enter 1 1/20% of line 2 (for

	greater amount, see instructions).	`	4		
5	Net value of non-exempt-use assets (subtract lin	ne 4 from line 3)	5		
6	Multiply line 5 by .035	, , , , , , , , , , , , , , , , , , ,	6		_
7	Recoveries of prior-year distributions		7		
8	Minimum Asset Amount (add line 7 to line 6)		8		
	Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section	A, line 8,	1		
2	Exten85A) of line 1		2		
3	Minimum asset amount for prior year (from Section 2015)		3		
4	Enteroprediter of line 2 or line 3		4	_	
	Income tax imposed in prior year		5		
6	Distributable Amount. Subtract line 5 from line subject to emergency temporary reduction (see		6		
7	Check here if the current year is the organiz supporting organization (see instructions)	zation's first as a no		nctionally-integrated	
		Page 7			
Sch	edule A (Form 990 or 990-EZ) 2018				Page 7
Pai		(a)(3) Supporting (Orga	nizations (continu	
	Section D - Distributions			•	Current Year
	1 Amounts paid to supported organizations	s to accomplish eye	mnt i	nurnoses	
	2 Amounts paid to perform activity that dire	·			
	supported organizations, in excess of income from activity	ecuy iditilers exemp	ot pui	poses of	
	3 Administrative expenses paid to accomp organizations	olish exempt purpose	es of	supported	
	4 Amounts paid to acquire exempt-use ass	sets			
	5 Qualified set-aside amounts (prior IRS a	pproval required)			
	6 Other distributions (describe in Part VI).	See instructions			
	7 Total annual distributions. Add lines 1 t	through 6.			
	Distributions to attentive supported organic responsive (provide details in Part VI). See instructions	nizations to which th	he or	ganization is	
	9 Distributable amount for 2018 from Secti	ion C, line 6			
	10 Line 8 amount divided by Line 9 amount		•		
Section E - Distribution Allocations (see instructions) (i) Excess Distribution				(ii) derdistributions Pre-2018	(iii) Distributable Amount for 2018
	1 Distributable amount for 2018 from Section C, line 6				
	2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions.				
	3 Excess distributions carryover, if any, to 2018:				
	a From 2013				

Cash decined held for exempt use. Enter 1-1/270 of the s (10)

h. Franco 2011	1	I	I
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D,			
line 7: \$			
a Applied to underdistributions of prior			
years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b			
from 4.			
5 Remaining underdistributions for			
years prior to 2018, if any. Subtract lines 3g and 4a			
from line 2.			
If the amount is greater than zero,			
explain in Part VI.			
See instructions.			
6 Remaining underdistributions for			
2018. Subtract lines 3h and 4b from line 1. If the			
amount is greater			
than zero, explain in Part VI. See			
instructions.			
7 Excess distributions carryover to			
2019. Add lines			
3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Return to Form

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

	Facts And Circumstances Test
Return Reference	Explanation
	Schedule A (Form 990 or 990-EZ) 2018

Software ID: 18007340 Software Version: 19.1.1.0

efile Public Visual F	Render ObjectId: 201932409349300638 - Subr	nission: 2019-08-22	TIN: 01-0216657			
Schedule B	Schedule of Contributors	-	OMB No. 1545-			
(Form 990, 990- EZ,	Form 990, 990- Z, ► Attach to Form 990, 990-EZ, or 990-PF.					
or 990-PF)	► Go to <u>www.irs.gov/Form990</u> for the lates					
Name of the organization o	ion ASSOCIATION INC	Employer number	identification			
Service		01-021665	57			
Organization type (c	heck one):					
Filers of:	Section:					
Form 990 or 990-EZ	\square 501(c)() (enter number) organization					
	\square 4947(a)(1) nonexempt charitable trust not tro	eated as a private foun	dation			
	\square 527 political organization					
Form 990-PF	\square 501(c)(3) exempt private foundation	\square 501(c)(3) exempt private foundation				
	\square 4947(a)(1) nonexempt charitable trust treated as a private foundation					
☐ 501(c)(3) taxable private foundation						
Rule. See instructions	01(c)(7), (8), or (10) organization can check boxes is.					
General Rule						
totaling \$5,000	ation filing Form 990, 990-EZ, or 990-PF that received or more (in money or other property) from any one determining a contributor's total contributions.					
Special Rules						
☐ For an organiza test of the regul	tion described in section 501(c)(3) filing Form 990 (or 990-EZ that met the	33 ¹ /3% support			
13, 16a, or 16b,	509(a)(1) and 170(b)(1)(A)(vi), that checked Sched and that received from any one contributor, during 5,000 or (2) 2% of the amount on (i) Form 990, Part I and II.	ı the year, total contribu	itions of the			
☐ For an organiza any one contrib	tion described in section 501(c)(7), (8), or (10) filing	g Form 990 or 990-EZ	that received from			
during the year,	total contributions of more than \$1,000 <i>exclusively</i> ational purposes, or for the prevention of cruelty to					
☐ For an organiza any one contrib	tion described in section 501(c)(7), (8), or (10) filing	g Form 990 or 990-EZ	that received from			
during the year,	contributions exclusively for religious, charitable, ean \$1,000. If this box is checked, enter here the total					

the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc.,

contribut	tions totaling \$5,000 or more during the year		
(Form 990, 990-EZ, or 990	rganization that isn't covered by the General Rule 0-PF), but it must answer "No" on Part IV, line 2, cor on its Form 990PF, Part I, line 2, to certify that in 0-PF).	of its Form 990; or check th	e box on line H of its
	k Reduction Act Notice, see the Instructions 990-EZ, or 990-PF.		
101 F01111 990,	•	chedule B (Form 990, 990	-EZ, or 990-PF) (2018)
	Page 2		
Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018)		
,	, , ,	2	
Name of organi		ige 2 Employer id	lentification number
	BRARY ASSOCIATION INC	01-0216657	
Part I	Contributors (See instructions). Use duplicate copies of additional space is needed.	f Part I if	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			Payroll
	-	\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	ivanie, audiess, and ZIP + 4	างเลเ เงกเกมนแงกร	Person
-			Payroll
			Noncash
			(Complete Part II for

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
140.	rame, address, and 211 · · ·	Total contributions	Person
-			Payroll
		\$	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
_			Payroll
		\$	Noncash
		<u> </u>	(Complete Part II for
			noncash
	Calcal	lulo D /Corres 000, 00	contributions.)
	Sched	iule B (Form 990, 99	0-EZ, or 990-PF) (2018)
	Page 3 ——		
	Form 990, 990-EZ, or 990-PF) (2018)	Farmlesses (de	Page 3
Name of organ SANFORD LI	nization BRARY ASSOCIATION INC	Employer ide	ntification number
_		01-0216657	
Part	Noncash Property (See instructions) Use duplicate copies of Part II i	f (a)	
∥ (a) No. from Part I	(See instructions). Use duplicate copies of Part II i additional space is needed. Description of noncash property given	f (c) FMV (or estin (See instructi	
		_	
		-	\$
(a) No. from	(b)	(c) FMV (or estin	nate) (d)
Part I	Description of noncash property given	(See instructi	
		_	
		<u> </u>	
(c)		(5)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructi	
<u> </u>			<u> </u>
		_	\$
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estin (See instructi	Date received
		<u> </u>	\$
		_	
(a)		(c)	<u> </u>

No. from Part I				(or estimate) instructions)	(a) Date received	
					\$	
(a) No. from Part I	(b) Description of noncash	n property	given		(c) (or estimate) instructions)	(d) Date received
					\$	
			Schedu	le B (F	orm 990, 990-	EZ, or 990-PF) (2018)
		— Page	4			
	orm 990, 990-EZ, or 990-PF) (201	.8)		Emple	oyer identificati	Page 4
	ame of organization ANFORD LIBRARY ASSOCIATION INC			01-021		ion number
(7), (8) colum the to (Enter	sively religious, charitable, etc.), or (10) that total more than \$1 nns (a) through (e) and the follo tal of exclusively religious, cha this information once. See ins	1,000 for the wing line entricable, etc.	ne year from arentry. For orga c., contribution	ny one nizatio	contributor. Cons completing L,000 or less f	Complete g Part III, enter or the year.
No. from Part	uplicate copies of Part III if addition	nal space	s Deededgift		(d) Descrip	tion of how gift is held
-						
	Transferee's name, address, a	` ,	Transfer of gift Relation		of transferor to	transferee
(2)						
(a) No. from Part I	(b) Purpose of gift	(c	c) Use of gift		(d) Descrip	tion of how gift is held
-						
	Transferee's name, address, a	` ,	Transfer of gift Relatio		of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(0	c) Use of gift		(d) Descrip	tion of how gift is held
-						
	Transferee's name, address, a		Transfer of gift Relatio		of transferor to	transferee

(a) No. from Part I	(b) Purpose of gift	(c	e) Use of gift	(d) Description of how gift is held
-				
	Transferee's name, address, a		Transfer of gift Relationship	of transferor to transferee
			Schedule R (Form	1 990 990-F7 or 990-DE\ (2018)

Additional Data Return to Form

Software ID: 18007340 **Software Version:** 19.1.1.0

efile Public Visual Render

conservation easements during the year

ObjectId: 201932409349300638 - Submission: 2019-08-22

TIN: 01-0216657

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-2018 Open to Public Inspection

	me of the organization			Employer identific	cation number
SA	NFORD LIBRARY ASSOCIATION INC			04.004.6655	
	with Opposite tions Maintaining Dancy	Advised Fund	a a Othan Cincilan	01-0216657	<u> </u>
Pä	Organizations Maintaining Donor Complete if the organization answer				is.
	Complete if the organization answer		advised funds	(b)Funds and oth	ner accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 No 6 No	Did the organization inform all donors and donor advised funds are the organization's legal control?	s property, subj lonors, and don and not for the	ect to the organization advisors in writing the donormal and the donormal	tion's exclusive	□ Yes □
	rt II Conservation Easements. Comple	tė if thė organiz	átïoń ánswered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements he Preservation of land for public use (e. or education)		Preservation land areaPreservation		
	Protection of natural habitat		structure		
	Number of conservation easements on a cin (a) Number of conservation easements include and not on a historic structure listed in the Number of conservation easements modified.	ast day of the ta asements certified historic led in (c) acquir National Regis	x year. structure included ed after 7/25/06, ter	Held at the	End of the ar
	organization during the tax year ▶				
4	Number of states where property subject	to conservation	easement is locate	ed ▶	<u></u>
5	Does the organization have a written policinspection, handling of violations, and enfolds?	orcement of the	conservation ease	ements it	
6	Staff and volunteer hours devoted to moni	itoring, inspecti	ng, handling of viola	ations, and enforcin	g

7	Amount of expenses incurred in monitoring, easements during the year \$	nspecting, handling	g of violations, and enforc	ing conservation
8	Does each conservation easement reported of section 170(h)(4)(B)(i) and section 170(h)	4)(B)(ii)?	satisfy the requirements	□ Yes □ No
9	In Part XIII, describe how the organization restatement, and			·
	balance sheet, and include, if applicable, the statements that describes the organization's accounting for conservation		to the organization's fina	ncial
Pai	rt III Organizations Maintaining Collectio Complete if the organization answered			milar Assets.
1a		r SFAS 116 (ASC storical treasures, coce of public services	958), not to report in its re or other similar assets hel	d for public
b	If the organization elected, as permitted und and balance sheet works of art, historical tre education, or research in furtherance of pub items:	sures, or other sin	nilar assets held for public	exhibition,
((i) Revenue included on Form 990, Part VIII, li	e 1		▶\$
(i	Assets included in Form 990, Part X			▶\$
2 a	If the organization received or held works of gain, provide the following amounts required to be reported un Revenue included on Form 990, Part VIII, lin	der SFAS 116 (AS	C 958) relating to these it	ems:
b	Assets included in Form 990, Part X			▶\$
For 990	Paperwork Reduction Act Notice, see the	nstructions for Fo	52283D	
			Schedule	e D (Form 990) 2018
		— Page 2 ——		
Sch	nedule D (Form 990) 2018			Page 2
Par	rt III Organizations Maintaining Collectio (continued)	s of Art, Historica	al Treasures, or Other Si	milar Assets
3	Using the organization's acquisition, access significant use of its collection items (check	ll that apply):	•	-
a	 Public exhibition 	_	oan or exchange program 	
b	 Scholarly research 	e ∪ O	ther	
С	 Preservation for future generations 			
4	Provide a description of the organization's c exempt purpose in Part XIII.	llections and expla	in how they further the or	ganization's
5	During the year, did the organization solicit of treasures or other similar assets to be sold to raise funds rather than tollection?			□ Yes □ No

	Form 990, Part X,	, line 21.				•	
1a	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 arrifollowing table:		Part XIII and	complete the .		Amoun	t
С	Beginning balance				1c		
d	d Additions during the year						
-							
e f	Distributions during the Ending balance	-			1e 1f		
2a	Did the organization inc		ount on Form	990, Part X, line	e 21, for escrov	v or \square Y	es 🔽 No
L	custodial account liabili If "Yes," explain the arra		Part XIII Che	ock here if the e	vnlanation has	heen provided	in Part XIII
b	□	angement in	Tare Am. One		Apianation nas	been provided	mi are Am
Pa	rt V Endowment Fun	ds. Complet	e if the organi	zation answere			
			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a	Beginning of year baland	ce					
h	Contributions			1 1			
	Net investment earnings	l l anins					
	and losses	, gee,					
	Grants or scholarships			1			
	Other expenditures for fa and programs	<u> </u>					
f	Administrative expenses	6					
a	End of year balance			1			
9		L					
2	Provide the estimated p	percentage c	of the current y	ear end baland	e (line 1g, colu	ımn (a)) held a	s:
а	Board designated or qu	uasi-endowm	nent ▶				
b	Permanent endowment	t ▶					
С	Temporarily restricted e						
2-	The percentages on lin				-4:		
3a	Are there endowment for administered for the	unas not in t	ne possessioi	i oi trie organiza	alion that are n	leiu anu	Yes No
	organization by:						
	(i) unrelated organization						a(i)
h	(ii) related organization If "Yes" on 3a(ii), are th			ed as required	on Schedule R		a(ii) 3b
			jainzationo iioi	.ca ao regamea		· · <u> </u>	<u> </u>
4	Describe in Part XIII the			anization's endo	owment funds.		
Pa	t VI Land, Buildings, Complete if the or 10.			" on Form 990,	Part IV, line 11	.a. See Form 9	90, Part X, line
De	escription of property	(a) Cost or basis		(b) t or other basis	(c) Accumul		Book value
1a	Land	(investme	ent)	(other)393,561	i		593,561
b	Buildings			843,939)	351,247	492,692
С	 Leasehold			89,891	L	65,788	24,103

improvements

d Equipment		97,570	94,910	2,660
e Other		4,117	4,117	
Total. Add lines 1a thro	 ugh 1e		I	1,113,016
	Form 990, Part X, column (B)	, line 10(c).)	► Schedule	D (Form 990) 2018
		Page 3		
Schedule D (Form 990)				Page 3
Complete if the	□ Other Securities. ne organization answered "Yes 0, Part X, line 12.	s" on Form 990, P	art IV, line 11b.	
(a) Description	of security or category name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial derivatives (2) Closely-held equity i	8			
(A) Financial derivatives	s and other financial products			
(B) Closely-held equity	interests			_
(C) INVESTMENTS		740,587	С	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) mus	st equal Form 990, Part X, col. (B) line 12.)			
	S□Program Related.		ort IV line 11e	
	he organization answered 'Ye: አውኒ፣թቈιφίχιρικε etmænt	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(6)				

(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX Other Assets. Complete if the organization answers See Form 990, Part X, line 15.	ered 'Yes' on Fo	orm 990, Part IV, li	ne 11d.
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on Fo See Form 990, Part X, line 25.	orm 990, Part I\	V, line 11e or 11f.	
1. (a) Description of liability	(b) Book v	alue	
(1) Federal income taxes			
Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			

^{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 FIN 48 (ASC 740). Check here

o.a. if th	e text of the footnote has been provided in Part XIII \Box	pooliio aa	,,
	·		Schedule D (Form 990) 2018
	Page 4		
Sch	edule D (Form 990) 2018		Page 4
	rt XI Reconciliation of Revenue per Audited Financi	al Statements With Re	
	per Return	rm 000 Dort IV line 12	•
1	Complete if the organization answered 'Yes' on Fo Total revenue, gains, and other support per audited finar		a. 1
_		iciai statements	
2	Amounts included on line 1 but not on Form 990, Part VI	II, line 12:	
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
_	Decovaries of prior year grants	2c	
С	Recoveries of prior year grants	20	
d	Other (Describe in Part XIII.)	2d	
			i i
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		. 3
3 4	Amounts included on Form 990, Part VIII, line 12, but no	t on line 1 [.]	. 3
a	Investment expenses not included on Form 990, Part VII	1 1	
	line 7b .		
b	Other (Describe in Part XIII.)	4b	
_	Add lines 4a and 4b		. 4c
	Total revenue. Add lines 3 and 4c. (This must equal Forr	n 000 Part I line 12 \	5
<u> </u>	_ total revenue. Add lines 3 and 40. (This must equal For	11 550, 1 (1111, 11110 12.)	
Pa	t XII Reconciliation of Expenses per Audited Financ		
1	Complete if the organization answered 'Yes' on Fo		a. 1
1	Total expenses and losses per audited financial stateme	IIIS	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX	, line 25:	
а	Donated services and use of facilities	2a	
		1 1	l l
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
_	Add lines 20 through 2d		2e
е	Add lines 2a through 2d		Ze
3	Subtract line 2e from line 1		3
1	Amounts included on Form 990, Part IX, line 25, but not	on line 1:	
4 a	Investment expenses not included on Form 990, Part VII	1 1	
u	line 7b	, <u></u>	
b	Other (Describe in Part XIII.)	4b	
			1.4.1
С	Add lines 4a and 4b		4c
5	_Total expenses. Add lines 3 and 4c. (This must equal Fo	rm 990, Part I, line 18.)	5

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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.

Return Reference Explanation

Schedule D (Form 990) 2018

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury

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

OMB No. 1545-0047

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2018

Open to Public Inspection

Name of the organization
SANFORD LIBRARY ASSOCIATION INC

Employer identification number
01.0216657

Return Reference	Explanation
Form 990, Part VI, Line 11B	FORM 990 IS REVIEWED BY THE LIBRARY MANAGER AND AN OFFICER OF THE BOARD PRIOR TO BEING SIGNED AND SUBMITTED.
Form 990, Part VI, Line 15A	COMPENSATION OF TOP MANAGEMENT IS APPROVED BY THE BOARD THROUGH ITS BUDGET PROCESS.
Form 990, Part VI, Line 15B	COMPENSATION OF KEY EMPLOYEES IS APPROVED BY THE BOARD THROUGH ITS BUDGET PROCESS.
Form 990, Part VI, Line 19	THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 51056K Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2018

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