Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, C Name of organization D Employer identification number FRIENDS OF THE LAFAYETTE LIBRARY Address AND LEARNING CENTER Name change Doing business as 94-6120080 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 3491 MT. DIABLO BOULEVARD, #107 925-283-5477 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 311,490. Amended LAFAYETTE, CA 94549 H(a) Is this a group return Applica-F Name and address of principal officer: RALPH ANTHONY pending for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LAFAYETTE.LIB.ORG/FRIENDS OF LLLC H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1939 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT PROGRAMS, COLLECTIONS Activities & Governance AND SERVICES OF THE LAFAYETTE LIBRARY AND LEARNING CENTER. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 18 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 150 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 152,417. 155,492. Program service revenue (Part VIII, line 2g) 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,554. 4,580. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 156,971. 160,072. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 64,361. 54,613. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 112,688. 121,148. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 177,049. 175,761. 19 Revenue less expenses. Subtract line 18 from line 12 -20,078.-15,689. Assets or designation **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 355,689. 352,371. 21 Total liabilities (Part X, line 26) 30,689. 37,434. Net/ Net assets or fund balances. Subtract line 21 from line 20 325,000. 314,937. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign RALPH ANTHONY, ASSISTANT TREASURER Here Type or print name and title

Preparer's signature

SUITE 200

DANIEL J SULLIVAN

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

MAIN ST, WALNUT CREEK, CA 94597-2739

Print/Type preparer's name

DANIEL J SULLIVAN

Firm's address 2890 N.

Firm's name BUCKLEY PATCHEN

Paid

Preparer

Use Only

PTIN

Phone no. 925 - 937 - 2727

P00296193

94-2302150

X Yes

Date

Check

Firm's EIN

10/22/19 self-employed

FRIENDS OF THE LAFAYETTE LIBRARY AND LEARNING CENTER

| | 1990 (2018) AND LEARNING CENTER 94-6120080 Page |
|-----------|--|
| Pa | Tt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | briefly describe the organization's mission: |
| | SUPPLIES PROGRAMS AND SERVICES USING FUNDS RAISED FROM BOOK SALES AND |
| | DONATIONS. ALL FUNDS USED TO SUPPORT THE LAFAYETTE LIBARARY AND |
| | LEARNING CENTER. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. |
| 3 | Did the annual of the second o |
| | If "Yes," describe these changes on Schedule O. |
| 4 | |
| | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | |
| -ra | |
| | SUPPLIES, PROGRAMS AND SERVICES USING FUNDS RAISED FROM BOOK SALES AND |
| | DONATIONS. ALL FUNDS USED TO SUPPORT THE LAFAYETTE LIBRARY AND LEARNING CENTER. |
| | CENTER. |
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| 4-1 | Other program services (Describe in Schedule O.) |
| 4d | \/\(\text{Description}\) |
| | (Cxpenses a |
| <u>4e</u> | Total program service expenses 174,169. |

Form 990 (2018)

Part IV Checklist of Required Schedules

| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | Г | Yes | No |
|-----|--|----------|-----|----------|
| 2 | Is the organization required to complete Schedule B. Schedule of Costribute Schedule B. Schedule of Costribute Schedule B. Schedule Schedu | 1 | X | |
| 3 | Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes " complete Schedule O. B. of the complete Schedule O. O. B. of the complete Schedule O. O. B. of the complete Schedule O. | 2 | | X |
| 4 | public office: It res, complete schedule G, Part I | 3 | | x |
| | during the tax year? If "Yes," complete Schedule C, Part II | 1 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 4 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | _ | X |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | | |
| 7 | bid the organization receive or hold a conservation easement, including easements to preserve open appear | 6 | - | X |
| | the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II | _ | | v |
| 8 | bid the organization maintain collections of works of art, historical treasures, or other similar assots? If "Vos." complete | 7 | - | X |
| | GCHedule D, Part III | 8 | | x |
| 9 | | 0 | | A |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt penotiation services? | | | |
| | II res, complete schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted and owners a parent of the organization of | <u> </u> | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| С | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 11b | X | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | w |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 11c | | X |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | 77 | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | - | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 1 | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | _ | 15. | v |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | <u>X</u> |
| 18 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | ٠٠ | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| | | | | |

Part IV Checklist of Required Schedules (continued)

| 00 | Did the annual at | | Yes | No |
|-------|---|-------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | - | | 21 |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | | ~ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | X |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | - 21 |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| d | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24d | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 05- | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | <u>A</u> |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 250 | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 00 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 26 | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | 22 |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | " | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 37 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | ~ | |
| Do | Note. All Form 990 filers are required to complete Schedule 0 | 38 | X | |
| ral | TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Oneon it deficulte o contains a response of note to any line in this rait v | | V- | <u> </u> |
| | Estautha wumbau usparted in Boy 2 of Form 1006 Estau 0 if not applicable | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Ia In the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ib | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 | | |
| С | 그림, 그림, 내 내 내 내 내 내 내 내 내 내 내 내 내 내 내 내 내 내 내 | 10 | | |
| 83300 | (gambling) winnings to prize winners? | Action 2015 | 990 | (2018) |
| UUZUU | | | | () |

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

| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | Yes | No |
|-----|--|-----|----------|----------|
| | filed for the calendar year ending with or within the year covered by this return | | | |
| b | if at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 100000 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | |
| 3a | bid the organization have unrelated business gross income of \$1,000 or more during the year? | | | v |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3a | | X |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 3b | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4- | | X |
| b | If "Yes," enter the name of the foreign country: | 4a | | Δ |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | v |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | X |
| C | | 5b | | X |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 5c | | |
| | | | | 37 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a | | <u>X</u> |
| | were not tax deductible? | . | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a | X | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7b | X | |
| | to file Form 8282? | | | 77 |
| d | | 7c | | X |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| f | Did the organization during the year pay promiums directly or indirectly | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | |
| Ŭ | sponsoring organization have exceen hypiness heldings at any time during the | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| h | Did the sponsoring organization make a distribution to a dense den | 9a | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a | | | |
| a | | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| 120 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 10 | - | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| | Enter the amount of reserves on hand Did the exceptation receive any payments for indeer temping continue the tay year? | 14- | - | X |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | \dashv | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | X |
| | excess parachute payment(s) during the year? If "You " one instructions and file Form 4720. School Jo N. | 15 | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. | 10 | No. | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| - | If "Yes," complete Form 4720, Schedule O. | | | - |

Form 990 (2018)

AND LEARNING CENTER

94-6120080

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | 77 |
|-----|--|---------|--------|-----|
| Sec | ction A. Governing Body and Management | | | X |
| | | | 1,, | T |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 18 | | Yes | No |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 4 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 4 | | |
| | officer, director, trustee, or key employee? | | | |
| 3 | Did the organization delegate control over management duties customarily performed by an under the disease | 2 | - | X |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 3 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 4 | - | X |
| 6 | Did the organization have members or stockholders? | 5 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 6 | | X |
| | more members of the governing body? | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7a | | X |
| | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 7b | | X |
| a | | | | |
| | Each committee with out out out to be a second of the second of the second out of th | 8a | X | |
| 9 | | 8b | X | |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| iec | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| 0a | Did the organization have local chapters, branches, or effiliate of | | Yes | No |
| h | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| 10 | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| h | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| D | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | X | |
| | Did the organization have a written whistleblower policy? | 13 | X | |
| 4 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 5 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| ec | tion C. Disclosure | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed ►CA | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) | s only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website | | | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | THE ORGANIZATION - 925-283-5477 | a.00 /5 | | |
| | | | | |

Form 990 (2018) AND LEARNING CENTER

94-6120080

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

| Check if Schedule | contains a response or note to any line in this Part V | 111 |
|-------------------|--|-----|
| | | |

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

- Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | T | | 1 | C) | | | (D) | | |
|--------------------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------------|---------------------------|-------------------------|
| Name and Title | Average | | | Pos | sitio | n | | Reportable | (E) | (F) |
| | hours per | box | c. unle | ess pe | erson | than is bo | th an | | Reportable | Estimated |
| | week | offi | cer ar | nd a d | lirect | or/trus | stee) | from | compensation from related | amount of other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | 80 | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ıstee | truste | | 0 | bensa | | (W-2/1099-MISC) | 9 93 1 5 2 17 19 1 | organization |
| | organizations below | ual tr | ional | | ploye | r com | | | | and related |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) SHARON LINGANE | 20.00 | = | = | 0 | × | 工品 | 1 2 | | | |
| DIRECTOR | | X | | | | | | 0. | | • |
| (2) GAYLA MANNING | 20.00 | 22 | | | - | | - | 0. | 0. | 0. |
| DIRECTOR | 20.00 | X | | | | | | 0. | 0 | |
| (3) CAROL SINGER | 1.00 | 22 | | | - | - | - | 0. | 0. | 0. |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | • |
| (4) ROBIN HOLT | 2.00 | - | | - | - | | - | 0. | 0. | 0. |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (5) RUTH THORNBURG | 15.00 | | | | - | | - | 0. | 0. | 0. |
| DIRECTOR | | x | | | | | | 0. | 0. | 0 |
| (6) JEFF DIEDEN | 6.00 | - | | | - | | _ | 0. | 0. | 0. |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) KAY PEKRUL | 1.00 | | | | | | | | 0. | 0. |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) DOROTHY WALKER | 0.50 | | | | | | | SELECT OF THE SELECT OF | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (9) KATHY COLEMAN | 6.00 | | | | | | | PERMANENTAL | | |
| DIRECTOR | | X | | | | | 115 | 0. | 0. | 0. |
| (10) MARY ANN HOISINGTON | 1.50 | | | | | | | M R W TATE | | N. In an in the control |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (11) MARY MCCOSKER | 5.00 | | | | | | | | | |
| PRESIDENT & VOLUNTEER COORDINATOR | DE SEUTAN | | | X | | | | 0. | 0. | 0. |
| (12) ELLEN REINTJES | 5.00 | | | | | | | 27 3 1 1 1 1 2 1 1 2 3 1 | | |
| IMMEDIATE PAST PRESIDENT & WOW PROGR | | | | X | | | | 0. | 0. | 0. |
| (13) CHERRY SPRAGUE | 7.00 | | | | | | | | | |
| VICE PRESIDENT & TECHNOLOGY | | | | X | | | | 0. | 0. | 0. |
| (14) JACKIE CARSON | 2.00 | | | | | U | | | | |
| RECORDING SECRETARY | | | | X | | | | 0. | 0. | 0. |
| (15) LAURIE PHILLIPS | 2.00 | | | | | | | | | |
| CORRESPONDING SECRETARY | | | | X | | | | 0. | 0. | 0. |
| (16) RALPH ANTHONY | 3.00 | | | | | | | M 24 5 X - 12 | | |
| TREASURER | | | | X | | | | 0. | 0. | 0. |
| (17) ANNE FISHER | 3.00 | | | -0 | | | | | DE ST. OF PERSON | |
| ASSISTANT TREASURER | | | | X | | | | 0. | 0. | 0. |

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| | (A) Name and title | Average hours per week (list any | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | than is bot | n an | (D) Reportable compensation from | Reportable compensation from related | | (F) Estimat amount other | of |
|-----------|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|--------------------------------------|-----------|--|-------------------|
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | | from the organization organizat | ne tion ted |
| | JOANNE HUGHES FANT TREASURER | 5.00 | | | х | | | | 0. | 0 | | | 0 |
| | | | | | | | | | | | 1 | | |
| | | | | | | _ | | | | | + | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | \dagger | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ |
| | Sub-total Total from continuation sheets to l | | | | | | | | 0. | 0 | | | 0 |
| d T | otal (add lines 1b and 1c) | | | | | | | | 0. | | | | 0 |
| | otal number of individuals (including ompensation from the organization | | ose | liste | ed a | bov | e) wl | no re | ceived more than \$100 | ,000 of reportable | | 1.5 | (|
| 3 [| Did the organization list any former of | officer, director, or tru | uste | e, ke | ey e | mple | oyee | , or h | nighest compensated e | mployee on | Γ | Yes | |
| li 4 F | ne 1a? If "Yes," complete Schedule For any individual listed on line 1a, is | J for such individual the sum of reportab | le co | | | | | | ner compensation from | the organization | . - | 3 | X |
| | and related organizations greater that Did any person listed on line 1a rece | an \$150,000? If "Yes, | " co | mpl | ete | Sch | edul | e J f | or such individual | | - - | 4 | X |
| 5 E | Did any person listed on line 1a rece rendered to the organization? If "Yes | ive or accrue compe s," complete Schedul | e J i | for s | uch | per | son | elati | ed organization or mail | iddal for dorvided | | 5 | X |
| Section | on B. Independent Contractors Complete this table for your five high | act componented in | den | ande | ant i | cont | tract | ors t | hat received more than | \$100,000 of compe | ensa | tion from | |
| 1 (| complete this table for your live high | ion for the calendar | /ear | end | ing | with | or v | ithir | the organization's tax | year. | | | |
| | | (A) usiness address | | ON | | | | | Description of | | Co | (C) mpensati | on |
| | | | | | | | | | | | | | |
| | | | H | | 16 | H | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | mayo these | | | |
| 2 | Total number of independent contr | actors (including but | not | limit | ed t | to th | ose 0 | liste | d above) who received | more utall | | | |

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| | | Check if Schedule O con | tains a respons | e or note to any lin | e in this Part VIII | | | |
|--|--|---|--|----------------------|---------------------|---|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| nts | 1 2 | Federated campaigns | 1a | | | revenue | revenue | 512 - 514 |
| irai | t | Membership dues | 1b | | | | | |
| S, G | | Fundraising events | 10 | | | | | |
| 3ift ar | | Related organizations | 1d | | | | | |
| m's | | Government grants (contribute | | Santa Transition | | | | |
| rion | | All other contributions, gifts, gran | | | | | | |
| the | | similar amounts not included abo | | 155,492. | | | | |
| do | g | Noncash contributions included in lines | | 151,418. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Total. Add lines 1a-1f | | | 155,492. | | | |
| | | | | Business Code | 200,102. | | | |
| 9 | 2 a | | | Duomess dode | | | | |
| e Ki | b | | | | | | | |
| Se | c | | | | | | | |
| Program Service Revenue | d | | | | | | | |
| | е | | | | | | | |
| | f | All other program service reve | entre | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 4,580. | 4,580. | | |
| | 4 | Income from investment of ta | x-exempt bond | proceeds | =70001 | 2,300. | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | (ii) i Greenai | | | | |
| | | Less: rental expenses | Contraction of the Publisher of the Publ | | | | | |
| | | Rental income or (loss) | 124-22-31-162-22 | | | | | |
| | | Net rental income or (loss) | (3) Marie 2013 (2) | | | DJ TROOT HOTELS | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | (i) Coodinico | (ii) Other | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | C | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| enu | | Gross income from fundraising | g events (not | | | | | |
| Other Reven | | including \$ contributions reported on line | | | | | | |
| Œ. | | Part IV, line 18 | | 747. 5 2.95 | | | | |
| the | b | Less: direct expenses | b | | | | | |
| 0 | | Net income or (loss) from fund | | • | | | | |
| | | Gross income from gaming ac | _ | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | | | | | ····· | |
| | | and allowances | | 151,418. | | | | |
| | b | Less: cost of goods sold | b | 151,418. | | | | |
| | | Net income or (loss) from sale | | | 0. | CVIII II SENIO | | |
| | TO A CONTRACTOR OF THE PARTY OF | Miscellaneous Revenu | | Business Code | | | | |
| Ī | 11 a | | | 30/25/A/5/A | 125.0001.50 | 000000000000000000000000000000000000000 | | |
| | b | | | | 1845-22400 | | | |
| | С | | | | | ONLY PRESENT | | |
| | d | All other revenue | | 122215250 | | =23/31/31/10/12/12 | | |
| | | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions | | | 160,072. | 4,580. | 0. | 0. |

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising |
|----------|--|-----------------------|---|-------------------------------------|-----------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 54,613. | 54,613. | general expenses | expenses |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | 31/0131 | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | THE LANGE | Party Party | |
| _ | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | 10.00 | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages Pension plan accruals and contributions (include | | | | |
| 0 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | EV FYSICA ENCY | | |
| 11 | Fees for services (non-employees): | (1.34 ***) (2.45) [4] | PART OF THE | | III |
| а | Management | | | | |
| b | Legal | 1 150 | | | |
| C | Accounting | 1,150. | UNIVERSITY OF THE STATE OF THE | 1,150. | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | TO THE THE |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 205 | | 205 | |
| | column (A) amount, list line 11g expenses on Sch O.) | 325. | 402. | 325. | |
| 12 | Advertising and promotion | 117. | 404. | 117. | |
| 13 | Office expenses | 380. | 380. | 1110 | |
| 14 15 | Information technology | 300. | 300. | | |
| 16 | Royalties | 30,876. | 30,876. | | |
| 17 | Travel | | 00/0/00 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | 15 10 11 1 1 - 31 | | |
| 19 | Conferences, conventions, and meetings | | | A - II - S | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,955. | 1,955. | | |
| 23 | Insurance | 4,945. | 4,945. | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| a | LIBRARY SUNDAY HOURS SU | 34,332. | 34,332. | | 4.1 (2000) |
| b | LIBRARY PROGRAMS | 18,701. | 18,701. | | |
| С | LIBRARY PROGRAMS RENTS | 11,204. | 11,204. | | |
| d | BOARD PROGRAM EXPENSES | 9,733. | 9,733. | | |
| е | | 7,028. | 7,028. | 1 500 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 175,761. | 174,169. | 1,592. | 0 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| 45 | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2018 |

Form 990 (2018)
Part X | Balance Sheet

| | Check if Schedule O contains a response or no | | (A) | | (B) |
|------|--|----------------------|-------------------|---------|-------------|
| 14 | Cook and interests in | | Beginning of year | | End of year |
| 2 | Cash - non-interest-bearing | | 201 204 | 1 | |
| 3 | Savings and temporary cash investments | | 221,384. | 2 | 214,395 |
| | Pledges and grants receivable, net | | | 3 | |
| 5 | Accounts receivable, net | | | 4 | |
| 3 | Loans and other receivables from current and for | | | | |
| 1 | trustees, key employees, and highest compens Part II of Schedule L | [22] 살아보고 아이를 하셨다면 | | | |
| 6 | *************************************** | | | 5 | |
| " | Loans and other receivables from other disqual | | | | |
| 1345 | section 4958(f)(1)), persons described in section | | | | |
| | employers and sponsoring organizations of sec | | | | |
| 7 | employees' beneficiary organizations (see instr) | | | 6 | |
| 7 | Notes and loans receivable, net | | 40.000 | 7 | 40.000 |
| 8 | Inventories for sale or use | | 40,000. | 8 | 40,000 |
| 9 | Prepaid expenses and deferred charges | | | 9 | |
| Iva | Land, buildings, and equipment: cost or other | | | | |
| h | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a 29,322. | 25 160 | | 22 212 |
| 11 | | | 25,168. | | 23,213 |
| 12 | Investments - publicly traded securities | | 69,137. | 11 | 74 762 |
| 13 | Investments - other securities. See Part IV, line | | 09,137. | 12 | 74,763 |
| 14 | Investments - program-related. See Part IV, line | | | 13 | |
| 15 | Intangible assets | | 14 | | |
| 16 | Other assets. See Part IV, line 11 | 355,689. | 15 | 352,371 | |
| 1 | Total assets. Add lines 1 through 15 (must equ | 30,689. | 16 | 37,434 | |
| 17 | Accounts payable and accrued expenses | 30,003. | 17 | 31,434 | |
| 19 | Grants payable | | | 18 | |
| 20 | Deferred revenue | | | 19 | |
| 21 | Tax-exempt bond liabilities | | | 20 | |
| 22 | Escrow or custodial account liability. Complete Loans and other payables to current and forme | | | 21 | |
| 22 | key employees, highest compensated employee | | | | |
| | | | | 22 | |
| 22 | Complete Part II of Schedule L Secured mortgages and notes payable to unrel | | | 23 | |
| 23 | Unsecured notes and loans payable to unrelate | | | 24 | |
| 25 | Other liabilities (including federal income tax, pa | | | 24 | |
| 25 | parties, and other liabilities not included on lines | | | | |
| | Schedule D | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 30,689. | 26 | 37,434 |
| 1 | Organizations that follow SFAS 117 (ASC 958 | | | | |
| | complete lines 27 through 29, and lines 33 ar | | | | |
| 27 | Unrestricted net assets | | 244,936. | 27 | 232,250 |
| 28 | Temporarily restricted net assets | | 10,927. | 28 | 7,924 |
| 29 | | 69,137. | 29 | 74,763 | |
| | Organizations that do not follow SFAS 117 (A | ASC 958), check here | | | |
| | and complete lines 30 through 34. | | | | |
| 30 | Capital stock or trust principal, or current funds | | naturali il 7. | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or e | | | 31 | |
| 32 | Retained earnings, endowment, accumulated in | | | 32 | |
| 33 | Total net assets or fund balances | | 325,000. | 33 | 314,937 |
| 34 | Total liabilities and net assets/fund balances | | 355,689. | | 352,371 |

Form 990 (2018) AND LEARNING CENTER 94-6120080 Page 12 Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 160,072 1 Total expenses (must equal Part IX, column (A), line 25) 2 175,761. 2 Revenue less expenses. Subtract line 2 from line 1 3 -15,689. 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 325,000. 4 Net unrealized gains (losses) on investments 5 5,626. 5 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33. 314,937. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

X

2c

3a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
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2018

Open to Public Inspection

Employer identification number AND LEARNING CENTER 94-6120080 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization listed (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 AND LEARNING CENTER

94-6120080 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

| Cal | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (0) 2010 | (n = |
|-----|--|-------------------|-----------------------|---|--------------------|---------------------|--------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | (6) 2010 | (u) 2017 | (e) 2018 | (f) Total |
| 2 | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | May 1 1 | 1 27 | |
| 2 | The value of services or facilities | | | LES LES LES | 18.1111 | | |
| 3 | | | | | THE STATE OF | 1 | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| | ··· | | | ATTENDED AND AND AND AND AND AND AND AND AND AN | ALC: N | | |
| _ | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | 100 | | | | |
| | 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. | | <u> </u> | | | | |
| - | ction B. Total Support | | | r | | - | |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | 3 11 10 1 | | |
| | securities loans, rents, royalties, | | | | 77 7 1 1 | | |
| | and income from similar sources | | | His Tark Baren | | | |
| 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 | | | | | | |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First five years. If the Form 990 is for | | s first, second, thir | d, fourth, or fifth ta | ax year as a secti | on 501(c)(3) | |
| Sac | organization, check this box and stop etion C. Computation of Publi | | roontogo | | | | > |
| - | | | | | | 1 | |
| | Public support percentage for 2018 (li | | | | | 14 | % |
| | Public support percentage from 2017 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2018. If the o | | | | | | - Innoversal |
| | stop here. The organization qualifies a | | | | | | |
| b | 33 1/3% support test - 2017. If the o | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac- | | | | | | F |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | ia, 16b, 17a, or 17 | b, check this box | and see instruction | s |

Schedule A (Fram 200 - 600-77) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

| Sa | ction A. Public Support | elow, please comp | olete Part II.) | | L RANGE ALES | | |
|--|---|--|--|--|---|--|--|
| _ | | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | 18 | | | |
| | membership fees received. (Do not | 107 047 | 170 000 | 150 045 | 150 115 | | |
| | include any "unusual grants.") | 107,847. | 1/0,862. | 172,847. | 152,417. | 155,492. | 839,465. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 184,573. | 167,366. | 168,132. | 147,417. | 151,418. | 818,906. |
| 3 | Gross receipts from activities that | | | | TENER CONTROL OF | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | 255 | | \$ 'A' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | |
| 4 | Tax revenues levied for the organ- | | | PERSONAL PROPERTY. | | | The second secon |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | A GUERRA | | 1 | |
| 5 | The value of services or facilities | | ing each | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 372,420. | 338,228. | 340,979. | 299,834. | 306,910. | 1,658,371. |
| 7a | Amounts included on lines 1, 2, and | | Negative Internal | | 7/212 27-100 | | |
| | 3 received from disqualified persons | L=734, - 5, (4) | | | Dura Direct | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | 11-21-1 | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 1,658,371. |
| | ction B. Total Support | | | | | | |
| _ | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | 372,420. | 338,228. | 340,979. | 299,834. | 306,910. | 1,658,371. |
| | dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,588. | 1,801. | 4,345. | 4,554. | 4,580. | 16,868. |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | 1,588. | 1,801. | 4,345. | 4,554. | 4,580. | 16,868. |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | aparag y | |
| 13 | assets (Explain in Part VI.) | 374,008. | 340,029. | 345,324. | 304,388. | 311,490. | 1,675,239. |
| | | | | | | | ration. |
| 141 | First five years. If the Form 990 is for | r the organization' | s first, second. thir | rd, fourth, or fiπh ta | ax year as a sectio | 11 30 1 (c)(3) Organiz | |
| 14 | First five years. If the Form 990 is fo | r the organization' | s first, second, thir | d, fourth, or fifth to | ax year as a sectio | 11 30 1(c)(3) Organiz | |
| | check this box and stop here | | | rd, fourth, or fifth te | ax year as a sectio | 11 30 r(c)(3) organiz | ▶ □ |
| Se | check this box and stop here | lic Support Pe | rcentage | | | 15 T(c)(3) Organiz | 98.99 % |
| Se 15 | check this box and stop here ction C. Computation of Public support percentage for 2018 (| lic Support Fe | rcentage divided by line 13, | | | | > |
| Se 15 | check this box and stop here ction C. Computation of Pub Public support percentage for 2018 Public support percentage from 201 offen D. Computation of Invo | lic Support Fe (line 8, column (f), o 7 Schedule A, Part atmont Incom | divided by line 13, III, line 15 | column (f)) | | 15 16 | 98.99 % 99.19 % |
| Se 15 16 30 | check this box and stop here ction C. Computation of Pub Public support percentage for 2018 Public support percentage from 201 otion D. Computation of Invo | lic Support Fe (line 8, column (f), o 7 Schedule A, Part otherst Incom 018 (line 10c, colu | divided by line 13, III, line 15 Percentage | column (f)) | | 15 16 | 98.99 % 99.19 % 1.01 % |
| Se 15 16 20 17 | check this box and stop here ction C. Computation of Pub Public support percentage for 2018 (Public support percentage from 201 otion D. Computation of Invo Investment income percentage from | lic Support Fe (line 8, column (f), o 7 Schedule A, Part stment Incom 018 (line 10c, column 2017 Schedule A. | divided by line 13, III, line 15 Percentage mn (f), divided by li | column (f)) ine 13, column (f)) | | 15 16 17 18 | 98.99 % 99.19 % 1.01 % .81 % |
| Se 15 16 20 17 | check this box and stop here ction C. Computation of Pub Public support percentage for 2018 (Public support percentage from 201 ction D. Computation of Invo Investment income percentage for 20 Investment income percentage from a 33 1/37 support today 2013. If the | lic Support Pe (line 8, column (f), of 7 Schedule A, Part others Incom 018 (line 10c, column 2017 Schedule A, | divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 | column (f)) ine 13, column (f)) on line 14, and line | o 15 is more than 1 | 15 16 17 18 23 1/396, and fine | 98.99 % 99.19 % 1.01 % .81 % |
| Se 15 16 20 17 18 19 | check this box and stop here ction C. Computation of Pub Public support percentage for 2018 (Public support percentage from 201 ction D. Computation of Invo Investment income percentage from a 33 1/3% support tests - 2613 1136 b 33 1/3% support tests - 2017. If the | lic Support Fe (line 8, column (f), o 7 Schedule A, Part 2018 (line 10c, colum 2017 Schedule A, 2017 Schedule A, 2017 Schedule A, 2018 (line 10c, colum 2017 Schedule A, 2018 (line 10c, colum 2018 (l | divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 organization qualinot check a box or | column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s | e 15 is more than 1 supported organiza a, and line 16 is mo | 15 16 17 18 23 1/3%, and line to ation ore than 33 1/3%, | 98.99 % 99.19 % 1.01 % .81 % 17 is not |
| Se 15 16 30 17 18 19 | check this box and stop here ction C. Computation of Pub Public support percentage for 2018 (Public support percentage from 201 otton D. Computation of Invo Investment income percentage for 2 Investment income percentage from a 33 1/32 support tools 26 is if its more than 33 1/3%, check this box a | lic Support Fe (line 8, column (f), o 7 Schedule A, Part atment Incom 018 (line 10c, colum 2017 Schedule A, congenization did and stop here. The e organization did and this box and stop description did and this box a | divided by line 13, III, line 15 Percentage mn (f), divided by line 17 Part III, line 17 organization qualinot check a box or | column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a | o 15 is more than 1 supported organiza a, and line 16 is mo | 15 16 17 18 23 1/3%, and line ration ore than 33 1/3%, anti-d organization | 98.99 % 99.19 % 1.01 % .81 % 17 is not and |

Schedule A (Form 990 or 990-EZ) 2018 AND LEARNING CENTER

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | Yes | No |
|----|--|-----|----------|----|
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | 1 | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | 2 | | |
| | (b) and (c) below. | | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | 3a | 76 | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 3b | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | 3c | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | 4a | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | | | |
| C | Did the organization support any foreign supported organization that does not have an IRS determination | 4b | - | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | 4c | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | Ja | | |
| | designated in the organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | - | |
| | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | JC | \dashv | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class | | | |
| | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also | | | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | | | |
| | Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | |
| | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | 5 | |
| | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | _ | |
| | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below. | 10a | | - |
| | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 4 | | |
| | action in the diganization had excess business notalitys.) | 10b | | |

FRIENDS OF THE LAFAYETTE LIBRARY Schedule A (Form 990 or 990-EZ) 2018 AND LEARNING CENTER 94-6120080 Page 5 Supporting Organizations (continued) 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? 11a b 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 detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. 3 The organization is the parent of each of its supported organizations. Complete line 3 below. 5 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in those activities but for the organization's involvement. 2b

3a

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or alast a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990 or 990-EZ) 2018 AND LEARNING CENTER 94-6120080 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 3 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 3 Multiply line 5 by .035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

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

4

5

6

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Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

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

4

Schedule A (Form 990 or 990-EZ) 2018 AND LEARNING CENTER 94-6120080 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) Underdistributions **Excess Distributions** Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 1 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 3 a From 2013 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 Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3i and 4c. Breakdown of line 7: 8 a Excess from 2014 b Excess from 2015

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016 d Excess from 2017 e Excess from 2018

| Schedule A | (Form 990 or 990-EZ) 2018 AND LEARNING CENTER | 94-6120080 Pa |
|------------|---|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Pasection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.) | a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

FRIENDS OF THE LAFAYETTE LIBRARY

AND LEARNING CENTER

Inspection

Employer identification number

94-6120080 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certifled historic structure Preservation of open space Complete lines Za through Zd if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 28 b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

FRIENDS OF THE LAFAYETTE LIBRARY AND LEARNING CENTER 94-6120080 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year 1d Distributions during the year 1ē Ť Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 80.064 75,933. 69.286. 68,114, 65.372. b Contributions 200. 400 1,050 255 100. 7,100. 8,783, 9,456 c Net investment earnings, gains, and losses 917 2,642. d Grants or scholarships 4,477 4.361 3,200 Other expenditures for facilities 200 691 659 and programs f Administrative expenses 82,687. 80,064. 75.933, End of year balance 69,286. 68,114. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment 90.42 c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No by: X 3a(i) (i) unrelated organizations X 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (investment)

(b) Cost or other basis (other)

(c) Accumulated depreciation

(d) Book value

29,322.

6,109.

23,213.

d Equipment
e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 AND LEARNING CENTER
Part VIII Investments - Other Securities

94-6120080 Page 3

Schedule D (Form 990) 2018

| (a) Description of security or category (including name of security) | on Form 990, Part IV, line 1 | (c) Method of valuation: Co | ost or end-of-year market value |
|--|---|--|--|
| Financial derivatives | | (o) Motriod of Variation: Of | ost of end-of-year market value |
| Closely-held equity interests | | | |
| Other | | | |
| (A) RESTRICTED MUTUAL FUNDS | 74,763. | END-OF-YEAR MA | DEET VALUE |
| (B) | | The same of the sa | TITTE AUTOR |
| (Ĉ) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 74,763. | | |
| art VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" or | n Form 000 Dart IV line t | 1a Qaa Earra 000 Daut V IIa- | 10 |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Co | ns. ost or end-of-year market value |
| (1) | | (o) modified of valuation. Of | of or ord-or-year market value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | Manager Charles | | |
| (7) | | | |
| (8) | | | |
| | | | |
| (9) | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D | n Form 990, Part IV, line 1 escription | 1d. See Form 990, Part X, line | 15. (b) Book value |
| Complete if the organization answered "Yes" o (a) D (1) | | 1d. See Form 990, Part X, line | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) | | 1d. See Form 990, Part X, line | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) | | 1d. See Form 990, Part X, line | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) | | 1d. See Form 990, Part X, line | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) | | 1d. See Form 990, Part X, line | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) | | 1d. See Form 990, Part X, line | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) | | 1d. See Form 990, Part X, line | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) | | 1d. See Form 990, Part X, line | |
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| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability | n Form 990, Part IV, line 1 | | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (6) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (9) Iai. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | 15.) n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part | (b) Book value |

Schedule D (Form 990) 2018 AND LEARNING CENTER

94-6120080 Page 4

| | | ue per Return. |
|--|----------------------|--|
| Complete if the organization answered "Yes" on Form 990, Part IV Total revenue, gains, and other support per audited financial statements | | |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | lal. | |
| | 28 | |
| | 2b | |
| Recoveries of prior year grants Other (Describe in Part XIII.) | <u>2</u> c | nativi militari manata a parti militara pana |
| Add lines 2a through 2d | | |
| Subtract line 2e from line 1 | | 2e 3 |
| Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| Investment expenses not included on Form 990, Part VIII, line 7b | 40 | |
| Other (Describe in Part XIII.) | | |
| Add lines 4a and 4b | | 46 |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | <u> </u> |
| rt XII Reconciliation of Expenses per Audited Financial | Statements With Expe | nses per Return. |
| Complete if the organization answered "Yes" on Form 990, Part IV | | |
| Total expenses and losses per audited financial statements | | 111 |
| Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| Donated services and use of facilities | 2a | |
| Prior year adjustments | | |
| Other losses | 26 | <u> </u> |
| Other (Describe in Part XIII.) | 2d | |
| Add lines 2a through 2d | | Že |
| Subtract line 2e from line 1 | | 3 |
| Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| Investment expenses not included on Form 990, Part VIII, line 7b | | |
| Other (Describe in Part XIII.) | 4b | |
| Add lines 4a and 4b | | 46 |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII) Supplemental Information. | 9 18.) | 5 |
| vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | | |
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SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization FRIENDS OF THE LAFAYETTE LIBRARY

AND LEARNING CENTER

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the second state of t

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (f) Method of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Descrip valuation (book, or government (if applicable) cash grant non-cash noncash as FMV, appraisal, assistance other) LAFAYETTE LIBRARY AND LEARNING CENTER FOUNDATION - 3491 MT. DIABLO BLVD. - LAFAYETTE, CA 94549 26-0403799 10,000 Ö, LAFAYETTE LIBRARY-CONTRA COSTA COUNTY LIBRARY - 3491 MT. DIABLO BLVD, - LAFAYETTE, CA 94549 44.613 0

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

832101 11-02-18

Schedule I (Form 990) (2018)

AND LEARNING CENTER

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other |
|--|--------------------------------|-----------------------------|---------------------------------------|--|
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| art IV Supplemental Information. Provide the information | ation required in Part I, line | 2; Part III, column | (b); and any other ac | dditional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

FRIENDS OF THE LAFAYETTE LIBRARY

Inspection

Employer identification number

94-6120080

AND LEARNING CENTER Types of Property

(a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications X 151,418.FMV 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? b If "Yes," describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

LHA

describe in Part II.

AND LEARNING CENTER 94-6120080 Schedule M (Form 990) 2018 Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: SALES OF ONLINE BOOKS BY: THRIFT BOOKS \$5,644 BETTER WORLD BOOKS 325 THE BOOK FOREST 1,373 \$7,342 TOTAL

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

FRIENDS OF THE LAFAYETTE LIBRARY

Employed

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AND LEARNING CENTER

Employer identification number 94-6120080

| FORM 990, PART VI, SECTION B, LINE 11B: |
|---|
| THE FORM 990 IS PREPARED BY AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM A |
| IS REVIEWED BY THE BUDGET AND FINANCE COMMITTEE PRIOR TO FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD |
| MEMBERS AND OFFICERS ANNUALLY. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND |
| FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION. |
| |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: |
| LIBRARY SPECIAL REQUESTS: |
| PROGRAM SERVICE EXPENSES 5,09 |
| MANAGEMENT AND GENERAL EXPENSES |
| FUNDRAISING EXPENSES |
| TOTAL EXPENSES 5,09 |
| |
| TELEPHONE: |
| PROGRAM SERVICE EXPENSES 1,01 |
| MANAGEMENT AND GENERAL EXPENSES |
| FUNDRAISING EXPENSES |
| TOTAL EXPENSES 1,01 |
| |
| INTERNET SHIPPING AND SUPPLIES: |

FÖRM 990 PAGE 10 990

| Asset No: | Description | Date Acquired | Method | Life | Ĉ o n v | Line No: | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulate Depreciatio |
|--------------|--|------------------|--------|-------|------------------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|
| | BUILDINGS | | | | | | | | | | | |
| 1 | BIKE RÖÖM REMÖDEL | 06/13/16 | ŠL | 15.00 | MQ | 17 | 29,322. | | | | 29,322. | 4,154 |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | | 29,322. | | | | 29,322. | 4,154 |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 29,322. | | | | 29,322. | 4,154 |
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828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Coi