Form 9	90
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

		-	Under costion 501(c)	527 or 4047(o)(4) or	f the Internel Dev	enue Cada (ava		to formula	()	2020
			Under section 501(c)			•			tions)	Open to Bublic
· · · · ·		e Treasury		nter social security r		-				Open to Public
	Revenue			www.irs.gov/Form9						Inspection
			year, or tax year begin	-		0–01 , 2020, a	and endi	ng		-30 , 20 21
7	neck if ap	•		ibrary Foundat	tion of Mart	in County			D Emplo	yer identification number
1	ddress cha		Doing business as				D			65-0315112
ī	ame chan	-		P.O. box if mail is not deliver	ed to street address)		Room/sui	le	E leieph	one number
i	itial return		2351 SE MONTE						0 0	(772)221-1409
1	nai return nended re	i/terminated	Stuart, FL 34	rovince, country, and ZIP or t	oreign postal code				G Gross	
i				principal officer: MICHAE						466,06
A	oplication	pending	Same as C abo		L KENNI			H(b) Are all		
т	ix-exempt	t status: X 50) (insert no.)	4947(a)(1) or	527				. See instructions
	ebsite:		IBRARYFOUNDAT					H(c) Group		
						L Year of formation	on: 190		State of lega	
Par	-	Summary					on. 193		state of lega	
		•	the organization's miss	sion or most significan	t activities: FC	1 את הפרואות	992	THE LTB	RARY F	OUNDATION OF
			NTY IS A MEMBE	•						
	-									FACILITIES OF 7
5	-		NTY LIBRARY SY				<u>1110, t</u>		5 1110	
	-		if the organization		rations or dispose	d of more than 2	5% of its	net assets		
			g members of the gove	•	•				. 3	12
			pendent voting membe						. 4	12
			individuals employed i			, 			. 5	2
			volunteers (estimate if	-					. 6	12
			business revenue from	• /					. 7a	
			usiness taxable income	, ,,,					. 7b	C
								Prior Year		Current Year
	8 (Contributions ar	nd grants (Part VIII, line	e1h)					,338	365,3
e n			e revenue (Part VIII, lin	-					,	
'eni		0	me (Part VIII, column (0,				58	,490	100,68
Kevenue			Part VIII, column (A), l	, , , , ,					27	
_			add lines 8 through 11			2)		405	,855	466,00
			lar amounts paid (Part	• •	().	<u>,</u>			,	
	14 8	Benefits paid to	or for members (Part I	X, column (A), line 4)						
	15 3	Salaries, other o	compensation, employe	ee benefits (Part IX, co	olumn (A), lines 5-1	10)		146	5,042	167,01
ses			draising fees (Part IX,	, ,		,			,	
Expens			g expenses (Part IX, co		•	69,963				
Ň	17 (Other expenses	(Part IX, column (A), I	ines 11a-11d, 11f-24e)	,			198	,522	196,41
	18 -	Total expenses.	Add lines 13-17 (mus	t equal Part IX, colum	n (A), line 25)				,564	363,42
	19 I	Revenue less e	xpenses. Subtract line	18 from line 12				61	,291	102,6
es Ses			-				Begir	nning of Curre	ent Year	End of Year
Net Assets or Fund Balances	20 -	Total assets (Pa	urt X, line 16) • • •					2,847	,668	3,292,10
d Ba	21	Total liabilities (F	Part X, line 26)							
Puret	22	Net assets or fu	nd balances. Subtract	line 21 from line 20				2,847	,668	3,292,1
° ar	t II	Signature	Block							
			that I have examined this ret				of my knowle	edge and belie	f, it is	
ie, c	oneci, an	id complete. Declara	ation of preparer (other than c	micer) is based on an inform		has any knowledge.				
		Michae	l Kenny							
gr	• j	Signature of	officer						Date	e
ere) (Michae	l Kenny, CEO							
			t name and title							
		Print/Type prepare	ər's name	Preparer's signature		Date		Check	if	PTIN
aid	l	Justin Ri	lcciardella	Justin Riccia	ardella	02-03-20	22	self-em	ployed	P02386764
er	barer	Firm's name		della CPA, PL				irm's EIN 🕨		
	Only	Firm's address		lison Court				hone no.		
							'			
-			Palm Re	ach Gardens Fi	և 33410				561-7	888-6959

Form	n 990 (2020) Library Foundation of Martin County	65-0315112	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	FOUNDED IN 1992, THE LIBRARY FOUNDATION OF MARTIN COUNTY IS A MEMBERSHIP-BASE	D ORGANIZA	TION THAT
	SOLICITS DONATIONS FROM INDIVIDUALS, BUSINESSES AND FOUNDATIONS TO SUPPORT AND	D ADVANCE	THE
	PROGRAMS, SERVICES AND FACILITIES OF THE MARTIN COUNTY LIBRARY SYSTEM.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	🗙 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	У	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	з,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$91,504 including grants of \$) (Revenue	\$)
	Library Branches - Donor restricted fund for a Reference Research Librarian pe	osition and	d
	miscellaneous program services.		
4b		\$)
	Literacy Services - Literacy programs and services for children which include		
	Kindergarten, 1000 Black Girl Books, Ready, Set GO! and Dolly Parton's Imagina	ation Libra	ary.
40	(Code:) (Expenses \$ 40.396 including grants of \$) (Revenue	¢	١
4c		\$,
	Youth Programs - Annual Summer Reading Program for children and STEM and STEA	<u>M programm</u>	ing for
	children.		
4d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ 12,010 including grants of \$) (Revenue \$)	
4e)	
+0	Total program service expenses 230,894		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4 -		
40	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 or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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," complete Schedule G, Part III	19		x
20 a		20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>_</u>		
	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I Parts Land II	21		v

Form 990 (2020) Library Foundation of Martin County Part IV Checklist of Required Schedules

65-0315112

Page 3

	1990 (2020) Library Foundation of Martin County 65-03	15112		Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	2	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	;	х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	a	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	240	c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25		
L		25	a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25	0	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26	;	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III •••••••••••••••••••••••••••••••••	27	,	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28	a	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		_	x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
C	"Yes," complete Schedule L, Part IV	280		
~~			_	X
29	,, _,	29	'	x
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	2	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	a	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	35	b	
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		
			'	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		,	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_		
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u> </u>
			Yes	i No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

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Form 990 (2020)

Form	990 (2020) Library Foundation of Martin County 65-0315	112	F	age 5
Pa				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2020)
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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	lo"		
	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			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••••••••••••••••••••••••••••••••	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6	X	┝──
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	┝───
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-		
a ⊾		8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
	The internal Revenue Code.)		Yes	Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		x
D.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		x	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ma		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		x	<u> </u>
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	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14	x	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE FOUNDATION (772)221-1409, 2351 SE MONTEREY ROAD, STUART, FL 34996			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated Employee	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with or within t	ne	
organization's t	ax vear.		

• 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	son is	Highest compensated)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL KENNY	40.00									
CHIEF EXECUTIVE OFFICER				Х				94,104	0	0
(2) LEIGH GARRY	0.20									
DIRECTOR		х						0	0	0
(3) JOAN AMERLING	0.20									
DIRECTOR		х						0	0	0
(4) MAGALEN WEBERT	<u>0.20</u>									
DIRECTOR		х						0	0	0
(5) JO GRESSETTE	<u>0.20</u>									
DIRECTOR		х						0	0	0
(6) XENOBIA POITER-ANDERSON	<u>0.20</u>									
DIRECTOR		х						0	0	0
(7) DEVIN TEAL	0.20									
DIRECTOR		х						0	0	0
(8) STACY RANIERI	0.20									
DIRECTOR		х						0	0	0
(9) ALISHIA PARENTEAU	0.20									
DIRECTOR		х						0	0	0
(10)KEITH_GARDERE	2.10									
TREASURER		х		х				0	0	0
(11) CHARLES CLEAVER	2.10									
EX – TREASURER		х		х				0	0	0
(12)KAREN_JOHNSON	2.10									
VICE CHAIR		х		х				0	0	0
(13) PATRICIA DITMARS	2.10									
SECRETARY		х		х				0	0	0
(14)DENISE EHRICH	2.10									
CHAIR	[х		х				0	0	0
	-						· · · · ·			Form 990 (2020)

	90 (2020) Library Foundatio										031511:	2	Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	yees, a	nd H	ligh	est (Comp	ensa	ated Employees (c	ontinued)			
	(A) Name and title		(B) F (do not check box, unless p hours officer and a ber week						(D) Reportable compensation from the organization	(E) Reportable compensatio from related	on d	(F) Estimated am of other compensati from the	amount her sation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organization (W-2/1099-MIS	SC)	organizati	ion and
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal			•••	•••	•••	•••	•					
d	Total (add lines 1b and 1c)								94,104		0		0
2	Total number of individuals (including but not limite reportable compensation from the organization	d to those list	ted abo	ove)	who	rece	eived r	nore					0
3	Did the organization list any former officer, director	trustee kev	employ		or hi	ahes	st com	nens	sated			Ye	
Ū	employee on line 1a? If "Yes," complete Schedule J											3	x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	-	-					-					
	individual				• •						📘	4	x
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of	-		-			-	nizat	tion or individual			5	x
Section	on B. Independent Contractors										I	-	
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp (A)	ensation for t	he cale	enda	r yea	ar er	nding v	vith c	or within the organiz (B)	ation's tax ye	ar.	(C)	
	Name and business addres	s							Description of servic	es	Con	npensation	
								-					
2	Total number of independent contractors (including received more than \$100,000 of compensation from			iose Þ		d ab	ove) v	vho					

Form 99				on of Martin Co	unty		65-03151	.12 Page 9
Part	VIII	Statement of Rev	/enue					
		Check if Schedule O co	ntains a response	or note to any line in this	s Part VIII ••			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a				
8 v	b	Membership dues		1b 60,215	_			
unta	с	Fundraising events		1c	-			
Ū, Č	d	Related organizations .		1d				
ar A	е	Government grants (contr	ributions)	1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, giff	ts, grants,					
er S		and similar amounts not ir	ncluded above	1f 305,163				
Sthe	g	Noncash contributions inc	cluded in					
nd		lines 1a-1f		1g \$				
9 C 10	h	Total. Add lines 1a-1f		<u> </u>	365,378			
				Business Code				
e	2a							
Ξe	b							
Program Service Revenue	С							
am eve	d							
2 B	е							
5		All other program service r						
	g	Total. Add lines 2a-2f		· · · · · · · · · · • •				
	3	Investment income (includi	ing dividends, inter	est, and				
		other similar amounts)			100,686			100,686
		Income from investment of	-					
	5	Royalties						
		• •	(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses • •			-			
		Rental income or (loss)	6c					
		Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount from	(i) Securitie	s (ii) Other	_			
		sales of assets	7a					
	h	other than inventory Less: cost or other basis	7a		-			
e		and sales expenses	76					
enu		Gain or (loss)			-			
Sev		Net gain or (loss)		►				
Other Revenu		Gross income from fundrai						
Ę	Ju	events (not including \$ _	-					
0		of contributions reported or						
		1c). See Part IV, line 18		8a				
	b	Less: direct expenses .		8b	-			
		Net income or (loss) from f						
		Gross income from gaming	•					
		activities, See Part IV, line	-	9a				
	b	Less: direct expenses		9b	-			
		Net income or (loss) from g						
	10a	Gross sales of inventory, le	ss					
		returns and allowances		10a				
	b	Less: cost of goods sold		10b	-			
	с	Net income or (loss) from s	sales of inventory					
				Business Code				
sno	11a							
ano	b							
Sell	С							
Miscellanous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d						
	12	Total revenue. See instruct	tions		466,064	0	0	100,686

Library Foundation of Martin County Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colur	nns. All other organizatio	ons must complete colur	nn (A).	
	Check if Schedule O contains a response or note to a	,			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Iotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,785	46,886	19,402	41,497
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	47,005	20,447	8,461	18,097
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,221	5,316	2,200	4,705
11	Fees for services (nonemployees):				
a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal • • • • • • • • • • • • • • • • • • •				
c		14,750		14,750	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			1	
13	Office expenses	3,083	710	1,746	627
14 15	Royalties				
16					
17					
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		5,346	433	4,530	383
24	Other expenses. Itemize expenses not covered	5,510		1,000	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program expenses	155,497	155,497		
b	Public relations	8,161	, -	8,161	
с	Equipment & software repair	4,611		1,913	2,698
d	Printing	3,745	1,605	404	1,736
е	All other expenses	1,223	,	1,003	220
25	Total functional expenses. Add lines 1 through 24e	363,427	230,894	62,570	69,963
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here I if				
	following SOP 98-2 (ASC 958-720)				

Form 990	(2020)		Library	Foundation	of	Martin	County	

Page 11	

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	122,610	1	124,561
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10,215			
	b	Less: accumulated depreciation 10b 10,215		10c	
	11	Investments - publicly traded securities	2,725,058	11	3,167,605
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,847,668	16	3,292,166
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25 Operational lines 17 through 25	0	26	0
ŝ		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		07	
ala	27 28	Net assets with donor restrictions	1,420,210	27	1,641,029
B	20		1,427,458	28	1,651,137
ů		- –			
ц Г	20	and complete lines 29 through 33.		20	
Net Assets or Fund Balances	29 20	Capital stock or trust principal, or current funds		29 30	
sse	30 24	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
tAŝ	31 32	-	0.045.660		
Ne	32	Total net assets or fund balances	2,847,668	32	3,292,166
	33	Total liabilities and net assets/fund balances	2,847,668	33	3,292,166

EEA

Form 990 (2020)

Form	990 (2020) Library Foundation of Martin County	5-031511	2	Pa	age 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)			466,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		363,	427
3	Revenue less expenses. Subtract line 2 from line 1	3		102,	637
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	847,	668
5	Net unrealized gains (losses) on investments	5		341,	861
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	З,	292,	166
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🗌 Accrual 🗌 Other				
	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?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	🗴 Separate basis 🗌 Consolidated basis 🗌 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	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				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCHEDULE A	
(Form 990 or 990-F)	7

Public Charity Status and Public Support

OMB No. 1545-0047

(For	m 99	90 or 990-EZ)			y Status and Fi		••		2020
Complete if the organiz		ation is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
Department of the Treasury			b Co 4	Attach to Form 990 or Form 990-EZ. o www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
-		venue Service e organization	Got	o www.irs.gov/Foi	ringgo for instructions a	nd the late	stinforma	Employer identificat	•
		-	on of Martin C	ounty				65-03151:	
_	rt I				rganizations must o	omplete	this par		
The	orga				1 through 12, check only				
1		A church, conv	ention of churches, or a	ssociation of church	nes described in section 1	70(b)(1)(A	.)(i).		
2		A school descr	ibed in section 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 990 or 99	0-EZ).)			
3		A hospital or a	cooperative hospital ser	vice organization de	escribed in section 170(b)(1)(A)(iii).			
4			•	ted in conjunction w	vith a hospital described in	section 1	70(b)(1)(A)	(iii). Enter the	
_		-	e, city, and state:	<u> </u>					
5	Ш	•	•	-	iversity owned or operate	d by a gov	ernmental	unit described in	
6	П		(1)(A)(iv). (Complete P		described in section 170('h\/4\/A\/y			
7	x		-	•	of its support from a gove			the general public	
•		•	ction 170(b)(1)(A)(vi).	•	si në esppert nëni a gere				
8			rust described in section		Complete Part II.)				
9		An agricultural	research organization d	escribed in section	170(b)(1)(A)(ix) operated	d in conjune	ction with a	land-grant college	
		or university or	a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	name, city,	and state of	of the college or	
		university:							
10		-	-	. ,	1/3% of its support from c				
		•		•	bject to certain exception	• •			
					iness taxable income (les tion 509(a)(2). (Complete		orr tax) iror	n businesses	
11	П		-		for public safety. See sec	,) <i>(</i> 4)		
12	П	•	•	•	e benefit of, to perform th	•		arry out the purposes	
		•	•	•	in section 509(a)(1) or se			• • •	
		Check the box	in lines 12a through 12	d that describes the	type of supporting organ	ization and	l complete l	lines 12e, 12f, and 12g].
	а	Type I. A s	supporting organization	operated, supervise	d, or controlled by its supp	orted orga	nization(s),	typically by giving	
		the suppor	ted organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ctors or tru	stees of the	
		•	organization. You mus	-					
	b			•	olled in connection with its		•	.,	
			management of the sup on(s). You must compl		n vested in the same pers	ons that co		inage the supported	
	с		.,		zation operated in connec	tion with. a	nd function	ally integrated with.	
					ust complete Part IV, Se			, <u>,</u>	
	d	🗌 Type III no	on-functionally integra	ted. A supporting of	rganization operated in co	nnection w	ith its suppo	orted organization(s)	
		that is not	functionally integrated.	The organization ge	enerally must satisfy a dis	tribution re	quirement a	and an attentiveness	
		requireme	nt (see instructions). Yo	u must complete F	Part IV, Sections A and D	, and Part	V .		
	е	_	0		letermination from the IR		а Туре I, Ту	pe II, Type III	
					egrated supporting organi	zation.			
	f		per of supported organized o		anization(s)				••••
	<u>g</u>	i) Name of supported	•	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	,	,,		((described on lines 1-10	listed in you	ir governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(0)									
(C)									
(D)									
(E)									1
Tota	1								
	-								

Pa	Support Schedule for Organiza						
	(Complete only if you checked th				-	•	ify under
_	Part III. If the organization fails to	o qualify under	r the tests list	ted below, ple	ase complet	e Part III.)	
	ction A. Public Support		(1) 00 (7	() 00 (0		() 0000	
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	- , 5 ,						
	membership fees received. (Do not						
-	include any "unusual grants.")	491,908	335,408	368,906	347,338	365,378	1,908,938
2							
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
4	Total. Add lines 1 through 3	491,908	335,408	368,906	347,338	365,378	1,908,938
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						158,564
6	Public support. Subtract line 5 from line 4						1,750,374
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	491,908	335,408	368,906	347,338	365,378	1,908,938
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	49,119	61,345	60,518	58,346	100,686	330,014
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,238,952
12	Gross receipts from related activities, etc. (se	ee instructions)				12	· · ·
13	First five years. If the Form 990 is for the org	anization's first	, second, third,	fourth, or fifth	tax year as a s	ection 501(c)(3)
	organization, check this box and stop here						· · · · ► 🗌
Se	ction C. Computation of Public Suppor	rt Percentage	•				
14	Public support percentage for 2020 (line 6, c	olumn (f), divide	ed by line 11, c	olumn (f))		14	78.18 %
	Public support percentage from 2019 Sched					15	70.30 %
16a	33 1/3% support test - 2020. If the organizat	ion did not chec	k the box on li	ne 13, and line	14 is 33 1/3%່	or more, check	
	box and stop here. The organization qualifier	s as a publicly s	upported orga	nization			> 🗴
k	33 1/3% support test - 2019. If the organizat						
	this box and stop here. The organization qua						
17a	10%-facts-and-circumstances test - 2020.			-			_
	10% or more, and if the organization meets the	-					
	Part VI how the organization meets the facts						d
	organization			• ·	•	• • • •	▶ □
t	0 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization me	-					
	in Part VI how the organization meets the fac						
	organization						▶ □
18	Private foundation. If the organization did no						
	instructions						▶ □

Library Foundation of Martin County

Schedule A (Form 990 or 990-EZ) 2020

Page 2

65-0315112

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked the second sec			•			ider Part II.
	If the organization fails to qualify	under the te	ests listed be	ow, please co	omplete Part	II.)	
	ction A. Public Support			•	•		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the organ						_
	organization, check this box and stop here						🕨 🗌
	ction C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8, c		•			15	%
16	Public support percentage from 2019 Schedu					16	%
Sec	ction D. Computation of Investment Inc						
17	Investment income percentage for 2020 (line		•	-		17	%
18	Investment income percentage from 2019 Sc					18	%
19a	33 1/3% support tests - 2020. If the organiza						
	17 is not more than 33 1/3%, check this box a	-	-			-	_
b	33 1/3% support tests - 2019. If the organiza						
	line 18 is not more than 33 1/3%, check this b						nization 🕨 📃
20	Private foundation. If the organization did no	t check a box	on line 14, 19a	i, or 19b, check	this box and s	ee instructions	· · · ▶ 🗌

Library Foundation of Martin County

Page 3

65-0315112

Schedule A (Form 990 or 990-EZ) 2020

Schedul	e A (Form 990 or 990-EZ) 2020 Library Foundation of Martin County 65-03151	12	F	Page 4
Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, comple	te Sec	tions	Α
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part	I, con	plete	;
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	<i>'</i> .)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
•••	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	50		
L		20		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
Ŀ-	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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		
b	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? <i>If "Yes," provide detail in Part VI.</i>	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
v	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section			
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
h		IVa		
u	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
	determine whether the organization had excess business holdings.)			<u> </u>
EEA	Schedule A (orm 990	or 990-E	Z) 2020

Schedule A (Form 990 or 990-EZ) 2020 Library Foundation of Martin County Part IV Supporting Organizations (continued)

65-	031	5112
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Page 5

- Yes No **11** Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
 - organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2
 - 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

3a

	65-031	5112 Page (
ations	must complete Sections	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
integr	ated Type III supporting	organization
5		-
	1 2 3 4 5 6 7 8 1a 1b 1c 1d 2 3 4 5 6 7 8 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 6 7 8 6 7 8 6 6 7 8 9 9 9 9 9 9 9 10 11 12 3 4 5 6 <	ganizations rust on Nov. 20, 1970 (explain ations must complete Sections (A) Prior Year 1 2 3 4 5 6 7 8 (A) Prior Year 1 1 2 3 4 5 6 7 8 (A) Prior Year 1 1a 1b 1c 1d 2 3 4 5 6 7 8 2 3 4 5 6 7 8 1 2 3 4 5 1 2 3 4 5 3 4

Schedule A (Form 990 or 990-EZ) 2020

Schedu	t V Type III Non-Functionally Integrated 509(a)(3)	tin County) Supporting Organiz		0315: 1)	112 Page 7
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity	2			
	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required) - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				
EEA				Schedu	le A (Form 990 or 990-EZ) 2020

	990 or 990-EZ) 2020 Pag
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2k
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.

	►	Go to	www.irs	s.gov/F	orm990	for t	he lates	t inform	ation.
_									

Employer identification number Library Foundation of Martin County 65-0315112 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

-\$



SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number
CE 001 E1 10

	rary Foundation of Martin County		65-0315112
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accou	ints.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in write	ting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	-	
6	Did the organization inform all grantees, donors, and donor advi	-	
	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Pa			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or education		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a cons	servation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after		
			2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the organ	ization during the
	tax year 🕨		
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservation	n easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation eas	sements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(l	B)(i)
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense stater	nent and
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements tha	t describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections		other Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		nce of public
	service, provide, in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958, t		
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
_			
2	If the organization received or held works of art, historical treasu		provide the
	following amounts required to be reported under FASB ASC 958		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

EEA

	ule D (Form 990) 2020 Library Founda	tion of Martin	County			65-03151			age 2
Pa	rt III Organizations Maintaining						ets (co	ntinu	iea)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):		_						
а	Public exhibition		d 🗌 Loan	or exchange pro	ograms				
b	Scholarly research		e 🗌 Other						_
с	Preservation for future generations								-
4	Provide a description of the organization's colle	ections and explain ho	ow they further the or	anization's exe	mpt puri	pose in Part			
	XIII.	·	,	5					
5	During the year, did the organization solicit or r	eceive donations of a	rt historical treasure	s or other simila	ar				
•	assets to be sold to raise funds rather than to l		-				Yes	. [No
Pa	rt IV Escrow and Custodial Arra		or the organization of						1
I U	Complete if the organization		on Form 990 Pa	art IV line 9	or ren	orted an amou	int on F	orm	
	990, Part X, line 21.			are rv, into o,	01100			0	
1a	Is the organization an agent, trustee, custodiar	a or othor intermedian	for contributions or	other assets not					
Ia									No
								5 L	JNO
b	If "Yes," explain the arrangement in Part XIII a	na complete the follow	ving table:						
						Amou	unt		
С	0 0				1c				
d	5 5				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				1
2a	Did the organization include an amount on For	m 990, Part X, line 21	, for escrow or custo	dial account liab	oility?		Yes	\$ <u> </u>	No
	If "Yes," explain the arrangement in Part XIII. C	Check here if the expla	anation has been prov	vided on Part XI	II •			•	
Pa	rt V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 10).				
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years back	(e) Fou	years b	back
1a	Beginning of year balance	1,264,193	1,241,211	1,220,7	/05	1,188,792	9	976,	023
b	Contributions					2,000	1	154,	998
с	Net investment earnings, gains, and								
	losses	175,514	92,444	44,9	918	55,048		65,4	410
d	Grants or scholarships	,	,			•			
е	Other expenditures for facilities and								
	programs		69,462	24,4	112	25,135		7.	639
f	Administrative expenses							.,	
g	End of year balance	1,439,707	1,264,193	1,241,2	N11	1,220,705	1,188,792		
2	Provide the estimated percentage of the current	· · · · ·				1,220,703	- / -	,	152
a	Board designated or quasi-endowment	%							
b		/0							
	Term endowment %	70							
С		ld agual 100%							
2-	The percentages on lines 2a, 2b, and 2c shoul		n that are hald and a	duainiators d for t	ha				
3a	Are there endowment funds not in the possess	sion of the organizatio	n that are new and ad		ne			Vee	Na
	organization by:						0-(1)	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizati						3b		
4	Describe in Part XIII the intended uses of the c	-	nent funds.						
Pa	rt VI Land, Buildings, and Equip				- 0			40	`
	Complete if the organization	answered res	on Form 990, Pa	art IV, line Ti	a. See	e Form 990, Pa	art X, III	nent	J.
	Description of property	(a) Cost or othe (investme		or other basis other)		ccumulated reciation	(d) Boo	k value	
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment			10,215		10,215			
е	Other			,					
	. Add lines 1a through 1e. (Column (d) must equ		column (B), line 10c.)						
EEA			· · · · · ·			Sc	hedule D (Form 9	90) 2020

Schedule D (Form	990) 2020 Library Foundatio	on of Martin	County		65	-0315112	Page 3
Part VII	Investments - Other Securities.			N / P	441 0 5		
	Complete if the organization answered	I "Yes" on For	m 990, Part	: IV, line	e 11b. See Forn	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue		(c) Method of valuation of end-of-year market	
(1) Financial of							
(2) Closely-he	ld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H) Tatal (Column	(h) must aqual Form 000, Port X, and (P) line 12)						
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered	▶	m 990 Part	· IV line	a 11c. See Form	990 Part X	line 13
	(a) Description of investment	<u> </u>	(b) Book va			(c) Method of valuatio	n:
(1)					COST	or end-of-year market	value
(1)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	a (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX	Other Assets.						
	Complete if the organization answered	I "Yes" on For	m 990, Part	: IV, line	e 11d. See Forn	<u>n 990, Part X,</u>	line 15.
	(a) De	scription				(b) B	ook value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
<u>(8)</u> (9)							
	(b) must equal Form 990, Part X, col. (B) line 15.)				•		
Part X	Other Liabilities.						
	Complete if the organization answered	"Yes" on For	m 990. Part	IV. line	e 11e or 11f. Se	e Form 990. I	Part X.
	line 25.			,		, -	,
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal i							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨						

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

	dule D (Form 990) 2020 Library Foundation of Martin County	65-0315112	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
- a	Net unrealized gains (losses) on investments		
-	Donated services and use of facilities		
b			
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
e	Subtract line 2e from line 1		
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	4; Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01.	Endowment funds intended uses (Part V, line 4)		
End	owment funds are expended according to Florida Uniform Prudent Managemen	t of Institution	al Funds
-			
Act	(FUPMIFA) unless explicitly directed by donor stipulations. Capital gai	ne and losses ar	•
	(Iorminn, unless exprising directed by donor scipulations, supriar gar	no and roosed ar	<u> </u>
	umulated in the permanently restricted or temporarily restricted funds u	ntil ownondod in	
acc	umutated in the permanently restricted or temporarily restricted funds u	ntii expended in	
	- den - with - wold - blo den - wetwicking		
acc	ordance with applicable donor restrictions.		

Department of the Treasury

Internal Revenue Service

Name of the organization

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. OMB No. 1545-0047 2020 Open to Public Inspection

Employer identification number

65-0315112

Library Foundation of Martin County

01. Members or stockholder classes and rights (Part VI, line 6)

The Library Foundation of Martin County, Inc. is a membership organization, however,

membership does not confer any financial benefits.

02. Member election for additional members (Part VI, line 7a)

The nominating committee of the board of directors prepares a slate of officers for

approval at the annual meeting of all Foundation board members.

03. Form 990 governing body review (Part VI, line 11)

An electronic copy of the form 990 draft is sent to each member of the board of directors

for their review prior to filing.

04. Conflict of interest policy compliance (Part VI, line 12c)

The Foundation keeps a conflict of interest letter from each director on file at the

office, letters are updated annually.

05. Governing documents, etc, available to public (Part VI, line 19)

The Foundation's form 990 may be viewed by the public at www.quidestar.org or at the

Foundation's office upon request.