	_		** PUBLIC DISCLOSURE COP Return of Organization Exempt F		ocome Tax	OMB No. 1545-0047
Forr	" <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (			<b>2017</b>
	_	of the Treasury	Do not enter social security numbers on this form a	-		Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and	the latest	information.	Inspection
AF	or th	e 2017 calend	lar year, or tax year beginning ${ m OCT}$ $1$ , $2017$ and e	ending S	EP 30, 2018	
	heck if pplicat	<b>C</b> Name o	forganization		D Employer identification	ation number
	Addr	ge LIBR	ARY FOUNDATION OF MARTIN COUNTY			
	Name		usiness as		65-03	15112
	Initia	Numbe	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	]Final		SE MONTEREY ROAD		772-2	21-1409
	termi ated	City or	town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,691,586.
	Amer returr Appli	n SIUR	RT, FL 34996		H(a) Is this a group ret	
	tion _pend		and address of principal officer: STACY RANIERI		for subordinates?	
<u> </u>			AS C ABOVE		H(b) Are all subordinates inc	
		empt status:	X         501(c)(3)         501(c) (         ) ◀ (insert no.)         4947(a)(1) or           LIBRARYFOUNDATIONMC.ORG	r 527		st. (see instructions)
			X     Corporation     ☐     Trust     Association     Other	I Voor	H(c) Group exemption	State of legal domicile: <b>FL</b>
	nrt I					
	1		be the organization's mission or most significant activities: <b>ENHAN</b>	CEMEN	TS TO THE MA	RTIN
ce	•	COUNTY,	FL PUBLIC LIBRARY SYSTEM	•		
Governance	2	Check this bo		ed of more	than 25% of its net asse	ets.
ver	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	15
	4		dependent voting members of the governing body (Part VI, line 1b)			15
es &	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a)		5	3
vitie	6		of volunteers (estimate if necessary)			15
Activities &			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	·····		0.
	_				Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		496,458.	<u> </u>
Revenue	9	•	ice revenue (Part VIII, line 2g)		45,635.	84,860.
Re	10 11		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,717.	-8,095.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		537,376.	412,173.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		140,857.	135,691.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	6.		
Ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		326,791.	237,636.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		467,648.	373,327.
	19	Revenue less	expenses. Subtract line 18 from line 12		69,728.	38,846.
s or				Be	ginning of Current Year	End of Year
t Assets or d Balances	20		Part X, line 16)		2,424,300.	<u>2,513,629.</u> 0.
Net A Fund I			s (Part X, line 26) fund balances. Subtract line 21 from line 20		2,424,300.	2,513,629.
	22 Irt II				4,747,3000	4,313,043.
			I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my l	nowledge and helief it is
			e. Declaration of preparer (other than officer) is based on all information of which			ano ano ago ana bonoi, it io
<u></u>				F P. 0		
Sigr	ı	Signatur	e of officer		Date	
Her			LES CLEAVER, TREASURER			
		Type or	print name and title			

	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	CARROLL LYNN FISCHER, CPA	CARROLL LYNN	FISCHER 07/1	7/19 self-employed P00541682						
Preparer	Firm's name <b>REHMANN ROBSON L</b>	LC		Firm's EIN <b>38-3635706</b>						
Use Only	Firm's address 701 COLORADO AVENUE									
	STUART, FL 34994 Phone no. 772-283-7444									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	1990 (2017) LIBRARY FOUNDATION OF MARTIN COUNTY	65-0315112	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	[
	FOUNDED IN 1992, THE LIBRARY FOUNDATION OF MARTIN COUNTY	IS A	
	MEMBERSHIP-BASED ORGANIZATION THAT SOLICITS DONATIONS FRO		
	INDIVIDUALS, BUSINESSES AND FOUNDATIONS TO SUPPORT AND AL		
	PROGRAMS, SERVICES AND FACILITIES OF THE MARTIN COUNTY LI	BRARY SYSTE	м.
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.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 n	neasured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported.	· · · ·	
4a	(Code:) (Expenses \$105,418. including grants of \$) (Revenu		)
	UNDERWRITING ASSOCIATED WITH: THE ANNUAL BOOKMANIA! AUTHO		Α
	THREE-PART MUSIC SERIES AND A SEPARATE MUSICAL CONCERT; E		
	PRINTING AND DISTRIBUTION OF THE LIBRARY'S NEWSLETTER; AF		
	TUTORIAL ASSISTANCE FOR CHILDREN AT SEVERAL LIBRARY BRANC READING PROGRAM FOR CHILDREN, TEENS AND FAMILIES; AND VAF	-	
	EDUCATIONAL PROGRAMS THAT ARE FREE TO THE PUBLIC.	(1005	
	71.050		
4b	(Code:) (Expenses \$71,856. including grants of \$) (Revenu UNDERWRITING ASSOCIATED WITH VARIOUS CHILDREN'S LITERACY		)
	SERVICES AND A COMMUNITY-BASED LITERACY INITIATIVE FOR AL		
		/0110.	
4c	(Code:) (Expenses \$60 , 154including grants of \$) (Revenue	e \$	)
	PERSONNEL AND OFFICE SUPPORT FOR PROGRAM SERVICES.	· · .	,
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 237, 428.		00 /== :=:
		Form <b>9</b>	<b>90</b> (2017)
/32002	2 11-28-17 <b>2</b>		

Form 990 (2017	1	FOUNDATION	OF	MARTIN	COUNTY
Part IV Ch	ecklist of Required Sch	edules			

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•		1	x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	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			
7	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			
J	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			
U	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 23
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u></u>	
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,	44-	x	
Ŀ	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>X</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G. Part III	19		X

Form 990 (2017)		FOUNDATION	MARTIN	COUNTY
Part IV Checklist	of Required Sche	edules (continued)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
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		_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		_X_
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			37
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		- 23
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
		26		х
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		<u> </u>
5	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?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	Х	
			~~~	

Form	990 (2017) LIBRARY FOUNDATION OF MARTIN COUNTY 65-0315	112	Р	age 5
Pa	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
	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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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>10a</b>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	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		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
			000	

Form 990 (	2017)
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### LIBRARY FOUNDATION OF MARTIN COUNTY

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

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. X

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny 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	supervisio	n			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			1	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	·			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				1.0		
	The governing body?	,	0-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				55		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-				3		
	(This Section B requests information about policies not required by the internal Re-	<u>venue (</u>	<i>Joue.)</i>			Yes	No
10-	Did the executivation have lead charters, branches, or affiliated			1	10-	162	X
	Did the organization have local chapters, branches, or affiliates?				10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristical according to acco	•	-		104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	tiling the t	orm?	11a	<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	scribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?			1	13		X
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
	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 arrangem	nent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	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 $igstar{FL}$						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectio	n 501(c)(3)	s onlv) av	ailable	;	
	for public inspection. Indicate how you made these available. Check all that apply.	(		·· <b>,</b> , -··			
	X       Own website       Another's website       X       Upon request       Other (explain	in Sch	adula ()				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	licy and t	inanc	al	
	statements available to the public during the tax year.		niciosi pu	noy, and i		a	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and	recorde				
20	THE FOUNDATION - 772-221-1409	ns and	records.				
	2351 SE MONTEREY ROAD, STUART, FL 34996						

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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. Т 

(A)	(B)			( Pos				(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN P. BRACKEN DIRECTOR	0.20	x						0.	0.	0.
(2) WILLIAM J. GILCHER	0.20									
DIRECTOR	0.10	Х						0.	0.	0.
(3) CHARLES CLEAVER TREASURER	2.10	x		x				0.	0.	0.
(4) STACY RANIERI	2.10									
PRESIDENT		Х		Х				0.	0.	0.
(5) CHRISTINE DELVECCHIO	0.20									
DIRECTOR		Х						0.	0.	0.
(6) DEVIN M. TEAL	0.20									
DIRECTOR		Х						0.	0.	0.
(7) MICHAEL DITERLIZZI	0.20								0	0
DIRECTOR	0.10	X						0.	0.	0.
(8) DENISE EHRICH	2.10	x		77				0.	0.	0.
VICE PRESIDENT (9) ALISHIA PARENTEAU	0.20	A		Х				0.	0.	0.
DIRECTOR	0.20	х						0.	0.	0.
(10) XENOBIA POITIER-ANDERSON	0.20	~						0.	0.	0.
DIRECTOR	0.20	х						0.	0.	0.
(11) JOAN AMERLING	0.20	- 23						<b>Ŭ</b> •		<b>.</b>
DIRECTOR		х						0.	0.	0.
(12) PATRICIA DITMARS	2.10									
SECRETARY		х		x				0.	0.	0.
(13) LEIGH GARRY	0.20									
DIRECTOR		х						0.	Ο.	0.
(14) JO GRESSETTE	0.20									
DIRECTOR		Х						0.	0.	0.
(15) MAGALEN WEBERT	0.20									
DIRECTOR		Х						0.	0.	0.
(16) MICHAEL KENNY	40.00									
EXECUTIVE DIRECTOR				Х				51,274.	0.	0.
										000

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Form 990 (2017)

### 13300717 759633 441984.00000

2017.06000 LIBRARY FOUNDATION OF MAR 441984.1

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	990 (2017) LIBRARY F	<u>'OUNDATI</u>	ON	0 1	F	MA	RT	IN	I COUNTY	65-03	151	112	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title Average									Reportable		Estimated		ed
		hours per					than c s both		Reportable compensation	compensation			ount	
		week					or/trust		from	from related	.		other	
		(list any	tor						the	organizations				tion
		hours for	direc				P		organization	(W-2/1099-MIS			om the	
		related	se or	stee			nsate		(W-2/1099-MISC)	(	-/		anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	m pe					•	relat	
		below	dual	ution	-	Key employee	st co oyee	er				orga	nizatio	ons
	related organizations below line)											0		
							-							
1b	Sub-total								51,274.		0.			0.
	Total from continuation sheets to Part VII								0.		0.			0.
	Total (add lines 1b and 1c)								51,274.		0.			0.
2	Total number of individuals (including but no							o re		000 of reportable	• •			
2	compensation from the organization		030	11310	uac	000	<i>y</i> with	010						0
	compensation from the organization												Yes	No
											ſ		res	INO
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a										····	•		
5												-		х
600	rendered to the organization? If "Yes," com	plete Schedule	e J fe	or sl	ich į	oers	on .					5		Λ
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	-									ensat	ion fro	m	
	the organization. Report compensation for t	he calendar ye	ear e	ndir	ig w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C	;)	
	Name and business	address	NC	ONE	2				Description of s	ervices	С	omper	nsatio	n
								_						
								T						
								+						
2	Total number of independent contractors (ir	•	ot lin	nitec	to to	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				(	)							
												Form	<b>990</b> (2	2017)

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				ATION OF	MARTIN COL	JNTY	65-0315	112 Page <b>9</b>
Pa	rt VI	II Statement of Reven	nue					
		Check if Schedule O cont	ains a response o	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S O	1 9	Federated campaigns	1a					012 014
ant	1 a 6	Membership dues		72,768.				
DOL DOL	u a			117,727.				
ts, Ar	C	Fundraising events		117,727.				
Gif İlar	d	Related organizations						
ns,	е	Government grants (contributi						
er S	f	All other contributions, gifts, gran						
ibu		similar amounts not included abo	ve <b>1f</b>	144,913.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines						
<u>a C</u>	h	Total. Add lines 1a-1f			335,408.			
				Business Code				
e	2 a	l						
e vi	b							
Senu	с							
am eve	d							
Program Service Revenue	е							
P	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		🕨				
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		►	61,345.			61,345.
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	с	Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	2,271,233.	(				
	b	Less: cost or other basis						
	-	and sales expenses	2,247,718.					
	c	Gain or (loss)						
		Net gain or (loss)			23,515.			23,515.
		Gross income from fundraising			, -			, <u> </u>
Other Revenue	0 4	including \$117						
ver		contributions reported on line						
Re		Part IV, line 18	,	23,600.				
her	h	Less: direct expenses						
đ		Net income or (loss) from func		► 01,000	-8,095.			-8,095.
		Gross income from gaming ac			5,000.			-,
	3 d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less		····· <b>P</b>				
		and allowances						
	Ь							
		Less: cost of goods sold						
	C	Net income or (loss) from sale						
	44 -	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d							
		Total. Add lines 11a-11d			A10 172		0	76 765
	12	Total revenue. See instructions.		<b>P</b>	412,173.	0.	0.	76,765.
73200	9 11-28	3-17						Form <b>990</b> (2017)

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Part IX Statement of Functional Expenses

### LIBRARY FOUNDATION OF MARTIN COUNTY

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising 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,		~~ ~~ (	10.001	~
	trustees, and key employees	86,008.	38,704.	12,901.	34,403
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40.040	16 100	0 000	14 105
7	Other salaries and wages	40,040.	16,128.	9,787.	14,125
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0 (12	4 105	1 726	2 110
0	Payroll taxes	9,643.	4,195.	1,736.	3,712
1	Fees for services (non-employees):				
	Management				
	Legal	17 040		17 040	
	Accounting	17,848.		17,848.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	1 1 2 5		1 1 2 5	
f	Investment management fees	1,135.		1,135.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	1,043.	443.	209.	391
4	Information technology				
5	Royalties				
6	Occupancy	12,114.	12,114.		
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	956.	406.	192.	358
3	Insurance	4,578.	280.	4,051.	247
4	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.)				
а	PROGRAM EXPENSES	165,158.	165,158.		
b	PUBLIC RELATIONS	14,743.		14,743.	
c	PRINTING	7,200.		2,514.	4,686
d		4,206.		1,346.	2,860
	All other expenses	8,655.		7,471.	1,184
5	Total functional expenses. Add lines 1 through 24e	373,327.	237,428.	73,933.	61,966
6	Joint costs. Complete this line only if the organization				,
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2017)

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		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			34,059.	1	41,887.
	2	Savings and temporary cash investments			178,323.	2	35,996.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ployees. Complete				
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sections					
s		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	10,215.			
	b	Less: accumulated depreciation		<u>10,215.</u> 10,215.	956.	10c	0.
	11	Investments - publicly traded securities	2,210,962.	11	2,435,746.		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			2,424,300.	16	2,513,629.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ŷ	22	Loans and other payables to current and former	s, directors, trustees,				
Liabilities		key employees, highest compensated employee	s, and o	disqualified persons.			
abil		Complete Part II of Schedule L				22	
E	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)	), checl	k here ▶ 🔯 and			
S		complete lines 27 through 29, and lines 33 and	d 34.				
nc.	27	Unrestricted net assets			919,626.	27	1,052,372.
ala	28	Temporarily restricted net assets			488,905.	28	425,586.
Б	29			L	1,015,769.	29	1,035,671.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (As	SC 958	), check here 🕨 🗌			
o		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
let /	32	Retained earnings, endowment, accumulated inc			0 404 000	32	0 540 500
z	33	Total net assets or fund balances		······  -	2,424,300.	33	2,513,629.
	34	Total liabilities and net assets/fund balances			2,424,300.	34	2,513,629.
							Form <b>990</b> (2017)

Form 990 (2017)
Part X Balance Sheet

	990 (2017) LIBRARY FOUNDATION OF MARTIN COUNTY	65-03	15112	Pa	<sub>ge</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			27.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,42		
5	Net unrealized gains (losses) on investments	5	3	6,4	49.
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 in Schedule O)	9	1	4,0	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,51	3,6	<u>29.</u>
Pa	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: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b		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				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2c</b>	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		. <b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<b>3b</b>	000	(2017)
			Earm	MMI	(0017)

SCH	EDU	LE A
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(Form 990 or 990-EZ)

### **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.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Go to where its go	Open to Public Inspection						
Nor	no of	the organizati	-		v/Form990 for instruction	Jis anu u	ie ialest ii	normation.	Employer	•
Mar	ne or	the organizati					T. T			identification number
		Decem			TION OF MART					5-0315112
	art I				All organizations must co			e instruction:	5.	
The	orgar	nization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		· -	-	ntial part of its support fi				ne general r	oublic described in
				omplete Part II.)		5			5	
8					(1)(A)(vi). (Complete Par	EIL)				
9	$\square$	-			in section 170(b)(1)(A)(	-	ed in coniu	inction with a	land-grant	college
•					ulture (see instructions).					
		university:		grant bollege of agric			namo, orty	, and state of	the conege	
10			on that norma	Ily receives: (1) more	than 33 1/3% of its sup	ort from a	ontributio	ns members	hin foos an	d gross receipts from
10		-		•	ct to certain exceptions,				-	•
					(less section 511 tax) fro		ses acqui		janization a	
				mplete Part III.)	walk to toot for public or	tatu Caa	oootion E(	O(-)(4)		
11	$\square$	-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to	-			•	
				-	d in section 509(a)(1) o					Dineck the box in
	_	-	•	• •	f supporting organizatior		-		-	
a				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	_	¬ -		complete Part IV, Se						
b				-	l or controlled in connect			-		•
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		<b>-</b>		t complete Part IV,						
C		_ Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
c	I 🗌	_ Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	/eness
		requiremen	nt (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
e	, [	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
<u>c</u>	Pro	vide the follow	ing informatior	about the supporte	d organization(s).					
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION OF MARTIN COUNTY 65-0315 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	225,266.	206,973.	658,220.	491,908.	335,408.	1917775.		
2	Tax revenues levied for the organ-								
	ization'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				401 000	225 400	101000		
	Total. Add lines 1 through 3	225,266.	206,973.	658,220.	491,908.	335,408.	1917775.		
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,						ED0 610		
•	column (f)						<u>520,610.</u> 1397165.		
	Public support. Subtract line 5 from line 4.						139/105.		
		(-) 0010	(1-) 001 (	(-) 0015	(1) 0010	(-) 0017	(0) <b>T</b> - + -		
	ndar year (or fiscal year beginning in)	(a) 2013 225, 266.	(b) 2014 206,973.	(c) 2015 658,220.	(d) 2016 491,908.	(e) 2017 335,408.	(f) Total 1917775.		
	Amounts from line 4	223,200.	200,975.	030,220.	491,900.	555,400.	1911113.		
0	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources	44,853.	43,943.	51,460.	49,119.	61,345.	250,720.		
9	Net income from unrelated business	11,055.		51,400.		01,515.	250,7201		
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						2168495.		
	Gross receipts from related activities,	etc. (see instruction	uns)			12			
	First five years. If the Form 990 is for		,	t fourth or fifth ta	x vear as a section				
	organization, check this box and <b>stor</b>	-			•				
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	64.43 %		
	Public support percentage from 2016		•			15	62.45 %		
	33 1/3% support test - 2017. If the o					ore, check this bo	k and		
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>&gt;</b> X		
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation					
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the orgar	nization		
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization				
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is <sup>.</sup>	10% or		
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the			
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	▶		
	Schedule A (Form 990 or 990-EZ) 2017								

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## Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION OF MARTIN COUNTY 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.)

Sec	ction A. Public Support					-	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
~	the organization without charge						
	<b>Total.</b> Add lines 1 through 5						
78	3 received from disgualified persons						
	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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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 five years. If the Form 990 is for	<sup>•</sup> the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
_							
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from a					18	%
19a	33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box ar	-	-		•••••		
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t			
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## Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION OF MARTIN COUNTY Part IV Supporting Organizations

### 65-0315112 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

(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 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 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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.*
- **c** 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial 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).*
- 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).*
- **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.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** 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.)

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Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION OF MARTIN COUNTY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	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 <b>Part VI</b> 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.	1		
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		
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•	I	
			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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)	_	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

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Schedule A (Form 990 or 990-EZ) 2017

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	dule A (Form 990 or 990 EZ) 2017 LIBRARY FOUNDATION OF M			65-0315112 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•		n Part VI.) See Instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990 EZ) 2017 LIBRARY FOUNDATION OF MARTIN COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 41	· · · · · · · · · · · · · · · · · · ·	allo) Supporting Orga	(continued)	
Secti	on D - Distributions		····/	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>    i</u>	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
-				

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A	(Form 990 or 990-EZ) 2017	LIBRARY	FOUNDATION	OF MAR	FIN COUNT	Y 65-	-0315112	Page 8
	<b>Supplemental Infor</b> Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	, 5a, 6, 9a, 9b, 9c, <sup>-</sup> t IV, Section E, lines	1a, 11b, and 1 1c, 2a, 2b, 3a,	and 3b; Part IV, Section and 3b; Part V, I	on B, lines 1 and 2; ine 1; Part V, Sectio	Part IV, Section on B, line 1e; Pa	C, rt V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Se	ction E, lines 2, 5, a	nd 6. Also comp	plete this part for	any additional info	mation.	
732028 10-06-1	7					Schedule A (Fo		

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

LIBRARY	FOUNDATION	OF	MARTIN	COUNTY	65
ck one):					

5-0315112

5	,
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, 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 exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

**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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Name of organization

Page 2

Employer identification number

65-0315112

### LIBRARY FOUNDATION OF MARTIN COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	( = 1)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
 		\$15,500.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,773.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>17,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$14,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 723452 11-01-17		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

### Name of organization

Employer identification number

65-0315112

### LIBRARY FOUNDATION OF MARTIN COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$8,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
No. 10 (a) No. 11 (a)	Name, address, and ZIP + 4	Total contributions           \$         25,000.           (c)         Total contributions           \$         8,500.           (c)         (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X       Payroll       Image: Complete Part II for noncash contributions.)         (complete Part II for noncash contributions.)       X       Payroll       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)       X       Complete Part II for noncash contributions.)
No. 10 (a) No. 11	Name, address, and ZIP + 4	Total contributions         \$       25,000.         (c)       Total contributions         \$       8,500.         (c)       Total contributions         \$       25,000.         \$       25,000.	Type of contribution         Person       X         Payroll

Page 2

2, or 990-PF) (2017)

### Name of organization

Employer identification number

65-0315112

### LIBRARY FOUNDATION OF MARTIN COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

			1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   13                                 </u>		\$7,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   14                                 </u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Employer identification number

LIBRARY FOUNDATION OF MARTIN COUNTY

65-0315112

#### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723453 11-01-17

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### 13300717 759633 441984.00000

ne of organiz	ration			Employer identification number			
BRARY	FOUNDATION OF MARTIN	COUNTY		65-0315112			
	Exclusively religious, charitable, etc., contributers from any one contributor. Complete c completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	olumns (a) through (e) and the foll charitable, etc., contributions of \$1,000 c	Owing line entry. For organization	ins			
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of g	 				
-	Transferee's name, address, an	Id ZIP + 4	Relationship of tra	ansferor to transferee			
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
_		(e) Transfer of g	 ift				
	Transferee's name, address, an	ld ZIP + 4	Relationship of tra	ansferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, an	ad ZIP + 4	Relationship of tra	ansferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-   -  -		(e) Transfer of g	  ift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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SCHEDULE [	)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization LIBRARY FOUNDATION OF MARTIN COUNTY	Employer identification number 65–0315112
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	<b>b)</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 writing that the assets held in donor advised func	ts
-	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	
	impermissible private benefit?	
Par		
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)	important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contributic in the form of a contribution in th	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	zation during the tax
	year 🕨	-
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	n easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	sements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	anization's accounting for
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	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 an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	oublic 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 ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public services and the service of th	vice, 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	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017
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		FOUNDATION						.5112		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar As	sets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that a	are a sig	nificant use c	of its co	llection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progran	ns					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization	's exem	pt purpose ir	ı Part X	311.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other	similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran						rt IV, lir	ne 9, or		-
	reported an amount on Form 990, Par		0			,	,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contribution	s or other asse	ts not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII						. —			,
			stand gradeter					Amount		
c	Beginning balance					1c	·	/ integrit		
	Additions during the year									
	Distributions during the year									
f	Ending balance					16 1f				
	Did the organization include an amount on Fe					· · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.					y	🖵	100		]
Par		f the organization and	wered "Yes" on Fo	rm 990 Part IV	/ line 1(	<u></u> າ				1
		(a) Current year	(b) Prior year	(c) Two years		d) Three years	hack	(e) Four	vears	hack
10	Beginning of year balance	1,188,792.	976,023.		821.	815,			789,	
		2,000.	154,998.		500.	,			,	
b	Contributions	55,048.	65,410.		109.	-13,	775		36	949.
ט ה	Net investment earnings, gains, and losses			51,		,				
	Grants or scholarships									
е	Other expenditures for facilities	25,135.	7 630	11	407	8.4	091.		10	685.
	and programs	23,133.	7,639.	· · · · ,	407.	04,			10,	505.
	Administrative expenses	1,220,705.	1 100 700	076	0.2.2	717	0.01		815,	<u> </u>
g	End of year balance		1,188,792.		023.	717,	021.		o15,	507.
2	Provide the estimated percentage of the curr	ent year end balance		) held as:						
a	Board designated or quasi-endowment		_%							
	Permanent endowment  84.84	<u>%</u>								
с	Temporarily restricted endowment  1									
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administere	d for the	organization	i	Г		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or ot		or other	• •	cumulated		( <b>d)</b> Bool	k value	3
		basis (investm	ent) basis	(other)	dep	reciation				
	Land									
	Buildings						4			
с	Leasehold improvements									
d	Equipment		1	0,215.		10,215	•			0.
	Other						4			
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	(, column (B), line 1	0c.)		►				0.
						Sch	edule I	D (Form	ı 990)	2017

a) Description (	Of SECURITY OF CATEGORY (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end	d-of-year market value
	rivatives				,
	l equity interests				
Other					
(A)					
(B)					
(C)					
( <u>C)</u> (D)					
(E)					
(F)					
G)					
(H)					
<b>`</b> /	ust equal Form 990, Part X, col. (B) line 12.) 🕨				
art VIII Inv	vestments - Program Related.				
	mplete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Par	t X line 13	
	a) Description of investment	(b) Book value			d-of-year market value
1)	.,	(	(-,		
(2) (3)					
(4) (5)					
(6)					
(8)					
<b>(9)</b> <b>al</b> . (Col. (b) mu	ust equal Form 990, Part X, col. (B) line 13.)				
(8) (9) al. (Col. (b) mu art IX Ot	ther Assets. mplete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Co	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Co (1) (2) (3) (4) (5)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Co (1) (2) (3) (4) (5) (6)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Co (1) (2) (3) (4) (5) (6) (7)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Co (1) (2) (3) (4) (5) (6) (7) (8)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Par	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (9)	ther Assets. Implete if the organization answered "Yes" (a)	Description	11d. See Form 990, Pa	rt X, line 15.	(b) Book value
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) tal. (Column ( art X Ot	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities.	Description			
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column ( art X Ot	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes"	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column ( art X Ot Col	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description			
(8) (9) (1. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column ( art X Ot Col (1) Federal	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes"	Description	11e or 11f. See Form 99		
(8) (9) (1. (Col. (b) mu Con (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) al. (Column ( art X Ot Con (1) Federal (2)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu control (b) mu (control (control (b) mu (control (control (contro) (contro) (contro) (cont	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu control (b) mu Control (control (b) mu (control (control (contro) (contro) (contro) (contr	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column ( art X Ot Con (1) Federal (2) (3) (4) (5)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column ( art X Ot Con (1) Federal (2) (3) (4) (5) (6) (5) (6)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (9) (1) Column ( Column ( Colum	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column ( art X Ot Con (1) Federal (2) (3) (4) (5) (6) (7) (8) (7) (8)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		
(8) (9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (9) (1) Column ( Column ( Colum	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form 99		

Schedule D (Form 990) 2017

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#### LIBRARY FOUNDATION OF MARTIN COUNTY Schedule D (Form 990) 2017

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year marke
(d) Einen siel derivetigen		

	dule D (Form 990) 2017 LIBRARY FOUNDATION OF MA	RTIN COUNTY	65-0315112 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p	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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
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.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	)	
Pa	rt XIII Supplemental Information.		

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

### PART V, LINE 4:

ENDOWMENT FUNDS ARE EXPENDED ACCORDING TO FLORIDA UNIFORM PRUDENT

MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) UNLESS EXPLICITLY DIRECTED

BY DONOR STIPULATIONS. CAPITAL GAINS AND LOSSES ARE ACCUMULATED IN THE

PERMANENTLY RESTRICTED OR TEMPORARILY RESTRICTED FUNDS UNTIL EXPENDED IN

ACCORDANCE WITH APPLICABLE DONOR RESTRICTIONS.

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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$1	Form 5,000 (	990, F on Foi	Part IV, line 17, 18, or rm 990-EZ, line 6a.			OMB No. 1545-0047
Internal Revenue Service		Attach to Form 990 Go to www.irs.gov/Form990						Inspection
Name of the organization		FOUNDATION OF MAR					Employer id 65-031	dentification number 5112
Part I Fundraisi required to c		Complete if the organization answe				ine 1	7. Form 990-I	EZ filers are not
<ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees lister</li> </ul>	ons email solicitations ations citations n have a written o rd in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	<b>Y</b>	es 🗌 No be
(i) Name and address or entity (fundr		<b>(ii)</b> Activity	have c	ntrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ced in col. <b>(i)</b>	
			Yes	No	-			
Total				►				
3 List all states in which or licensing.	h the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z. S	Schee	dule G (Form	1 990 or 990-EZ) 2017

 Schedule G (Form 990 or 990 EZ) 2017
 LIBRARY
 FOUNDATION
 OF
 MARTIN
 COUNTY
 65-0315112
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2 LITERACY	(c) Other events NONE	(d) Total events (add col. (a) through
			BOOKMANIA! (event type)	LUNCHEON (event type)	(total number)	- col. <b>(c)</b> )
Ine					(total hamber)	
Revenue	1	Gross receipts	71,106.	70,221.		141,327.
	2	Less: Contributions	59,306.	58,421.		117,727.
	3	Gross income (line 1 minus line 2)	11,800.	11,800.		23,600.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	12,926.	13,198.		26,124.
ā	٥	Entortainmont				
	8 9	Entertainment Other direct expenses		3,347.		5,571.
	10	Direct expense summary. Add lines 4 through	<b>2</b>   ( ))	· · · · · ·	•	31,695.
	11	Net income summary. Subtract line 10 from I				-8,095.
e		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				nuigo/progressive nuigo		
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	' from line 1. column (d)		Þ	
						•
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	It "I	No," explain:				
_						
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
	_					
208	2 10	-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017
	_ 55					

Sch	edule G (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION OF MARTIN COUNTY 65-0	315112	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
Ь	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
U	of gaming revenue retained by the third party $\blacktriangleright$ \$		
~	s If "Yes," enter name and address of the third party:		
U	in res, entername and address of the time party.		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	······································		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<b>—</b>	<b>—</b>
_	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9, 9b, 1(	)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
73208	33 09-13-17 Schedule G (Forr	n 990 or 990	D-EZ) 2017
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Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	LIBRARY	FOUNDATION	OF	MARTIN	COUNTY	65-0315112	Page 4
Part IV	Supplemental Infor	mation (contin	ued)					
					-			
							Schedule G (Form 990 or	990-EZ)

732084 04-01-17

SCHEDULE O

(Form 990 or 990-EZ)

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.



65-0315112

FORM 990, PART VI, SECTION A, LINE 6:

THE LIBRARY FOUNDATION OF MARTIN COUNTY, INC. IS A MEMBERSHIP ORGANIZATION,

LIBRARY FOUNDATION OF MARTIN COUNTY

HOWEVER, MEMBERSHIP DOES NOT CONFER ANY FINANCIAL BENEFITS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS PREPARES A SLATE OF

OFFICERS FOR APPROVAL AT THE ANNUAL MEETING OF ALL FOUNDATION MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF THE FORM 990 DRAFT IS SENT TO EACH MEMBER OF THE

BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION KEEPS A CONFLICT OF INTEREST LETTER FROM EACH DIRECTOR ON

FILE AT THE OFFICE, LETTERS ARE UPDATED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S FORM 990 MAY BE VIEWED BY THE PUBLIC AT WWW.GUIDESTAR.ORG

OR AT THE FOUNDATION'S OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EXCESS OF BOOK BASIS OVER TAX BASIS OF SECURITIES

14,034.

FORM 990, PART XII, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE WHICH IS CHARGED WITH

RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT (OR REVIEW) OF ITS FINANCIAL

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

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IN COUNTY 65-0315112
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SELECTION OF AN INDEPENDENT
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