Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A	For the	2018 calendar year, or tax year beginning 07/01 , 2018, and end	ing 06	/30	, 20 19								
В	Check if	applicable: C Name of organization PUBLIC LIBRARY ASSOCIATION OF ANNAPOLIS AI	ND A A CO IN	D Employ	er identification number								
	Address	change Doing business as			52-6001871								
	Name ch	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telepho	ne number								
	Initial ret	urn 5 Harry S Truman Parkway			410-222-7371								
	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amende	d return Annapolis, MD, 21401-7042		G Gross re	eceipts \$ 27,795,172								
	Applicat	ion pending F Name and address of principal officer: Scott Sedmak	H(a) Is this a q	roup return for	subordinates? Yes No								
	• •	5 Harry S Truman Pkwy, Annapolis, MD 21401	1		s included? Yes No								
ī	Tax-exe	mpt status:			ee instructions)								
J	Website		H(c) Group	exemption number >									
K	Form of o	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 1936	M State of legal domicile: MD									
Р	art I	Summary		<u>'</u>									
	1	Briefly describe the organization's mission or most significant activities: Prov	ision of public	library s	ervice to the residents								
e		of Anne Arundel County, MD											
Activities & Governance													
ern	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.								
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	25								
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b			25								
ies	5			5	429								
Ĭ	6	Total number of volunteers (estimate if necessary)		6	220								
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	23,828								
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	23,828								
		·	Prior Ye	ear	Current Year								
Φ	8	Contributions and grants (Part VIII, line 1h)	25	,486,797	27,148,777								
ğ	9	Program service revenue (Part VIII, line 2g)		813,741	630,726								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4	7								
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,545	11,215								
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26	,308,087	27,790,725								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0								
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20	,108,259	20,879,616								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0								
g	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 220,367											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6	,409,312	4,756,805								
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	26	,517,571	25,636,421								
	19	Revenue less expenses. Subtract line 18 from line 12		-209,484	2,154,304								
- S	3		Beginning of Cu	rrent Year	End of Year								
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14	,530,232	16,037,172								
t As	21	Total liabilities (Part X, line 26)	42	,090,002	41,682,638								
ž	22	Net assets or fund balances. Subtract line 21 from line 20	-27	,559,770	-25,645,466								
P	art II	Signature Block											
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is								
tru	ie, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowl	edge.									
Siç		Signature of officer	Da	te									
He	ere	Scott Sedmak, Chief Financial Officer											
		Type or print name and title											
Pa	nid	Print/Type preparer's name Preparer's signature I	Date	Check	if PTIN								
	epare	r		self-em	<u> </u>								
	se Onl		Firn	n's EIN ▶									
_		Firm's address ►	Pho	ne no.									
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			Tyes No								

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Part	•	
4	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u> </u>
1	Provision of public library service to the residents of Anne Arundel County, MD	
2	Did the organization undertake any significant program services during the year which we prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conservices?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three large expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 10,074,845 including grants of \$ 0) Circulated 5,027,321 items to the public	(Revenue \$ 457,683)
4b	(Code:) (Expenses \$2,029,006 including grants of \$0	(Revenue \$ 63,865)
	Answered 372,531 reference inquiries either in person or via telephone or email	
4-	(Code) \(\(\(\(\(\) \\ \) \) \((Revenue \$ 0)
4c	(Code:) (Expenses \$ 4,245,311 including grants of \$) Presented 5,641 programs and performances to 232,296 customers	(Revenue \$0)
	1 reserved 5,041 programs and performances to 202,270 customers	
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 2	
		109,178)
4e	• Total program service expenses ► 19,854,207	

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 ~ 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 / 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a V Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d 1 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If ~ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		•
b	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		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		v
27	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		V
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		'
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
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		•
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		•
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		•
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 </i>	34		<i>V</i>
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<u> </u>
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		•
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		•
38 Part	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. V Statements Regarding Other IRS Filings and Tax Compliance	38	•	
- CIIC	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 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c Form	<u>√</u> ₁990	(2018)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2 a	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	429			
b	If at least one is reported on line 2a, did the organization file all required federal employment			2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		ns)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year			3a	~	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So			3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account account in a foreign country (such as a bank account, securities account, or other financial account	ncial ac	count)?	4a		~
b	If "Yes," enter the name of the foreign country: ►		· (FD 4 D)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-		5a		V
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions			6a		,
	If "Yes," did the organization include with every solicitation an express statement that such			oa		
b	gifts were not tax deductible?	COILL	ibutions of	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and	nartly	for goods			
a	and services provided to the payor?		_	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property					
Ū	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit cor	ntract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	le a Fo	rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	naintaiı	ned by the			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor donor advisor, or related personal distribution to a donor donor advisor, or related personal distribution to a donor	son?		9b		
10	Section 501(c)(7) organizations. Enter:	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
		па				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		m 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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 Schedul	e 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	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year? .			14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Sched	ule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remu	neration or			
	excess parachute payment(s) during the year?			15		~
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	estmer	nt income?	16		1
	If "Yes," complete Form 4720, Schedule O.					

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 25 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. Enter the number of voting members included in line 1a, above, who are independent 1b 25 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 1 12c Did the organization have a written whistleblower policy? 13 13 ~ 14 1 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 1 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a ~ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► MD 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ☐ Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Scott A Sedmak, (410)222-7236

Part VI

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

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

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

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

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

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

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
				((C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than or is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	or c	Inst	Officer	<u>\$</u>	Hig	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	cer	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or all	ona		팅	econ		(00-2/1099-101130)		and related
	line)	uste	trus		ee e	per				organizations
		6	stee			Highest compensated employee				
						ă				
Joseph E Bles	1.00									
Trustee		~						0	0	0
Jacqueline Seamon	1.00									
Trustee	0.00	~						0	0	0
Emily Penny Evans	1.00									
Trustee	0.00	~						0	0	0
Bert L Rice	1.00									
Trustee	0.00	~						0	0	0
Fred Stielow	1.00									
Trustee	0.00	~						0	0	0
Simmona Simmons	1.00									
Trustee	0.00	~						0	0	0
Gerald P Starr	1.00									
Trustee	0.00	~						0	0	0
Joan Beck	1.00									
Trustee	0.00	~						0	0	0
Sandra Solomon	1.00									
Trustee	0.00	~						0	0	0
Sharon Wible	1.00									
Trustee	0.00	~						0	0	0
Amalie Brandenburg	1.00									
Trustee	0.00	~						0	0	0
Nathan Volke Esq	1.00									
Trustee	0.00	~						0	0	0
Charles Maher Jr	1.00									
Trustee	0.00	~						0	0	0
JanElaine Smith	1.00									
Director	0.00	~						0	0	0

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

		(C)								
(A)	(B)	(da m	مام دم		ition	. +6.00		(D)	(E)	(F)
Name and Title	Average	١,				e than o is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trust	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	ξ _e	Hig	Former	the organization (W-2/1099-MISC)	organizations	compensation
	related organizations	vidu	ituti	cer	em	hest	mer		(W-2/1099-MISC)	from the organization
	below dotted	tor tr	Institutional trustee		Key employee	con		(**-2/1099-141100)		and related
	line)) ate	tru		ee	hper				organizations
		ď	stee			Highest compensated employee				
James Harle	1.00							•		
Trustee	0.00	~						0	0	0
Barbara Maxwell	1.00									
Secretary	0.00			~				0	0	0
William J Colguhoun	1.00									
Treasurer	0.00			~				0	0	0
Keith Seay	1.00									
Director	0.00			~				0	0	0
Deborah S Baden	1.00									
Director	0.00			~				0	0	0
Joyce C Miller	1.00									
Vice Chairman	0.00			~				0	0	0
Donald E Roland	1.00									
Chairman	0.00			~				0	0	0
Tonya Baroudi	1.00									
Director	0.00			~				0	0	0
Kevin J Best Esq	1.00									
Counsel	0.00			~				0	0	0
Benjamin J Birge	1.00									
Treasurer	0.00			~				0	0	0
Charles M Auld	38.00									
Chief Executive Officer	0.00			~				184,705	0	44,700
Scott A Sedmak	38.00									
Chief Financial Officer	0.00			~				114,603	0	40,900
Gloria Harberts	38.00									
Regional Manager	0.00					~		111,417	0	24,900
Wanda Wagner	38.00									
Regional Manager	0.00							106,348	0	37,700

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (contin	nued)		
	(A) Name and title	(B) Average hours per week (list any	box, ι	unles	Pos neck s pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	an	(F) timated	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org and	other pensation the anization drelated inization	on d
	erine Hollerbach	38.00					_						
Chief	Public Services & Branch Management	0.00					<i>'</i>		101,990	0		•	42,800
1b	Sub-total								619,063	0		1	91,000
c	Total from continuation sheets to Part	VII, Sectio	n A					•					
d	Total (add lines 1b and 1c)	not limited					ahove	2) W	619,063	ore than \$100 00)0 of	1	91,000
	reportable compensation from the organi		10 11		, 1101	.ou	above	, •••	5	510 than \$100,00	JO 01		
												Yes	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete the									est compensate	ed 3		V
4	For any individual listed on line 1a, is the												
	organization and related organizations									edule J for suc			
5	individual										ıal 4		
	for services rendered to the organization										5		~
	on B. Independent Contractors		- al !:- a	J = .= .	اء ء، ء						20.000 -		
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	ress							(B) Description of s	ervices	(C Comper		
Sirsi	Corporation, PO Box 2153 D, Birmingham, AL							Co	mputer Mainter				60,537
	ne Technology Solutions LLC, 6956 F Aviation		Burn	ie, N	/ID 2	2106	1		mputer Virus M				18,876
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	limit	ed to	th	ose listed abo	ove) who			

received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

ı aıı	VIII	Check if Schedule C		resi	oonse or note to	any line in this	Part VIII		
		Ondok ir Conoduio C	Containe	. 100		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	3	1a	0				
ara Iour	b	Membership dues .		1b	0				
s, (Am	С	Fundraising events .	-	1c	0				
ar Tar	d	Related organizations	-	1d	0				
JS,	е	Government grants (cor		1e	26,841,011				
er S	f	All other contributions, g							
ž ž		and similar amounts not inc	L	1f	307,766				
ont.	g	Noncash contributions include			307,160				
	h	Total. Add lines 1a-1	f	•		27,148,777			
Program Service Revenue	0-	E			Business Code	044.740	044 740		
eve	2a	Fines for Overdue Mat			900099	341,710	341,710	0	0
96	b	Lost Materials Charge Sale of Materials Rem			900099	25,753	25,753	0	0
Ξ	C			olleci	453310	38,359	38,359	0	0
Š	d	Payments for Lost Ma Computer Printing Ch			900099 561439	51,376	51,376 108,810	0	0
Jrar	f	All other program ser			501439	108,810 64,718	28,930	23,828	11,960
Prog	g	Total. Add lines 2a–2			•	630,726	20,730	25,020	11,700
	3	Investment income	(including	divide	ends. interest.	030,720			
		and other similar amo			•	7	0	0	7
	4	Income from investmen	t of tax-exen	npt bo	ond proceeds ►	0	0	0	0
	5			•	· · ·	0	0	0	0
		Royalties	(i) Real		(ii) Personal				
	6a	Gross rents		0	0				
	b	Less: rental expenses		0	0				
	С	Rental income or (loss)			0				
	d	Net rental income or	` <u> </u>			0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	es O	(ii) Other				
	b	Less: cost or other basis and sales expenses .		0	0				
	С	Gain or (loss)	0		0				
	d	Net gain or (loss) .			▶	0	0	0	0
Other Revenue	8a b	Gross income from fuevents (not including \$_of contributions reported See Part IV, line 18 Less: direct expenses	ed on line 1c	а	10,151 4,447				
O	С	Net income or (loss) f				5,704		0	5,704
	9a	Gross income from ga		ies.					
	b	Less: direct expenses	3	b					
		Net income or (loss) f			vities 🕨				
	10a	Gross sales of in returns and allowance			5,134				
	b	Less: cost of goods s			0				
	С	Net income or (loss) f		f inve	_	5,134	5,134	0	0
		Miscellaneous F			Business Code				
	11a b	Vendor Refunds & Mir			900099	377	377	0	0
	С								
	d	All other revenue .				0	0	0	0
	е	Total. Add lines 11a-			🟲	377			
	12	Total revenue. See in	nstructions		▶	27,790,725	600,449	23,828	17,671 Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 0 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 0 Benefits paid to or for members 0 0 5 Compensation of current officers, directors, trustees, and key employees 0 372,456 372,456 0 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 371,178 371,178 0 7 Other salaries and wages 10,241,611 13,372,262 2,983,208 147,443 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,852,578 1,438,386 393,484 20,708 Other employee benefits 9 3,889,855 2.880.077 968,315 41,463 10 Payroll taxes 1,021,287 746,902 263,632 10,753 11 Fees for services (non-employees): Management 0 0 0 0 Legal 25,451 0 25,451 0 0 0 0 0 Lobbying 250 0 250 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees f 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 193,171 75,338 117,833 0 12 Advertising and promotion 16.820 0 16,820 0 13 Office expenses 638,377 385,207 253,170 0 14 Information technology 842,321 548,459 293,862 0 15 0 0 Occupancy 16 294,714 294,714 0 17 161,825 0 161,825 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings . 93,494 0 93,494 0 20 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 1.557.803 1,464,829 92,974 0 23 82,192 0 82,192 0 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Loss on disposal of capital assets а 2,286,293 2,286,293 0 b Change in long-term liabilities -1,251,132 -1,251,132 0 C d All other expenses е -184,774 -212,895 28,121 0 **Total functional expenses.** Add lines 1 through 24e 25 25,636,421 19.854.207 5,561,847 220,367 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 \blacktriangleright \square if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11,395	1	11,495
	2	Savings and temporary cash investments	317	2	325
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	55,153	4	45,515
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	2,459,946	9	3,124,505
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 17,922,529			
	b	Less: accumulated depreciation 10b 6,345,940	11,124,228		11,576,589
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15 16	Other assets. See Part IV, line 11	879,193	15 16	1,278,743
	17	Accounts payable and accrued expenses	14,530,232 529,973	17	16,037,172 713,812
	18	Grants payable	529,913	18	/13,012
	19	Deferred revenue	4,630	19	0
	20	Tax-exempt bond liabilities	4,030	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
ij	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	41,555,399	25	40,968,826
	26	Total liabilities. Add lines 17 through 25	42,090,002	26	41,682,638
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ılar	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
ınd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	0	30	0
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
it A	32	Retained earnings, endowment, accumulated income, or other funds .	-27,559,770	32	-25,645,466
Se	33	Total net assets or fund balances	-27,559,770	33	-25,645,466
	34	Total liabilities and net assets/fund balances	14,530,232	34	16,037,172 Form 990 (2018)
					rom 330 (2018)

Form 990 (2018) Page **12**

Part	XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI					~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	7,790	0,725
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	5,636	5,421
3	Revenue less expenses. Subtract line 2 from line 1	3			2,154	1,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-2	7,559	9,770
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-240	0,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Dowl	33, column (B))	10		-2	5,645	5,466
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			-	Yes	No.
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				163	140
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain	in I			
	Schedule O.	piairi	""			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	а		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled o	or 📗			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed 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 or					
	of the audit, review, or compilation of its financial statements and selection of an independent account			C		_
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
Sa	the Single Audit Act and OMB Circular A-133?	101111		a	,	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran th	_	_	-	
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			b	/	
	, , , , , , , , , , , , , , , , , , ,			orm	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

	LIC LIBRARY ASSOCIATION OF ANN					52-60				
Par	rt I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.			
The o	organization is not a private founda		,		-	,				
1	A church, convention of church									
2	A school described in section		,							
3	A hospital or a cooperative hos						/···			
4	A medical research organization hospital's name, city, and state		onjunction with a nosp	oital desc	ribed in s	section 1/U(b)(1)(A)	(III). Enter the			
5	An organization operated for t		collogo or university	owned o	r operate	d by a government	al unit described in			
3	section 170(b)(1)(A)(iv). (Comp		college of university	owned o	Operate	d by a government	ai unit described in			
6	☐ A federal, state, or local govern	•	mental unit described	in secti o	n 170/h)	(1)(Δ)(_V)				
7		•					the general public			
	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	☐ A community trust described in		•	Part II.)						
9	An agricultural research organiz	• •		,	erated in	conjunction with a l	and-grant college			
	or university or a non-land-grar university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
10	An organization that normally re	eceives: (1) more	e than 331/3% of its su	upport fro	m contri	butions, membership	o fees, and gross			
	receipts from activities related support from gross investment	income and uni	related business taxal	ole incom	eptions, ie (less s	ection 511 tax) from	businesses			
	acquired by the organization af	ter June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)				
11	An organization organized and	•	•	-						
12	An organization organized and	•	•			•				
	of one or more publicly suppo									
а	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
u	the supported organization									
	supporting organization. Yo									
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having			
	control or management of t				persons	that control or man	age the supported			
	organization(s). You must o	-	-							
С							ally integrated with,			
	its supported organization(s		•		-					
d	Type III non-functionally integrated that is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not funct	•		•			• • • • • • • • • • • • • • • • • • • •			
	requirement (see instruction						u an attentiveness			
е	_ ` `	•	•		-		all Type III			
·	functionally integrated, or T						е п, туре ш			
f	Enter the number of supported o									
g	D 11 11 6 11 1 1 6 11	-								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	` '	rganization	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
			asoro (666 mena6116))				ou double)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Tota										

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 22,999,074 25,486,796 27,198,928 23,204,274 24,220,968 123.110.040 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 1,500,000 1,500,000 1,500,000 1,500,000 1,500,000 7,500,000 Total. Add lines 1 through 3. . . . 4 24,499,074 24,704,274 25,720,968 26,986,796 28,698,928 130,610,040 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 130,610,040 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 24,499,074 24,704,274 25,720,968 26,986,796 28,698,928 130,610,040 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2 16 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 49,670 49,878 49,982 49,069 41,491 240,090 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3.240 3,150 2.906 377 1,517 11,190 **Total support.** Add lines 7 through 10 11 130,861,336 Gross receipts from related activities, etc. (see instructions) 12 600.072 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 99.81 % Public support percentage from 2017 Schedule A, Part II, line 14 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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 falls to qualify	under the te	SIS listed bei	ow, piease co	implete i ait	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	†						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	T	T		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 th	e organizatio	n's first. secon	d. third. fourth	. or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	•		•			. , , ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			13. column (f))		15	%
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment Inc					1 - 5	70
17	Investment income percentage for 2018 (I			ov line 13 colu	mn (f)) .	17	%
18	Investment income percentage from 2017			-		18	%
19a	331/3% support tests—2018. If the organi						
·va	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organization	_	-	-		-	
b	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	_	_	•	-	-	_

Part IV Supporting Organizations

(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

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

Part	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
Secti	on B. Type I Supporting Organizations			ı
			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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		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.			
	17 0 0	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
<u> </u>	11 3 17	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sooti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	notru	otion	-)
	The organization satisfied the Activities Test. Complete line 2 below.	115tru	Cuons	5).
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organizations the parent of each of its supported organizations. Complete time o below.	see in	etructi	ions)
2	Activities Test. <i>Answer (a) and (b) below.</i>	000 111	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
а	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? <i>If "Yes," explain in Part VI the</i>			
	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. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A—Adjusted Net Income		(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		(5) 6			
Section 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					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
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					
Section C-Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
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	_	tegrated Type III supporti	ng organization (see			
instructions).	y 1111	logration Type III support	ng organization (366			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	occo c. capportoa c.ga		
	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 whic	h the organization is res	nonsive	
Ū	(provide details in Part VI). See instructions.	ir tilo organization lo roc	Poriore	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
-	Excess from 2018			

Part VI

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	b, Ξ,
Schedule A, Part II, Line 10 - Consists of \$377 in vendor refunds and minor receipts.	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.				
Name o	of organization			Employer iden	tification number	
PUBLI	C LIBRARY ASSOCIATION	OF ANNAPOLIS AND A A CO INC			52-6001871	
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 c	rganization.	
1	Provide a description of definition of "political can	the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instruction	ns fo
2		y expenditures (see instructions) .				
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)	· · · · · · · · ·		
Part		e organization is exempt unde				
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$		
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$		
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes	No
4a	Was a correction made?				Yes	No
b	If "Yes," describe in Part					
Part	I-C Complete if the	e organization is exempt unde	er section 501(d	c), except section 501	(c)(3).	
1		ly expended by the filing organiz		·		
2		filing organization's funds contrib		anizations for section		
2	527 exempt function activ	vities		▶ \$_		
3		expenditures. Add lines 1 and 2.				
				_		-
4		n file Form 1120-POL for this year?				No
5		ses and employer identification nur				
		ents. For each organization listed, entributions received that were pror				
		fund or a political action committee				
			. ,			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of politic contributions received promptly and directl delivered to a separa political organization If none, enter -0	and ly ite
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Pac	ıe	2

Part II-A Complete if the organization is exempt under section 501(c)(3) and file section 501(h)).					d Form 5768 (election under			
Α	Check >	if the filing organization below address, EIN, expenses, and				iliated group memb	er's name,	
_	Obsali N			, ,	,			
В	Check ►	if the filing organization chec			ovisions apply.			
		(The term "expenditures" n	bying Expendit		١	(a) Filing organization's totals	(b) Affiliated group totals	
	- T-4-11-	· · · · · · · · · · · · · · · · · · ·		-		organization o totalo	group totals	
		bbying expenditures to influence			•			
		obbying expenditures to influence	•	• • • • •	-,			
		obbying expenditures (add lines	,					
		exempt purpose expenditures .						
		xempt purpose expenditures (ad		•				
	f Lobbyi columr	ng nontaxable amount. Enter	the amount fi	rom the following	table in both			
	If the ar	nount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:			
	Not ove	r \$500,000	20% of the an	nount on line 1e.				
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.			
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.			
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.			
	Over \$1	7,000,000	\$1,000,000.					
	g Grassr	oots nontaxable amount (enter 2	5% of line 1f)					
	h Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-					
	i Subtra	Subtract line 1f from line 1c. If zero or less,						
	-	e is an amount other than zerong section 4911 tax for this year		1h or line 1i, did	•	i i	Yes No	
	(Som	e organizations that made a se	ection 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five colum	ns below.	
		Lobbyin	g Expenditures	During 4-Year Av	veraging Period			
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2	a Lobbyi	ng nontaxable amount						
		ng ceiling amount of line 2a, column (e))						
	c Total lo	obbying expenditures						
	d Grassr	oots nontaxable amount						
		oots ceiling amount of line 2d, column (e))						
	f Grassr	oots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(á	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	~				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	~				
С	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		~			
e	Publications, or published or broadcast statements?		V			
f	Grants to other organizations for lobbying purposes?	~	~			2 000
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			3,000
 i	Other activities?	~				250
	Total. Add lines 1c through 1i				1	3,250
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~		<u>'</u>	3,230
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), d	or sec	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	•	-	3		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe and political expenditure next year?	/ing	4			
5	and political expenditure next year?		5			
Pari		•	3			
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, I	nes 1	l and
Sched	lule C, Part II-B, Line 1 - Members of the Library's all-volunteer Board of Trustees appeared before state a	nd loc	al offic	cials on	matt	ers
	ting the organization. The Chief Executive Officer and other management officials met and/or correspond					
	e, federal, state, and local officials on matters affecting the organization and the public library community.					250
	Maryland Association of Public Library Administrators to help fund a legislative reception attended by st					
	ides. The reception was an opportunity for the Maryland Library community to discuss topics of interest					
		-	-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number PUBLIC LIBRARY ASSOCIATION OF ANNAPOLIS AND A A CO INC 52-6001871 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedu	le D (Form 990) 2018				Page 2
Part	Organizations Maintaining Co	llections of Art, His	torical Treasures	s, or Other Similar <i>I</i>	Assets (continued)
3	Using the organization's acquisition, according to collection items (check all that apply):	ession, and other reco	rds, check any of th	ne following that are a	a significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	Scholarly research				
c	☐ Preservation for future generations	v			
4	Provide a description of the organization'	e collections and eval	ain how they further	the organization's ev	emnt nurnose in Par
7	XIII.	s collections and expi	ani now they fulther	the organization's ex	empt purpose in r ar
5	During the year, did the organization soli assets to be sold to raise funds rather that				
Part	IV Escrow and Custodial Arrange	ements.			
	Complete if the organization and 990, Part X, line 21.			·	
1a	Is the organization an agent, trustee, cu				
	included on Form 990, Part X?				. ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part >	(III and complete the fo	ollowing table:		
-	in 100, Oxplain the arrangement in Fair	an and complete the n	onewing table.		Amount
_	Deginning belongs			10	7 1110 0111
C.	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount or	n Form 990, Part X, line	e 21, for escrow or c	ustodial account liabil	lity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part >	(III. Check here if the e	xplanation has been	provided on Part XIII	\square
Par	t V Endowment Funds.				
	Complete if the organization and	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.	
			ior year (c) Two yea		ack (e) Four years back
10	<u> </u>	, ,	(4)	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
9	Provide the estimated percentage of the o	vurrent year and balan	o (line 1g. column (c	a)) hold ac:	
_		=	be time 19, column (a	a)) Helu as.	
а	Board designated or quasi-endowment				
b		%			
С	Temporarily restricted endowment ▶	·%			
	The percentages on lines 2a, 2b, and 2c s				
3a	Are there endowment funds not in the po	ssession of the organ	ization that are held	and administered for	the
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
h	If "Yes" on line 3a(ii), are the related organ				
ь 4	Describe in Part XIII the intended uses of				. 3b
			owniont fands.		
Part	, , ,		000 Da IV !!	0 110 Coo Faire 00	0 Dort V 1: 10
	Complete if the organization and		I		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
		(IIIVESIIIEIII)	(other)	depreciation	
1a	Land	0	0		0
b	Buildings	0	0	0	0
c	Leasehold improvements	0	0	0	0

118,615

11,457,974

11,576,589

789,949

5,555,991

. . ▶

908,564

17,013,965

0

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

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 11b. See I	orm 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 market value
(1) Financia	derivatives		
	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV. line 11c. See I	Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	,,		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX	Other Assets. Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 11d. See l	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1) Cash Du	ue from Anne Arundel County, Maryland		1,278,743
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		. 1,278,743
PartA	Complete if the organization answered "Yes" on Form 990, Pa	rt IV lina 11a ar 111	Soo Form 000 Port V
	line 25.	itiv, iiile i le or i ii	. See Form 990, Fart X,
1.	(a) Description of liability		(b) Book value
(1) Federal in	***		0
	I liability for OPEB		24,030,569
	I liability for pension benefits		3,874,850
	I liability for compensated absences		1,044,743
	deferred inflow of resources		565,002
	eferred inflow of resources		11,453,662
(7)			, ,
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		40,968,826
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the org		
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the	e text of the footnote ha	s been provided in Part XIII

Schedule D (Form 990) 2018 Page **4**

Part			-	Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities			_	
С.	Recoveries of prior year grants			_	
d	Other (Describe in Part XIII.)			-	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · ·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			10	
с 5	Add lines 4a and 4b			4c	
	XII Reconciliation of Expenses per Audited Financial Staten			5	
rart	Complete if the organization answered "Yes" on Form 990,			er neturn.	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
	Donated services and use of facilities	2a			
a	Prior year adjustments			-	
b C	Other losses			-	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
Part	XIII Supplemental Information.	,			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				4; Part X, line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provid	de any additional ir	iformation.	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Name of the organization PUBLIC LIBRARY ASSOCIATION OF ANNAPOLIS AND A A CO INC Employer identification number 52-6001871

Part	Questions Regarding Compensation					
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No		
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	☐ Compensation committee ☐ Written employment contract					
	 ✓ Independent compensation consultant ✓ Compensation survey or study ✓ Form 990 of other organizations ✓ Approval by the board or compensation committee 					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		~		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
_		-				
a	The organization?	5a 5b		V		
b	Any related organization?	30		<i>V</i>		
	in res on line 3a or 3b, describe in rait in.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
а	The organization?	6a		~		
b	Any related organization?	6b		~		
	If "Yes" on line 6a or 6b, describe in Part III.					
_	For governor listed on Form 2000 Port VIII Continu A. P. d. Pillin VIII VIII VIII VIII VIII VIII VIII VI					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	_		_		
0		7				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III					
		8				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
-	Regulations section 53.4958-6(c)?	9				

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Charles M Auld, Chief Executive	(i)	184,705	0	0	27,216	17,484	229,405	
Officer 1	(ii)	0	0	0	0	0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							-
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							+
	(i)							
16	(ii)							

nedule J (Form 990) 2018	.ge
art III Supplemental Information	
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this property and additional information.	pa

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

PUBLIC LIBRARY ASSOCIATION OF ANNAPOLIS AND A A CO INC

Employer identification number 52-6001871

Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determin tribution ar	
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications	'		9,839	Cost of Dona	ated Propo	erty
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		005	07.004	0 1 65		
25 26	Other ► (Supplies) Other ► (Furniture Fixtures and)	<i>V</i>	295		Cost of Dona		
20 27	Other (Furniture Fixtures and I)		94	199,497	Cost of Dona	ated Prope	erty
28	Other ► (
29	Number of Forms 8283 received	by the or	anization during the tax y	year for contributions for			
29	which the organization completed				29	0	
	when the organization completed	. 0 0200	,, r are rv, Borioo , tottirowio	agomone i i i i i		Ye	s No
30a	During the year, did the organizates, that it must hold for at least t						
	to be used for exempt purposes					30a	
b	If "Yes," describe the arrangemen		and polical in i			504	
31	Does the organization have a		ntance nolicy that require	es the review of any n	nnstandard		
	contributions?					31 🗸	
32a		-	_	is to solicit, process, or se		32a 🗸	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in	column (c) for a type of pro	pperty for which column (a)	s checked,		

Schedule M (Form 990) 2018 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I, Line 32b - The Anne Arundel County Public Library Foundation Inc. solicits both cash and non-cash contributions on behalf of the organization.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** PUBLIC LIBRARY ASSOCIATION OF ANNAPOLIS AND A A CO INC 52-6001871 Form 990, Part VI, Section A, Line 4 - A Fifteenth Amendment and Complete Restatement of the Bylaws were made by the AACPL Board of Trustees on January 17, 2019. A new officer position of Second Vice Chairman was created. Form 990, Part VI, Section B, Line 11b - The completed form 990 is presented to the Board of Trustees, discussed and approved at a Board Meeting prior to filing. Form 990, Part VI, Section B, Line 12c - All Trustees and certain employees are required to complete and submit annually a Conflict of Interest Disclosure Form. Form 990, Part VI, Section B, Line 15 - In 2006-2007, the organization contracted with a consultant for a classification and compensation study in which all salary scales, including those of top managment positions were evaluated against comparable positions in similar organizations. The study was reviewed and approved by the organization's Board of Trustees. It was reviewed further in 2008 by a separate consultant who also reviewed local and national survey data for directors of library systems similar in size to the organization and his recommendations are used by the organization's Board of Trustees in setting the salary for the Chief Executive Officer. In 2013, the organization contracted with a consultant to conduct a market study to test the competitiveness of the organization's salaries against those of similar employers in the Baltimore, MD-Washington, DC marketplace. The recommendations of that study were implemented in July 2017. Form 990, Part VI, Section C, Line 19 - The organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request. The organizations Forms 990 and 990-T are available on its website (www.aacpl.net). In addition, the organization's audited financial statements, which are included in Anne Arundel County, Maryland's Comprehensive Annual Financial Reports, are available on Anne Arundel County's website (www.aacounty.org) Form 990, Part XI, Line 9 - Contribution to Pension Trust Fund

Schedule O, Statement 1

PUBLIC LIBRARY ASSOCIATION OF ANNAPOLIS AND A A CO INC

Form: Form 990 (2018) EIN: 52-6001871
Page: 1 Header Section

Reasonable Cause Explanations

Explanation

Form 8868 was filed and extension of filing time was granted. New form 990 due date is May 15, 2020.

Schedule O, Statement 2

PUBLIC LIBRARY ASSOCIATION OF ANNAPOLIS AND A A CO INC

Form: Form 990 (2018) EIN: 52-6001871

Page: **2**

Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue	
	Customers conducted 391,308 sessions on our computers	3,505,045		109,178	
Total:		3,505,045	0	109,178	