# **Short Form Return of Organization Exempt From Income Tax**

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

2018

OMB No 1545-1150

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

Open to Public Inspection

Address Address Address Address Ammen Amen Applic Acco Web: J Tax-e Add I	ess change e change e change I return return/terminated inded return leation pending bunting Method: site: N/A exempt status (che in of organization lines 5b, 6c, and column (B)) are \$  Revenu Check if	C Name of organization  Alexandria Library Foundation  To Comber and street (or P O box, if mail is 5005 Duke Street  City or town, state or province, country, and Alexandria, VA 22304  Cash	not delivered to street addres  nd ZIP or foreign postal code  ecify) ▶  (insert no.) □ ∠  Association  ts If gross receipts are \$2	4947(a)(1) or		F Group Ex Number	identification number 54-1875224 number 703-212-8129 temption If the organization is
Address Name Initial Final Amen Applic  Acco Webs J Tax-e C Form Add I Part II,	ess change e change I return return/terminated inded return loation pending counting Method: site: N/A exempt status (che in of organization lines 5b, 6c, and column (B)) are \$  Revenu Check if	Alexandria Library Foundation Inc  Number and street (or P O box, if mail is 5005 Duke Street  City or town, state or province, country, at Alexandria, VA 22304  Cash Accrual Other (spock only one) — 501(c)(3) 501(c)  Corporation Trust  To to line 9 to determine gross receip 500,000 or more, file Form 990 instead	not delivered to street addres  nd ZIP or foreign postal code  ecify) ▶  (insert no.) □ ∠  Association  ts If gross receipts are \$2	4947(a)(1) or	03 H	F Group Ex Number	54-1875224 number 703-212-8129 temption
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Final Amen Applies  G Acco Web:  J Tax-e  K Form Add I Part II,  Part	return/terminated inded return loation pending counting Method: site: N/A exempt status (che in of organization lines 5b, 6c, and column (B)) are \$  Revenu Check if	City or town, state or province, country, at Alexandria, VA 22304  Cash Accrual Other (speck only one) — 501(c)(3) 501(c) Corporation Trust To to line 9 to determine gross receip 500,000 or more, file Form 990 instead	ecify) ►  (insert no.) □ ∠  Association ts If gross receipts are \$2	1947(a)(1) or	Н	F Group Ex Number Check ► 12 required to a	emption  If the organization is
Amen Applic Applic Applic Applic Applic Applic Applic Applic Applic Application Applicatio	nded return location pending  Dunting Method: site: ▶ N/A exempt status (che n of organization lines 5b, 6c, and column (B)) are \$  Revenu Check if	Alexandria, VA 22304  Cash Accrual Other (sp ck only one) — 501(c)(3) 501(c) Corporation Trust To to line 9 to determine gross receip 500,000 or more, file Form 990 instead	ecify) ►  (insert no.) □ ∠  Association ts If gross receipts are \$2	1947(a)(1) or	Н	Number Check ► 1 required to a	If the organization is
G Acco Webs J Tax-e C Form Add I Part II, Part	ounting Method: site: ► N/A exempt status (che n of organization lines 5b, 6c, and column (B)) are \$  Revenu Check if	Cash Accrual Other (spck only one) — 501(c)(3) 501(c) Corporation Trust To to line 9 to determine gross receip 500,000 or more, file Form 990 instead	) ( ) ◀ (insert no.) ☐ △ ☐ Association ts If gross receipts are \$2	Other	Н	Check ► 🗓 required to a	If the organization is
Webs J Tax-e K Form L Add I Part II, Part	site: N/A exempt status (che n of organization lines 5b, 6c, and column (B)) are \$  Revenu Check if	ck only one) —  501(c)(3)  501(c) Corporation  Trust To to line 9 to determine gross receip 500,000 or more, file Form 990 instead	) ( ) ◀ (insert no.) ☐ △ ☐ Association ts If gross receipts are \$2	Other		required to a	•
J Tax-e K Form Add I Part II, Part	exempt status (che n of organization lines 5b, 6c, and column (B)) are \$ Revenu Check if	✓ Corporation ☐ Trust 7b to line 9 to determine gross receip 500,000 or more, file Form 990 instea	Association ts If gross receipts are \$2	Other		•	ttach Schadula P
Form Add I Part II, Part	n of organization lines 5b, 6c, and column (B)) are \$ Revenu Check if	✓ Corporation ☐ Trust 7b to line 9 to determine gross receip 500,000 or more, file Form 990 instea	Association ts If gross receipts are \$2	Other	<b>□</b> 527	Form 990. 9	
Part II,	lines 5b, 6c, and column (B)) are \$ Revenu Check if	7b to line 9 to determine gross receip 500,000 or more, file Form 990 instea	ts If gross receipts are \$2			550, 0	90-EZ, or 990-PF)
Part II, Part  1	column (B)) are \$ Revenu Check if	500,000 or more, file Form 990 instea					
Part	Revenu Check if		d of Form 990-EZ	200,000 or mo	re, or if total	assets	
1 2	Check if	e, Expenses, and Changes ir		· ·		•	\$ 21,
2							
2		the organization used Schedule		question in	this Part I		
- 1		ns, gifts, grants, and sımılar amoı				· ·   1	21,
3	_	ervice revenue including governm				2	
- 1		p dues and assessments				3	
4						4	<del></del>
5		unt from sale of assets other than	· · · · · · · · · · · · · · · · · · ·				
İ		or other basis and sales expenses		5b			-
	•	ss) from sale of assets other than	inventory (Subtract line	5b from line	e 5a)	<u>5c</u>	
6	_	d fundraising events.					
<u></u>		ome from gaming (attach Sch	-				
Ž				6a			
Revenue		me from fundraising events (not in			ontribution	s	
æ		aising events reported on line 1)					
		h gross income and contributions		<u> </u>			
		t expenses from gaming and fund	_		OL	11	
		e or (loss) from gaming and fund	iraising events (add iir	nes ba and	od and suc	·	_
١.	line 6c) .					· · 6d	
7		s of inventory, less returns and all	owances	. 7a			
		of goods solo D. U	(O. I. I				-
۔ ا		to Hose Virom sales of inventory	(Subtract line /b from I	line /a) .		· / 7c	<del>-</del>
8	Other rever	the describe in Sighedule ()	· · · · · · · · · · · · · · · · · · ·	. /		8	21
9		nue. Adolunes 1, 2, 3, 4 5c 6d, 7		H CC	10 1	. > 9	_
10		similar amounts paid (list in Sche		- WISCF	i Vizi)	10	+
g 11	Salarian	nd to or for members. her companyation, and employee	hanafite			· r _ · ·	+
Ses 12	2 Drofossia	ner companyation, and employee al fees and other payments to ind	opendent contractor	FEB	2019	O . 12	
Si   13	1 00000000	rent, utilities, and maintenance	spendent contractors	/ 1	Jenia .	0 13 9 14	
Expenses 12 13 14 15		went, utilities, and maintenance oblications, postage, and shipping	, · · · · <i>,</i> –	OF THE	-	学 <u>14</u>	· <del> </del> · · · · · · · · · · · · · · · · · · ·
16		nses (describe in Schedule O) .		االاوع	I.W.	16	<del>_</del>
17	•	nses (describe in Schedule O)	/			. ► 1 <del>10</del>	
40		deficit) for the year (Subtract line	17 from line 9)	· · · · ·	<u> </u>	18	
19   19		or fund balances at beginning of		 .οlumn (Δ\) (	 must anree		<del>                                     </del>
SSI		r figure reported on prior year's re				19	207
Net Assets	•	ges in net assets or fund balance	•	 (1)	<i>.</i>	. 20	+
2   20 21		or fund balances at end of year.				. > 21	207
	-	on Act Notice, see the separate ins		<del></del>	106421	21	Form <b>990-EZ</b> (2

				· · · · · · · · · · · · · · · · · · ·		
.Pa				<b>-</b>		
<del>-</del>	Check if the organization used Schedule	e O to respond to a	ny question in this		• •	(B) Ford of years
	0		-	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments		-	233,183	22	207,594
24	Land and buildings				24	
25	Total assets			233,183	25	207,594
26	Total liabilities (describe in Schedule O)				26	201,057
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with	n line 21)	233,183	27	207,594
Par						
	Check if the organization used Schedule	•		•		Expenses
Wha	is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each o	f its three largest p	rogram services	,	nizations, optional for
as n	easured by expenses. In a clear and concise n	nanner, describe the			other	<b>'s.</b> )
pers	ons benefited, and other relevant information for e	ach program title.				
28	Book Purchases					
	•••••					
		includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	28a	6,934
29	Software and Database					İ
	(Granta ¢ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unaludas faraian ara	nto obook boro	·····	00-	18,889
30	(Grants \$ ) If this amount	: includes foreign gra	ints, check here .	· · · <u> </u>	29a	10,009
55						
			••••••			
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	30a	12,797
31	Other program services (describe in Schedule O)					
	, -	: includes foreign gra		▶ □	31a	4,330
32	Total program service expenses (add lines 28a	through 31a)	· · · · · · · ·	🕨	32	
Par						•
	Check if the organization used Schedule	O to respond to ar	<del>, '                                   </del>		<del></del>	<u> </u>
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to employe</li></ul>	ee (e) I	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
Kathl	en Schloeder, Chair		(ii not paid, citter -0-)	deletted compensation	+	
	Duke Street, Alexandria, VA 22304	1	۰ ا			
	Fitzgerald,,Vice Chair	·			+	
	Duke Street, Alexandria, VA 22304	1 1	o			
Rose	Dawson, Secretary				1	<del> </del>
5005	Duke Street, Alexandria, VA 22304	1	0			
Heler	Desfosses, Treasurer					
	Duke Street, Alexandria, VA 22304	1	0			
	Bailey, Councilman					
	Duke Street, Alexandria, VA 22304	1	0			
	H Fannon, IV	_	_			
	Duke Street, Alexandria, VA 22304	1	0			
	la Dane Rogers		_			
5005	Duke Street, Alexandria, VA 22304	1	0		+	
		-	-	-	+-	
		1				
	<del></del>	<del> </del>			+	
		1				
		<del>                                     </del>			+	
		1	i			
		1		I	1	

AO

Part'				
<u> </u>	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	<u>Part</u>		
•			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u>,                                     </u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>→</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>√</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	- JOA	_	
39	Section 501(c)(7) organizations. Enter:	ľ		
a	Initiation fees and capital contributions included on line 9	1		'
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			:
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>-</b>
41	List the states with which a copy of this return is filed ▶ Virginia			
42a	The organization's books are in care of ▶ The Organization Telephone no. ▶	703-21	2-8129	) 
	Landard at N. 6006 Duko Stroot Aloyandria, VA	22304	-2903	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ▶			'
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>-</b> -
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<del>-</del>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		110	ı	ı <b>∀</b>

•	,							
Forma 99	0Q-EZ (2018)						Pa	age <b>4</b>
							Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	indirectly, in political c complete Schedule C	ampaign activities on Part I	behalf of or in o	ppositio	n		
Part		ns Only ns must answer que	stions 47–49b and	52, and compl	-		or line	es
			, ,				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio			x 47		✓
48	Is the organization a school as described		•			48		✓
49a	Did the organization make any transfers		_			49a		<u>√</u>
50	If "Yes," was the related organization as Complete this table for the organization?	s five highest compen	sated employees (oth	er than officers,	directors			<b>√</b> d key
	employees) who each received more tha	n \$100,000 of comper	nsation from the organ			enter "N	one."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health bene contributions to em benefit plans, and c compensatio	nployee (e deferred	e) Estimate other com		
None							-	
		-						
		1		:				
		_						
		-						
f	Total number of other employees paid or	ver \$100,000	. ▶	<b>.</b>				
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors wh	o each r	eceived	more	than
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ervice (c) Compensation				
None								
					. ==.			
	Total number of other independent contr			<b>-</b>				
52	Did the organization complete Sched completed Schedule A		ection 501(c)(3) orga		_	a ·☑Yes		lo
	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other that	return, including accompan	ying schedules and stateme	ents, and to the best				ıt ıs
	Rose J. Dawarn				2/1	3/19		
D:	One to the same of			- L	- <del>V-//</del>	-41		

Sign Here Rose T Dawson, Secretary Type or print name and title Date Preparer's signature PTIN Check If self-employed Print/Type preparer's name **Paid** Preparer Firm's EIN ▶ Firm's name ▶ **Use Only** Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions Phone no ► 🗌 Yes 🗌 No

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Alexandria Library Foundation Znc 54-1875224 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) The Alexandria Library 54-6000010 42950.20 (B) (C) (D) (E) **Total** 

Page	2

Part	Support Schedule for Organiza (Complete only if you checked th						. ,
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				1 40 20.0	T () 22/2	
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	/ (f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			:			
4	Total. Add lines 1 through 3				/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support		·			<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	/ <b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(-)	(2,23)	(0) 2010	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(0) = 0.0	(7.5.2.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc., First five years. If the Form 990 is for the				or fifth tax v	12	on 501(c)(3)
	organization, check this box and stop her	_			•		$\triangleright$
Secti	on C. Computation of Public Support			<u> </u>			
14	Public support percentage for 2018 (line 6	, column (f) di	vided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2017 Sch. 331/3% support test—2018./lf the organiz	ation did not	check the box			15   31/3% or more,	check this
b	box and stop here. The organization qualifies as a publicly supported organization						
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 organization.						
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the eets the "fact	e "facts-and-c s-and-circums 	circumstances stances" test.	" test, check The organizati	this box and son qualifies as	stop here. a publicly
18 	Private foundation. If the organization did instructions						see ▶ □

Schedu	le A (Form 990 or 990-EZ) 2018						Page <b>3</b> /
Part							
	(Complete only if you checked the						nder Part II.
<u>·</u>	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support	<del></del>					
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise				ļ		
-	sold or services performed, or facilities				ļ		
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose				<del>                                     </del>	<del></del>	
	unrelated trade or business under section 513		İ		/		
4	Tax revenues levied for the				<del>                                     </del>		
-	organization's benefit and either paid to				/		
	or expended on its behalf		•		/		
5	The value of services or facilities			/	<del>/                                    </del>		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			/			
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	<del>-</del> ·	<del>  /                                   </del>				-
8	Public support. (Subtract line 7c from						-
	line 6.)	/	1			1	
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 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 .						
L			<u> </u>				
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		-	-		<del></del> -	
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	L organization	a'a firat accas	d third fourth	or fifth toy w		E01/a)/2)
14	organization, check this box and stop he	-	· · · · ·				
Secti	on,C. Computation of Public Suppor			<del></del>	<u> </u>	· · · · · ·	<u> </u>
15	Public support percentage for 2018 (line 8			13. column (f))		15	%
16 /	Public support percentage from 2017 Sch					16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
/17	Investment income percentage for 2018 (			-		17	%
18	Investment income percentage from 2017					18	<u>%</u>
19a	331/3% support tests—2018. If the organi						
b	17 is not more than 331/3%, check this box 331/3% support tests—2017. If the organiz	-	-	•		-	_
U	oo io io oupport testo—zorra ii tile Organiz	adon did not t	MISSIN & DOX OIL		iou, unu illo 10	, is more trially	o 1070, and

line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## PartfIV 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 Organ	izations
---------------------------------	----------

_	And all of the appearations are analysis and appearance to the second se	4 / 402	Yes	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1	A-7
2	Did the organization have any supported organization that does not have an IRS determination of status	<del>  •</del>	<b>v</b>	
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			, <b>/</b>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		1
	(b) and (c) below.	3a		<b>→</b>
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
74	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	 4a		<b>\</b>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		!
c	Did the organization support any foreign supported organization that does not have an IRS determination	40		1
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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).	<u>—</u>		7
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		•
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			•
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	—	_/
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_		
٥-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<b>✓</b>
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 <b>Part VI</b> .			
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		✓
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u>√</u>
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 <b>Part VI</b> .	9c		✓_
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			İ
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	100		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		<b>√</b>
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)		-	
•		1 <u></u>	Yes	No
٠11	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)		-	1700
	below, the governing body of a supported organization?	11a	✓	<del> </del>
	A family member of a person described in (a) above?	11b		<b>✓</b>
	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.  on B. Type I Supporting Organizations	11c		<u> </u>
Secu	on B. Type I Supporting Organizations		Yes	NI-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	No
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		'	7.5
	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	Ť.		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	:		
	supervised, or controlled the supporting organization.	2		
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			
<u> </u>	the supported organization(s).	1	✓_	<u> </u>
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			<sub>1</sub>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	—	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	see in:		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	_		لــــا
	•	2a		<del></del>
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 organization's avoicing a Part VI the			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2h		
2	•	2b	-	<u> </u>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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	Ja		<u> </u>
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	<u>izations</u>	
.1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income	(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		
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>b</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-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	Current Year			
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	· ··· .
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<del></del>	<del></del>	· ·
		40	(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	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			
<u>a</u>	From 2013			
b	From 2014			
C	From 2015			
<u>d</u>	From 2016			
е	From 2017			
f	Total of lines 3a through e			
•	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount		<u> </u>	
<u>i</u>	Carryover from 2013 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			········
4	Distributions for 2018 from			
	Section D, line 7:			<u>-</u>
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	<del>.</del>		
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 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
<u>b</u>	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
<del>-</del> e	Excess from 2018	-		
		<u> </u>		

Part <sup>y</sup> VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
Donations received from Library Board Chair, Kathleen Schloeder; Treasurer, Helen Desfosses, and Secretary, Trudi Hahn								
/								
	······································							

#### 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 2018

Open to Public Inspection

Employer identification number

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

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

Alexandria Library Foundation, Tre-	54-1875224								
Form 990EZ Part I, Line 8, Interest earned through Money Market accounts									
Form 990EZ Part I, Line 16, Bank Fees, insurance, Office expenses, and other miscellaneous charges									
Form 990EZ Part III, Line 31, "1000 Books Before Kindergarten Program" and technology for Youth Services									
· · · · · · · · · · · · · · · · · · ·									

Schedulę O (Form 990 or 9	990-EZ) (2018)					<del>,</del>	Page 2
Name of the organization	Alexan	Iria	Library	Foundation	Toc.	Employer identifica	
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