CHANGE OF ACCOUNTING PERIOD 2948317410506

Return of Organization Exempt From Income Tax
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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u> _	For the	2017 calendar year, or tax year beginning JUL 1, 2017 and e	ending D	EC 30, 2017	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	S PIERCE COUNTY LIBRARY FOUNDATION			
	Name change			51-0	180293
	Initial return		Room/suite	E Telephone numbe	
	Final return/	3005 112TH STREET EAST		253-	548-3456
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	230,368.
	Amenda return	TACOMA, WA 98446		H(a) Is this a group re	eturn
	Applica tion	F Name and address of principal officer DEAN CARRELL	_	for subordinates	o? ☐Yes X No
	pendin	3005 112TH ST E, TACOMA, WA 98446		H(b) Are all subordinates in	ncluded? Yes No
		mpt status $X = 501(c)(3) = 501(c)(1) $ (insert no.) 4947(a)(1) of		f	list (see instructions)
		E: ► WWW.PIERCECOUNTYLIBRARY.ORG/FOUNDATION		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1970 N	M State of legal domicile: WA
LP		Summary			**************************************
ë	1	Briefly describe the organization's mission or most significant activities TO PR	KOAIDE	FUNDS TO S	UPPORT THE
Governance	_	PIERCE COUNTY LIBRARY SYSTEM PROGRAMS.		- Al OF0/ - 6 d 4	
Veri	1	Check this box I if the organization discontinued its operations or disposi	ea or more	1	ssets 20
Ĝ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)	,	<b>3 4</b>	20
Activities &		Fotal number of individuals employed in calendar year 2017 (Part V, line 1a)		5	0
itie		Total number of volunteers (estimate if necessary)		6	0
ŧ	7a 7	Total unrelated business revenue from Part VIII, column (Chine VED		7a	0.
ď	bi	Net unrelated business taxable income from Form-990 T-line 34		7b	0.
_				Prior Year	Current Year
ø.	8 (	Contributions and grants (Part VIII, line 1h)		521,471.	228,791.
ğ	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and ADEN. UT		2,973.	1,577.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		524,444.	230,368.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		141,097.	14,693.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ	0.	0.
ens	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	⊢	0.	0.
Expenses	b T	Total fundraising expenses (Part IX, column (D), line 25)   13,78	<u> </u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	247,217.	69,265.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		388,314.	83,958.
- 0	19 F	Revenue less expenses Subtract line 18 from line 12		136,130.	146,410.
tso	00 7	Fotology de (Deet V. lege 40)	Ве	ginning of Current Year	End of Year
ASSE Rais	20	Fotal assets (Part X, line 16)	}	445,973. 96,289.	510,965.
Net Assets or (	21 22 1	Fotal liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20	-	349,684.	9,000. 501,965.
	art II	Signature Block		<u> </u>	301,303.
_		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and belief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of whi			y miomoago ana sonon nie
	,	P2100		6/14/1	8
Sig	ın İ	Signature of officer		Dáte	
He		DEAN CARRELL, FOUNDATION DIRECTOR			
	]	Type or print name and title			
		Print/Type preparer's name Preparer's sonature		Date Check	PTIN
Pai		ED E. RAMOS, CPA		5-10-18 if self-employ	
		Firm's name DP&C		Firm's EIN	91-1503183
Use	Only	Firm's address P.O. BOX 1614			
		TACOMA, WA 98401-1614		Phone no. 2 5	3.572.9922
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
732	101 11-28	1-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns		Form <b>990</b> (2017)

	990 (2017) PIERCE COUNTY LIBRARY FOUNDATION 51-0180293 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO RAISE, MANAGE, AND ALLOCATE FUNDS TO SUPPORT AND ENHANCE THE
	PROGRAMS AND SERVICES OF THE PIERCE COUNTY LIBRARY SYSTEM.
	Did the organization undertake any significant program services during the year which were not listed on the
2	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 conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
·	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$4,000. including grants of \$4,000. ) (Revenue \$)
	FUNDING FOR MAKERFEST, A COMMUNITY ENGAGEMENT PROGRAM AND P2P
	UNIVERSITY, A VALUED ONLINE EDUCATIONAL PROGRAM.
	0.000
4b	(Code ) (Expenses \$ 9,000. including grants of \$ 9,000.) (Revenue \$ )  RAPY POOKS TO CO TS DESTENDED FOR FARILY I FARILEDS FROM RIPHING ACE TWO
4b	BABY BOOKS TO GO IS DESIGNED FOR EARLY LEARNERS FROM BIRTH TO AGE TWO.
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4c	BABY BOOKS TO GO IS DESIGNED FOR EARLY LEARNERS FROM BIRTH TO AGE TWO.  THE LIBRARY PROVIDES READY-TO-GO TOTE BAGS WITH BOARD BOOKS AND  COLORFUL ACTIVITY SHEETS TO HELP FAMILIES BEGIN THE LEARNING PROCESS  WITH THEIR INFANT/TODDLER.  (Code)(Expenses

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Form 990 (2017) PIERCE COUNTY LIBRARY FOUNDATION
Part IV Checklist of Required Schedules

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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_ X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	444	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	Λ	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	! ''		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
		Form	990 (	(2017)

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	_	_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
đ	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		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X_
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? If "Yes,"			
	complete Schedule L, Part II	26		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ '		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
	Part V, line 1	34		X
35a	, , , ,	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	_35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	\ \ \ \ \		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	[		
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

#### 51-0180293 Form 990 (2017) PIERCE COUNTY LIBRARY FOUNDATION Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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X

12a

13a

14a

14b

13

amounts due or received from them )

c Enter the amount of reserves on hand

11a

11b

12b

13b

13c

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_	<u>X</u> _	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_ <u>X</u> _
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>5</u>		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
7a	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.0		- 25
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	7.5		
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
40	In Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13_		X
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
9	The organization's CEO, Executive Director, or top management official	15a		х
h	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u></u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	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			
	PIERCE COUNTY LIBRARY FOUNDATION - 253-536-6500			
	3005 112TH ST E, TACOMA, WA 98446-2200		000	(2017)

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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

(A)	(B)			_ ((	2)			(D)	(E)	(F)
Name and Title	Average	ída		Posi		than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	$\vdash$	T an	u a u	recto	ii/uus	iee)	from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 at	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	iğ İ		yee	m per		(** 27 1000 111100)	1	and related
	below	Individual trustee	Institutional trustee	<sub> </sub>	Key employee	est co	5			organizations
	line)	ll div	Instr	Officer	Keye	Highest compensated employee	Former			
(1) ERIN BETHEL	0.50									
DIRECTOR		X								
(2) JACK CONWAY	0.50		ĺ							
DIRECTOR		X								
(3) JOAN COOLEY	0.50	]						Ì		}
DIRECTOR		X	<u> </u>			_				
(4) LARRY FAULK	0.50									
DIRECTOR		X				_				
(5) CAIREEN GORDON	0.50	1								
TREASURER		X		X						
(6) MICHAEL GORDON	0.50		}							]
PAST PRESIDENT		X				_				
(7) SHEMA HANEBUTTE	0.50									
DIRECTOR		X	_							ļ
(8) KIM HEGGERNESS	0.50	ļ						ļ		[
DIRECTOR		X	<u> </u>			<u> </u>	<u> </u>			
(9) TEENA WARD HYDE	0.50	1								
DIRECTOR		X				<u> </u>				
(10) REJI KUMAR	0.50	Į								
DIRECTOR		X				<u> </u>	<u> </u>			
(11) ELIZABETH LUFKIN	0.50	1								
DIRECTOR		X				<u> </u>				
(12) JANICE LUDWIG	0.50	1								
DIRECTOR		X			_					
(13) TRAVIS MAHUGH	0.50	]								
DIRECTOR		X	<u> </u>							
(14) KATHRYN MCCARTHY	0.50									
VICE PRESIDENT		X		X			L_			
(15) ERIN MORRIS	0.50									
DIRECTOR		Х				L				
(16) BARBARA NELSON	0.50	]			]	_				
DIRECTOR		X	L		L		L			
(17) TIM RHEE	0.50									
DIRECTOR		X	I	1	1	1	l	1	1	

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Form 990 (2017) PIERCE ( Part VII   Section A. Officers, Directors, Trees.	COUNTY L								51-018 (continued)	<u> </u>	P	age 8
(A)  Name and title	(B) Average hours per week	(do box offic	not cl	(C Pos heck ss pe	C) Ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) f org an	ipensa rom th janizat d relat anizati	ie tion ted
(18) THALIA SOLIMAN SECRETARY	0.50	x		Х								
(19) LINDA TIEMAN PRESIDENT	1.00	x		х								
(20) MARY ANN WOODRUFF DIRECTOR	0.50	Х										
(21) DEAN CARRELL FOUNDATION DIRECTOR	40.00			x								
					_							
1b Sub-total							<u> </u>					
c Total from continuation sheets to Part d Total (add lines 1b and 1c)  Total number of individuals (including bu		-	liete		hov		<b>&gt;</b>	popular more than \$100	000 of reportable			
Total number of individuals (including bu compensation from the organization		iose	IISC	eu a	DOV	e) wi					Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo		uste	e, ke	у ег	mplo	oyee	, or I	highest compensated e	mployee on	3	103	х
For any individual listed on line 1a, is the and related organizations greater than \$     Did any parson listed on line 1a received.	150,000? If "Yes,	" co	mple	ete S	Sch	edul	e J f	or such individual	_	4_		х
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co							eiai	ed organization or indivi		5_		Х
Complete this table for your five highest the organization Report compensation f	-									ensation	from	
(A) Name and busine			INC		-			(B) Description of s		(Compe	C) ensatio	on

	line 1a? If "Yes," complete Schedule J for such individual	3	X						
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	1 1							
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4_	X						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services								
	rendered to the organization? If "Yes," complete Schedule J for such person								
Sec	etion B. Independent Contractors		<u> </u>						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compe	nsation fr	om						
	the organization. Report compensation for the calendar year ending with or within the organization's tax year								
	(A) Name and business address NONE  (B) Description of services	(C Comper							
	NONE	<u>.</u>							
2	Total number of independent contractors (including but not limited to those listed above) who received more than								
	\$100,000 of compensation from the organization								
		Form	<b>990</b> (2017)						

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	<u>990 (</u> rt <b>VII</b> I			LIBRARY	FOUNDATIO	<u>N</u>	51-0180	1293 Page 9
Pai	VIII			_				٢
	•	*Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII (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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and ve 1f	228,791. 24,520.				
E S	_	Noncash contributions included in lines	s 1a-1f \$	24,320	228,791.			
	2 a	Total. Add lines 1a-1f		Business Code	220,791.			
Program Service Revenue	b c d e	All other program service reve						
_		Total. Add lines 2a-2f	enue					<del></del>
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		proceeds	1,577.			1,577.
	6 a b	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ı) Securities	(II) Other				
į		Gain or (loss) Net gain or (loss)		<b></b>				
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of					
흉		Less direct expenses	b	·L				
		Net income or (loss) from fund	-	<b>_</b>				
		Gross income from gaming as Part IV, line 19 Less direct expenses	ctivities See a b					
		Net income or (loss) from gan						
i		Gross sales of inventory, less and allowances						
		Less cost of goods sold  Net income or (loss) from sale		<b>&gt;</b>				
		Miscellaneous Revenu		Business Code				
	11 a							<del>                                     </del>
	b							<del> </del>
	0	All other revenue				-		<del> </del>
	ď	All other revenue						<del>                                     </del>
		Total. Add lines 11a-11d  Total revenue. See instructions.			230,368.	0.	0	1,577.
73200	12 9 11-28				430,300.	<u>.                                    </u>		Form <b>990</b> (2017)

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	[ <del>v</del> ]
	Check if Schedule O contains a respon-	se or note to any line in (A)	this Part IX (B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments. See Part IV, line 21	14,693.	14,693.		<del></del>
2	Grants and other assistance to domestic		į	li i	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ľ	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			· — · · · · · · · · · · · · · · · · · ·	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	·-·		<del></del>	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management		<del>_</del> _	——————————————————————————————————————	<del></del>
b	Legal Caracteristics				
ن					
d e	Professional fundraising services. See Part IV, line 17				
•	Investment management fees				
g	011 (111 44 1 1 1 100) (1 05				·
9	column (A) amount, list line 11g expenses on Sch O.)	10,325.	2,581.	6,195.	1,549.
12	Advertising and promotion			0/255	
13	Office expenses	17.		17.	<del></del>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	511.		511.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				_ <del></del>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND EXPENSE	24,520.	24,520.		
b	YES FOR LIBRARIES DONAT	20,000.	20,000.		
c	SOLICITATION	12,239.			12,239.
ď	BANK & INVESTMENT FEES	1,653.		1,653.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,958.	61,794.	8,376.	13,788.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	314,738.	1	374,620.
	2	Savings and temporary cash investments		2	
l	3	Pledges and grants receivable, net	39,805.	3	38,613.
- [	4	Accounts receivable, net		4	
ŀ	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
ļ		Part II of Schedule L		5	
	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		. [	
ľ		employers and sponsoring organizations of section 501(c)(9) voluntary			
}		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
1	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D			
	þ	Less accumulated depreciation 10b		10c	
}	11	Investments - publicly traded securities		11	
ĺ	12	Investments - other securities See Part IV, line 11		12	
-	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
{	15	Other assets See Part IV, line 11	91,430.	15	97,732
	16	Total assets. Add lines 1 through 15 (must equal line 34)	445,973.	16	510,965
Į	17	Accounts payable and accrued expenses	874.	17	
1	18	Grants payable	95,415.	18	9,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trustees,		1	
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
•	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	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	06 200	25	0 000
$\dashv$	26	Total liabilities. Add lines 17 through 25	96,289.	26	9,000
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
נו		complete lines 27 through 29, and lines 33 and 34.	180,560.	07	289,270
0	27	Unrestricted net assets	85,919.	27	129,490
ב ב	28	Temporarily restricted net assets	83,205.		83,205
2	29	Permanently restricted net assets	03,203.	29	05,205
[		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets of Falla Dalances	00	and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
:	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds	349,684.	32	501,965
	33	Total net assets or fund balances	347,004.	33	501,303

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Total liabilities and net assets/fund balances

_	1990 (2017) PIERCE COUNTY LIBRARY FOUNDATION	51-018	0293	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Totàl revenue (must equal Part VIII, column (A), line 12)	1		<u>,368.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,958.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		,410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,684.
5	Net unrealized gains (losses) on investments	5	5	<u>,871.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	501	<u>,965.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> x</u> _
				Yes No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a	1 1	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	
			Form <b>9</b>	<b>990</b> (2017)

#### **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

2017

Open to Public Inspection

Nan	ne of t	the organization						Employer	identification number
	PIERCE COUNTY LIBRARY FOUNDATION 51-0180293							1-0180293	
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	ıs part ) Se	e instruction	S	
The 1	organ	ization is not a private found A church, convention of ch		_	-		i)(A)(i).		77
2		A school described in secti							$\mathcal{O}$
3 4		A hospital or a cooperative A medical research organiz city, and state					•	)(iii). Enter	the hospital's name,
5		An organization operated for section 170(b)(1)(A)(iv). (C		llege or university owned	or operat	ted by a go	overnmental (	unit describ	ed ın
6		A federal, state, or local gov	•	nental unit described in s	ection 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	intial part of its support f	om a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	•						
8	$\vdash$	A community trust describe							
9	ш	An agricultural research orgor university or a non-land-g							
		university							
10		An organization that norma activities related to its exen	-						
		income and unrelated busin							
		See section 509(a)(2). (Con		(1000 000 tion of the taxy in		0000 0040		gaa	u
11		An organization organized a		ively to test for public sa	fety See :	section 50	)9(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ns of, or to c	arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	section	509(a)(2)	See section	509(a)(3). C	heck the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	s 12e, 12f, an	d 12g	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	janization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the direc	ctors or trusto	es of the s	upporting
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	ion with it	s supporte	ed organizatio	on(s), by ha	ving
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s) You mus	•						
С			•					illy integrate	ed with,
d		Type III non-functionally		•				rted organi	zation(s)
		that is not functionally int	•	· · · · · · · · · · · · · · · · ·				-	
		requirement (see instruct	-		-				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organi	zation			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the ergo	nizeling listed			r
	(	(i) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount o	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see t		support (see instructions)
	·								
							-		

# (Form 990 or 990 EZ) 2017 PIERCE COUNTY LIBRARY FOUNDATION 51-0180293 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")	707,754.	384,505.	471,896.	521,471.	228,791.	2,314,417.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	195,000.	216,000.	228,000.	251,000.	125,500.	1.015.500.		
4	Total. Add lines 1 through 3	902,754.	600,505.	699,896.	772,471.	354,291.	3,329,917.		
	The portion of total contributions								
	by each person (other than a				i				
	governmental unit or publicly				Ì				
	supported organization) included								
	on line 1 that exceeds 2% of the		Ì		)				
	amount shown on line 11,								
	column (f)		Ì						
6	Public support. Subtract line 5 from line 4						3 329 917.		
	ction B. Total Support	<u>'</u>	<u></u>	·	<u> </u>		<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4	902,754.	600,505.	699,896.	772,471.	354,291.	3,329,917.		
8	Gross income from interest,				•				
	dividends, payments received on								
	securities loans, rents, royalties,	į	ļ		Į ,				
	and income from similar sources	9,567.	2,123.	1,361.	2,973.	1,577.	17,601.		
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	ļ							
	assets (Explain in Part VI)	ĺ							
11	Total support. Add lines 7 through 10						3,347,518.		
	Gross receipts from related activities,	etc (see instruction	ons)			12			
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)			
	organization, check this box and stor	here					ightharpoonup		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2017 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.47 %		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.34 %		
16a	33 1/3% support test - 2017. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this box	k and		
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$		
b	33 1/3% support test - 2016. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box		
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			ightharpoons		
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anızatıon dıd not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop</b> h	ere. Explain in Pai	t VI how the organi	zation		
	meets the "facts-and-circumstances"			•	•	J			
b	10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is 1	10% or		
	more, and if the organization meets tl	-							
	organization meets the "facts-and-cire								
<u>1</u> 8	Private foundation. If the organization		-	•			<u> </u>		
						dule A (Form 990			

# Schedule A (Form 990 or 990-EZ) 2017 PIERCE COUNTY LIBRARY FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be Section A. Public Support	iow, please comp	olete Part II )			<i>n'</i>	<i>,</i> *
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	(a) 2010	(0) 2014	(6) 2015		(6) 2017	(i) i Otai
membership fees received (Do not						
include any "unusual grants ")				Į.		
· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>	<del> </del>	1	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in				Į į		
any activity that is related to the	1					
organization's tax-exempt purpose						
3 Gross receipts from activities that	1			1		
are not an unrelated trade or bus-	Į.		i		1	
iness under section 513						
4 Tax revenues levied for the organ-				J'		
ization's benefit and either paid to	ļ			1	1	
			<i>f</i>			
or expended on its behalf		<del> </del>		<del> </del>	<del>                                     </del>	
5 The value of services or facilities				1	1	
furnished by a governmental unit to			l f		]	
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5			1			<del></del>
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons	1					
b Amounts included on lines 2 and 3 received		· //			<del>                                     </del>	<del></del>
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				<u></u>		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)		<u> </u>		<u> </u>	<u> </u>	
ection B. Total Support		/				
calendar year (or fiscal year beginning in)	(a) 2013 /	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1					
10a Gross income from interest,		_				
dividends, payments received on	f					
securities loans, rents, royalties, and income from similar sources		i			}	
F			<del>-</del>		<del>                                     </del>	
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	f		ļ			
acquired after June 30, 1975	<u></u>					
c Add lines 10a and 10b			j			
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			<del></del>		<del>                                     </del>	
or loss from the sale of capital					1	
assets (Explain in Part VI')		<del></del>		<del>                                      </del>	<del> </del>	<del></del>
13 Total support (Add lines 9/10c, 11, and 12)		L	L	<u> </u>	J	
14 First five years. If the Form 990 is for t	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organıza	ition,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage	-			
15 Public support/percentage for 2017 (lir	ne 8. column (f) d	livided by line 13.	column (fl)		15	
16 Public support percentage from 2016		•	33.31 (1))		16	
Section D. Computation of Inves						
					T T	
17 Investment income percentage for 201			ne 13, column (f))		17	
18 Investment income percentage from 2	016 Schedule A,	Part III, line 17			18	
<b>19a 33 1/3% support tests - 2017.</b> If the c	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
b.33 1/3% support tests - 2016. If the o	=					nd
line 18 is not more than 33 1/3%, chec	_					▶ [
/						
20 Private foundation. If the organization	uiu not check a	DUX UN IINE 14, 19	a, UI 19D, Check t			<u> </u>
732023 10-06-17				Sch	nedule A (Form 990	or 990-EZ) 20

## 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)

Castian A	AII	C	A	:
Section A.	. AII	Supporting	Organi	izations

- Yes No 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 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За 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 c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 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 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 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 c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more
- disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

Schedule A (Form 990 or 990-EZ) 2017

9a

9b

9c

10a

10b

Sche	dule A (Form 990 or 990-EZ) 2017 PIERCE COUNTY LIBRARY F	OUNDA	rion	51-0180293 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	Nov 20, 1970 (explain i	n Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E	
Sect	ion 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		Ì
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount	1	(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).			
-—	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
	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	<del></del>	
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Dietaily stable Assessed Subtract line 5 from line 4 upleas subject to			

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

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017 PIERCE COUNTY LIBRARY FOUNDATION 51-0180293 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from lime 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7. a Excess from 2013 b Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016e Excess from 2017

Schedule A	A (Form 990 or 990-EZ) 2017 PIERCE COUNTY LIBRARY FOUNDATION	51-0180293 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line	es 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, Pa	rt 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 section D. Lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D. Lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D. Lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D. Lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D. Lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part for any additional section D. Lines 5, and 6 Also complete this part f	itional information
	(See instructions )	
PART I	II, SHORT YEAR EXPLANATION:	
CLIENT	F HAS ELECTED TO CHANGE YEAR-END FROM 6/30 TO 12/31;	ਾਮਾ। ਵ
<u></u>	I MIN HEHELED TO CHENCE THERE END TROM 0/30 TO 12/31/	11100
DECLITE	TIME & CHORD WILLD DESCRIPTION SO DE STEED SON 10/21/17	
KEOUTE	RING A SHORT-YEAR RETURN TO BE FILED FOR 12/31/17.	
		<del></del>
	·	

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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.

2017
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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: 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.
- 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

	Od (-)(4) (5)(0)	On and the Doubli			
Name of orga	01(c)(4), (5), or (6) organizat	ions Complete Part III		F	mployer identification number
Maine or orga		COUNTRY LIBRARY I	ZOTINTO A MIT ON	-	51-0180293
Part I-A	Complete if the ord	COUNTY LIBRARY Franciscon is exempt uncommendation is exempt uncommendation.	der section 501(c)	or is a section 52	7 organization
[ art i A	Complete if the org	dilization is exempt and	acr ocolion oo 1(0)	01 10 4 00011011 02	· organization.
4 Droudo	a decountion of the organiz	ation's direct and indirect noise	aal aamaalan aatuutioa	in Dort IV	
		ation's direct and indirect politi	cai campaign activities		<b>&gt;</b> \$
	campaign activity expendit er hours for political campai			•	Ψ
3 Voluntee	er riours for political campai	gri activities			-
Part I-B	Complete if the ord	anization is exempt un	der section 501(c)	(3).	
		incurred by the organization un			<b>&gt;</b> \$
	•	incurred by organization manag			<b>\$</b>
	· ·	n 4955 tax, did it file Form 4720			Yes No
	orrection made?		•		Yes No
<b>b</b> If "Yes,"	describe in Part IV				
Part I-C	Complete if the org	anization is exempt un	der section 501(c)	, except section 5	01(c)(3).
1 Enter the	e amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	<b>&gt;</b> \$
2 Enter the	e amount of the filing organ	ızatıon's funds contributed to o	ther organizations for s	ection 527	
exempt	function activities			•	<b>&gt;</b> \$
3 Total ex	empt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		
line 17b					► \$ Yes No
4 Did the f	filing organization file Form	1120-POL for this year?			Yes No
5 Enter the	e names, addresses and er	nployer identification number (E	IN) of all section 527 p	olitical organizations to v	vhich the filing organization
made pa	ayments For each organiza	tion listed, enter the amount pa	ud from the filing organi	zation's funds. Also ente	er the amount of political
	•	omptly and directly delivered to		•	parate segregated fund or a
political	action committee (PAC) If	additional space is needed, pro	vide information in Part	t IV 	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	1
				filing organization's	
				funds If none, enter	delivered to a separate
					political organization
					If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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Schedule C (Form 990 or 990 EZ) 2017 F Part II-A   Complete if the orga	IERCE COUNTY IERCE COUNTY IERCE	TTY LIBRARY mpt under section	<u>FOUNDATION</u> on 501(c)(3) and file		0180293 Page 2 election under
section 501(h)).  A Check   if the filing organization	on helongs to an aff	illated group (and list i	n Part IV each affiliated	aroun member's na	me address FIN
expenses, and share	-	· · ·	in arriv cach annarca	group member s na	, no, uddioss, Env,
	, ,	nd "limited control" pr	ovicione anniv		
Limits	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			<del> </del>
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	ies 1a and 1b)		Ī		
d Other exempt purpose expenditures	•		Ī		
e Total exempt purpose expenditures		d)			
f Lobbying nontaxable amount Enter			th columns		
If the amount on line 1e, column (a) or		obying nontaxable an			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the ex			1
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exc			
Over \$17,000,000	\$1,000		σου στοι φτ,σσο,σσο		
<u> </u>	φ1,000	,000			
g Grassroots nontaxable amount (ent	er 25% of line 1ft				
h Subtract line 1g from line 1a If zero	•		}	-	
i Subtract line 1f from line 1c If zero					
j If there is an amount other than zero	•	line 1: did the organi	L zotion filo Form 4720	· <u></u>	
reporting section 4911 tax for this y		ine ii, did the organiz	Zation file Form 4720		Yes No
(Some organizations th	4-Year Av	reraging Period Unde 501(h) election do not rate instructions for I	t have to complete all o	of the five columns	
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
1 Organization and 1 decision and 1					
d Grassroots nontaxable amount		<del> </del>	<del> </del>	·	-
e Grassroots ceiling amount					
(150% of line 2d, column (e))			<del> </del>	<del></del>	<del> </del>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

# Schedule C (Form 990 or 990-EZ) 2017 PIERCE COUNTY LIBRARY FOUNDATION 51-018029 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)	
f the lobbying activity	No	Amou	ınt	
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				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	ļ <u> </u>	X		
c Media advertisements?	ļ	X		
d Mailings to members, legislators, or the public?	<u> </u>	X		
e Publications, or published or broadcast statements?		X		000
f Grants to other organizations for lobbying purposes?	X	•	20	<u>,000</u>
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	X		
Other activities?	<del></del>	X		000
j Total Add lines 1c through 1i		v		,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912		<u> </u>		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<del> </del>		
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), sec	tion 501(c)	(5) or sec	etion	
501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70.011	
			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 prior vea	r? 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members		n (b) Fait		- J, IS
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	ıtical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c 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 the $\epsilon$	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	up list), Part l	II-A, lines 1 ar	nd 2 (see	
structions), and Part II B, line 1 Also, complete this part for any additional information				
ART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE FOUNDAITON AWARDED A GRANT TO THE ORGANIZATION Y	ES FOR	LIBRAF	RIES	
PIERCE. THIS ORGANIZATION ADVOCATES THE TRANSFORMATI	VE NAT	URE OF		
TENCE: THIS ONGANIZATION ADVOCATED THE TRANSFORMATI		ע גזמ פ	IN TH	E
CODAY'S LIBRARIES AND ELEVATES THE CRITICAL ROLE LIE	BRARIRE	2 PUAI		
	<del>-</del>			

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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

Inspection

Name of the organization

**Employer identification number** 

-	PIERCE COUNTY LIBR		51-0180293
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
		(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 advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	ised only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g., recreation or e	<u> </u>	rically important land area
	Protection of natural habitat	Preservation of a certification	
	Preservation of open space	Fleservation of a certifi	ied Historic Structure
_	·	fied concernation contribution in the form o	f a consequence accoment on the last
2	Complete lines 2a through 2d if the organization held a quality of the torus as	ned conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(r	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	he organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		• , , , , , , , , , , , , , , , , , , ,
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art historical
	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items	addation, or recourse in fact to allow or pas	no corried, provide the renewing amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>•</b> •
			► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items	<b>~</b> ^
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
<u>b</u>	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2017

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		COUNTY LIB				<u>51-01</u>			<sub>је</sub> 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a s	significant	use of its	collection	ıtems	
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other					_	
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exe	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	r assets		_		
	to be sold to raise funds rather than to be ma						Yes	ᆜ	No
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	is or other assets no	t ıncluded		_		
	on Form 990, Part X?					L_	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				-		
							Amount		—-
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				<u>1f</u>	<u> </u>	<del></del>		
2a	Did the organization include an amount on F				•	L_	<b>」Yes</b>	片	No
Pai	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete in							<u> </u>	
r ai	Endownient i dids. Complete i	_				usoro book	(-) Four		
4_	Reginning of year belonce	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y		
1a	Beginning of year balance Contributions	91,430.	86,827.	94,875.	<del>·</del>	102,640.	<del>                                     </del>	84,2	
b	Net investment earnings, gains, and losses	6.962.	10.020	.2.200		F 003	<del>                                     </del>		000.
d	Grants or scholarships	0,962.	10,020.	<2,299.	<u> </u>	<5,893.	<u> </u>	19,1	.10.
u e	Other expenditures for facilities						<del></del>		
e	and programs		4,000.	4,000.					
f	Administrative expenses	658.	1,417.	1.749.		1.872.		1 7	760.
g	End of year balance	97,734.	91,430.	86.827.		94,875.	I	<del></del> 102,6	
2	Provide the estimated percentage of the cur				<u> </u>	<u> 74,073.</u>		102,0	140.
a	Board designated or quasi-endowment	one your one balance	%	2), 11014 40					
b	Permanent endowment ► 85.00								
		5.00 %							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organi	zation			
	by	•			ŭ		[·	Yes	No
	(i) unrelated organizations							х	
	(ii) related organizations						3a(iı)		X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requii	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds						
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990	O, Part IV, line 11a S	See Form 990, Part X	, line 10	_			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	ccumulat	ed	(d) Book	value	
		basis (investr	nent) basis	(other) de	preciation	1			
1a	Land								
b	Buildings								
С	Leasehold improvements								
ď	Equipment								
е	Other								
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c)					0.

Schedule D (Form 990) 2017

Part VII	Investments - Other Securities.			
(a) Descrip	Complete if the organization answered "Yes" on plion of security or category (including name of security)	n Form 990, Part IV, line (b) Book value		12 ost or end-of-year market value
		(b) Book value	(c) ivietifod of valuation. Co	ost of end-or-year market value
	al derivatives			
(2) Closely (3) Other	r-held equity interests	<del></del>	<del> </del>	<del></del>
(3) Other (A)			<del>                                     </del>	
<del>(B)</del>			<u> </u>	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (	(b) must equal Form 990, Part X, col (B) line 12.)			
	Investments - Program Related.	·		<del></del>
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c See Form 990, Part X, line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation Co	ost 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 )		<u> </u>	
Part IX	J	E 000 E 1841	44.0 5 000 5	45
	Complete if the organization answered "Yes" o	en Form 990, Part IV, line Description	e 11d See Form 990, Part X, line	(b) Book value
		Pescription		
	NDOWMENT RECEIVABLE			97,732
<u>(2)</u>		<del>_</del>		
(3)	······································			
<u>(4)</u> (5)	<del></del>			
(6)				
(7)				
(8)			<del>-</del>	
(9)		· · · · · · · · · · · · · · · · · · ·		
	umn (b) must equal Form 990, Part X, col. (B) line	15)		▶ 97,732
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f See Form 990, Part	X, line 25
1.	(a) Description of liability		(b) Book value	
(1) Fed	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	·			
<u>(9)</u>				
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) line	25)		
2. Liability	y for uncertain tax positions. In Part XIII, provide t	the text of the footnote	to the organization's financial sta	tements that reports the

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organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 PIERCE COUNTY LIBRARY F	OUNDATION	<u>51-018029</u>	3 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
1	Total revenue, gains, and other support per audited financial statements	<del>-</del>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a	_	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<del></del>	
c	Add lines 4a and 4b	<u> </u>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	
Pa	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Pa	art XI,
lınes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information		
				-
PAI	RT V, LINE 4:			
THI	E ENDOWMENTS ARE TO FUND COLLECTIONS, F	ROGRAMS, AND SI	ERVICES OF THE	
LII	BRARY.			
			·	
_				

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part (

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

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

Inspection

å [] Employer identification number 51-0180293 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection PIERCE COUNTY LIBRARY FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance?

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States   Part II   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete	ocedures for moni Domestic Organi	toring the use of grant zations and Domestic	funds in the United	States omplete if the orga	nization answered "Y	e of grant funds in the United States.  Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1	\$5,000 Part II can	be duplicated if additi	ional space is neec	pel			
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PIERCE COUNTY RURAL LIBRARY DISTRICT - 3005 112TH ST E - TACOMA, WA 98446	91-1098071	501(C)(3)	14,693.	,0			GRANTS ARE AWARDED TO THE PIERCE COUNTY LIBRARY SYSTEM IN SUPPORT OF THE PROGRAMS DESIGNATED BY

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

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732101 11-01-17

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) OF. REPORTS ARE THEN COMPILED, PREPARED, AND DELIVERED TO FUNDERS AS A POINT NAME OF ORGANIZATION OR GOVERNMENT: PIERCE COUNTY RURAL LIBRARY DISTRICT Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed COLLABORATING WITH EACH DEPARTMENT/PROGRAM THE GRANT IS FUNDING. ANNUAL (H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS ARE AWARDED TO THE PIERCE THE FOUNDATION MONITORS ITS GRANT FUNDS VIA A REPORTING STRUCTURE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients COLUMN (H): (a) Type of grant or assistance LINE 1, PART I, LINE 2: STEWARDSHIP PART II,

Schedule I (Form 990) (2017)

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51-0180293

PIERCE COUNTY LIBRARY FOUNDATION

Schedule I (Form 990) (2017)

Part III

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

PIERCE COUNTY LIBRARY FOUNDATION	51-0180293
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
THE PIERCE COUNTY LIBRARY FOUNDATION PROVIDED FUNDS TO SU	PPORT VARIOUS
LIBRARY PROGRAMS WITH EXPENSES FOR BOOKS, RESOURCES, TUIT	ON
ASSISTANCE, IMPROVEMENTS TO BRANCHES IN PARKLAND/SPANAWAY	, GIG HARBOR,
AND OTHER LIBRARY BRANCHES, AND THE ABILITY TO OFFER GIFT	S AND
ENTERTAINMENT PASSES AS PRIZES FOR LIBRARY PROGRAMS.	
EXPENSES \$ 28,794. INCLUDING GRANTS OF \$ 1,693. REVEN	
FORM 990, PART VI, SECTION A, LINE 2:	
THE TREASURER AND THE PAST PRESIDENT ARE MARRIED. THE DIR	ECTORS REJI KUMAR
AND BARBARA NELSON ARE ALSO MARRIED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION BOARD RECEIVES A COPY OF THE FORM 990 IN A	ADVANCE OF FILING
AND APPROVES THE FINAL COPY AT THE BOARD OF DIRECTORS MEE	TING.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD	OF DIRECTORS
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE FORM 990, FINANCIAL STATEMENTS, AND FORM 10	23 ARE PROVIDED TO
THE GENERAL PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	dule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization PIERCE COUNTY LIBRARY FOUNDATION	Employer identification number 51-0180293
PROGRAM SERVICE EXPENSES	2,581.
MANAGEMENT AND GENERAL EXPENSES	6,195.
FUNDRAISING EXPENSES	1,549.
TOTAL EXPENSES	10,325.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,325.
FORM 990 PART XII LINE 2C	
THE FOUNDATION HAS A COMITTEE THAT OVERSEES THE PREPARAT	ION OF THE
FINANCIAL STATEMENTS.	
	<del></del>