2949332812714

Return of Organization Exempt From Income Tax
section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2017

		the Treasury nue Service	Do not enter social security numbers on this form as it may be made public.  Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
A	For the	e 2017 c <u>ale</u> ı	ndar year, or tax year beginning, and ending		
В	Check if ap	onlicable C N	Name of organization	D Employer ide	entification number
	Address c		YUMA LIBRARY FOUNDATION		
		· [	Doing business as	86-089	99337
'ı	Name cha	nna	Number and street (or P O box if mail is not delivered to street address)	E Telephone nu	mber
_ [] t	Initial retui	m L	PO BOX 4505	928-24	6-0696
	Final retur		City or town, state or province, country, and ZIP or foreign postal code		
	terminated	' !	YUMA AZ 85366-4505	G Gross receipts	s 1,981,070
L /	Amended	retum F N	Name and address of principal officer		
	Application	n pending	EDWARD THOMAS	group return for subore	dinates? Yes X No
				ubordinates included	yes No
				o," attach a list (see	instructions)
-	T		X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or \$\frac{\pi}{27}\$		
		npt status  N/A		uamatiaa numbar	
	Website			xemption number ► 1997 M	State of legal domicile AZ
				IJJ/ IM	State of legal domicile 212
	art I	Sumi			
			ribe the organization's mission or most significant activities:	NG AND DIE	DI TO
Se			PORT THE YUMA COUNTY LIBRARY DISTRICT THROUGH FUND RAISING	NG AND PU.	выс
Jan		AWAREN	ESS EFFORTS.		
/eri			<del>)</del>		
é	2 (	Check this b	$\log  ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of its net a		
જ	1 8	Number of vo	oting members of the governing body (Part VI, line 1a)		12
es	4 1	Number of in	ndependent voting members of the governing body (Part VI, line 1b)	<u> </u>	12
Ç₹	5 7	Total numbe	er of individuals employed in calendar year 2017 (Part V, line 2a)	5 (	<u> </u>
<b>(</b> 5	6 1	Total numbe	er of volunteers (estimate if necessary)	6 (	)
	7a⊺	Total unrelat	ted business revenue from Part VIII, column (C), line 12	7a	0
رتج	l b	Net unrelated	d business taxable income from Form 990-T, line 34	7b	0
Revenue]⊒\ \\\\Activities & Governance			Prior Y	ear	Current Year
101	8 (	Contributions	s and grants (Part VIII, line 1h) rvice revenue (Part VIII, line 2g)		0
בַּ	9 F	Program sen	rvice revenue (Part VIII, line 2g)		0
ě	10 I		ncome (Part VIII, column (A), lines 3, 4, and TAY	53,306	357,093
H -	11 (	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 1 rev 20 2018 ie – add lines 8 through 11 (must equal Part VIII, column (A), line 12/18	-4,090	-696
~	12 7	Total revenue	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 and 1 ve 20 2018  ie – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  similar amounts paid (Part IX, column (A), lines 1–8)	59,216	<u>356,397</u>
7	13 (	Grants and s	similar amounts paid (Part IX, column (A), lines 1–8) GDEN 1/7		60,000
51N7	14 E	Benefits paid	d to or for members (Part IX, column (A), line 4)		0
es G	15 5	•	ner compensation, employee benefits (Part IX, column (A), lines 5-10)		0
ıse	•		I fundraising fees (Part IX, column (A), line 11e)		0
Expense			ısıng expenses (Part IX, column (D), line 25) ▶ 0		
EX				31,523	37,529
		•		31,523	97,529
	i	-		27,693	258,868
es	' '	TO VOTING 163	Beginning of C		End of Year
Net Assets or Fund Balances	20 1	Total assets		00,483	2,330,335
Ass I Ba	21 7		es (Part X, line 26)	0	0
-Net	22 1			00,483	2,330,335
	art II		ature Block		
			ury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowl	edge and belief, it is
tru	ie, corre	ect, and comp	olete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge	3
		7			
Sig	ın	Signat	ture of officer	I Date	
_			1 11	11.	15-18
Hei		, <b>d</b>	or print name and title	₩ <u>11-</u>	1.)~10
		•		10t. T	It PTIN
Paid	4	Print/Type pre	1 27. 7 1. 1	Check _	<b>」</b> "
		STEVEN L.	·, · · · · · · · · · · · · · · · ·	3/18 self-employ	
	parer	Firm's name	WALKER & ARMSTRONG, LLP	Firm's EIN	86-0257194
use	Only	1	3838 N CENTRAL AVE STE 1700	,	
		Firm's address	s > PHOENIX, AZ 85012-1994	Phone no 5	502-230-1040

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address

		MA LIBRARY			<u> </u>	86-08993	3 /			Page 2
<u>P</u> a		ment of Progra		-		n thin Dart III				
_		k if Schedule O on the organization's mi		esponse or no	ote to any line i	n this Part III				
		THE YUMA		LIBRARY	DISTRICT	THROUGH	FUND :	RAISING	AND	PUBLIC
2	Did the organizat	non undertake any s	ignificant progr	am services dur	ing the year which	were not listed o	n the			
	prior Form 990 or If "Yes," describe	r 990-EZ? these new services	on Schedule (	0		,				Yes X No
3	services?	ion cease conductin		nıfıcant changes	in how it conducts	, any program				Yes X No
4	Describe the organisms expenses Section	these changes on Sanization's program on 501(c)(3) and 501 es, and revenue, if ar	service accom (c)(4) organiza	itions are require	ed to report the amo					
T	(Code O SUPPORT	)(Expenses \$ THE YUMA		529 ıncludır LIBRARY			00 ) (Re		AND	PUBLIC
n	WARENESS	EFFORIS.								
4b	(Code.	) (Expenses \$		ıncludı	ng grants of \$		) (Re	venue \$		
	(0000)	, (=::po:::occ +					, (	•		,
4c	(Code	) (Expenses \$		ıncludır	ng grants of \$		) (Re	venue \$		)
4d		ervices (Describe in				\	•		,	
40	(Expenses \$ Total program se	rvice expenses 🏲	including	grants of \$ 97,529		) (Revenue	Φ		)	
DAA	. otal program se	THE CAPETISES		J,   J& 3		<del></del>			F	orm <b>990</b> (2017)

NULU Page 3

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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_		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		<b></b>	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		l	v
	complete Schedule D, Part VI	11a		<u> </u>
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		v
	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	44.		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
22	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Za	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
•	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
4a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		X
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	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
9	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

Part IV Checklist of Required Schedules (continu	ied)
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	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?	j i		
	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		Х
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	İ		
	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,	ĺ		
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		
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		X
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,			Ì
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	_ 001	10047

Form	990 (2017) YUMA LIBRARY FOUNDATION 86-0899337		Р	age 5
_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Gheck if Schedule O contains a response or note to any line in this Part V			
	• •		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		—	
_	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
	,	<del> </del>	—	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	—	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-	<u> </u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
<b>~</b> a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country	<b>—</b>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			,
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	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?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del> -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	]		
	against amounts due or received from them )			<u></u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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

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.  $|\mathbf{X}|$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 12 Enter the number of voting members included in line 1a, above, who are independent 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: JEAN WINCH 2951 S. 21ST DRIVE

502-210-6813

AZ 85364

YUMA

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees, I	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

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	rson	than one is both ar ir/trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PAUL BEELER									_	
	0.10								0	
BOARD MEMBER	0.00	X	┡		<u> </u>	╂┈╌╂	_	0	0	0
(2) MARLA LEWIS	0.50			ŀ						
BOXED MEMERE	0.00	x		ļ				0	. 0	0
BOARD MEMEBR (3) BILL BUTLER	0.00	^	$\vdash$			+	$\dashv$		. <u>.</u>	<u> </u>
(3) BILL BOILER	0.50									-
BOARD MEMBER	0.00	x			ł			0	0	0
(4) DANIEL DAWSON		<u></u>	$\vdash$	H	<del>                                     </del>		$\dashv$	<u> </u>		
(,,	0.20									
BOARD MEMBER	0.00	X						0	0	0
(5) AMAN GHEBREMICAL	L.						T			
	0.30			ŀ	l				•	
TREASURER	0.00	X		X				. 0	0	0
(6) GERRY GISS				ŀ						
	0.10						ł		_	
BOARD MEMBER	0.00	X	_				_	0	0	0
(7) THELMA LUNDY										
	1.00								^	
BOARD MEMBER	0.00	X				$\vdash$	-	0	0	0
(8) LEONA NEEGAN	3.50			İ		}				
SECRETARY	0.00	x		x				0	0	0
(9) GW STUART	0.00	<u> </u>	-	^	<del>                                     </del>		$\dashv$			
(9) GW BIOAKI	13.00									
VICE CHAIRMAN	0.00	x		x	ľ			0	0	0
(10) EDWARD THOMAS		<del> </del>		<del>  -</del>			$\exists$			
(,	0.00								<u>.</u>	
CHAIR	0.00	X		X				0	0	0
(11) MARTIN PORCHAS							7			-
	0.00									
BOARD MEMBER	0.00	X						0	0	O Form <b>990</b> (2017)

ж.	6	_	"	м	ч	u	-	•	•	

Part	VII   Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe nd a c	rson Irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)	LENORE STUART										
BOAR	D MEMBER	3.00	x				<u> </u>		0	0	
			<u>.</u>								
		,									
	ub-total otal from continuation she	ets to Part VII, \$	Sect	ion /	4			<b>&gt;</b>			
2 T	otal (add lines 1b and 1c) otal number of individuals (in portable compensation from				thos	e lis	ted a	abov	re) who received more than	\$100,000 of	
<b>3</b> D	id the organization list any fo	ormer officer, dir	ecto	r, or					loyee, or highest compensa	ated	Yes No
4 F	mployee on line 1a? If "Yes," or any individual listed on line rganization and related organ Idividual	e 1a, is the sum	of re	port	able	com	pens	satic			3 X
5 D	id any person listed on line 1 or services rendered to the or	ganization? If "Y	rue ( <i>'es,"</i>	comp	oens I <i>plet</i> i	atıoı e <i>Sc</i>	n fror hedu	n ar <i>ile J</i>	ny unrelated organization or for such person	r individual	5 X
1 C	B. Independent Contracto omplete this table for your five	e highest comp	ensa	ited i	nde	penc	lent o	cont	ractors that received more	than \$100,000 of	
	ompensation from the organi Name and	(A) business address	omp	ensa	tion	tor t	ne ca	len		(B)  lion of services	(C) Compensation
								ļ	<del></del>		
	otal number of independent of	contractors (incli	uding	ı but	not	lımit	ed to	tho	se listed above) who		
	ceived more than \$100,000									0	Form 990 (201

			A LIBRA		OUND	ATION				8	6-089	99337					Page 9
<u> </u> Pa	rt V	IIII Staten	nent of Reve of Schedule	enue	tains a	rachance	or	noto to	any lina	in ti	nic Dart	· 1/III					
		, Officer	ii Scriedule	O cor	ilairis a	тезропа		(/	A) evenue		(B) Related exemp function revenue	or It	Unre bus	C) elated enue		(D) Revenue excluded from under section 512-514	n tax ons
nts	1a	Federated can	npaigns	1a						-		-					
irar our		Membership d	-	1b													
S, C	С	Fundraising ev	vents	1c													
Siff	d	d Related organizations 1d															
imi	е	Government grants	(contributions)	1e			4.	nuud.	ww		"	9,000	, ,,	•	v	·	***
itioi er S	f	All other contribution								1							
Program Service Revenue Contributions, Gifts, Grants   Program Service Revenue		and similar amounts		_1f			4			ļ							
ont:	_		ns included in lines 1a	ı-1f	\$		_	<del></del>		4							
<u>Ş p</u>	h	Total. Add line	es 1a-1f				+-			├					<del> </del>		<del></del>
nue	_					Busn Code	닉ㅡ						·		·[	<u></u>	
leve	2a						+-			$\vdash$			<del></del>		+		
ce F	b						+-			$\vdash$			-				
ervį	C						+			$\vdash$		-			+ -		
пS	d e						+-						<del> </del>	•	+		
graı		All other progr	am service reve	anua			+			$\vdash$	-			·	1		
Pro		Total. Add line		inac			+			t			<u> </u>		-		
	3		come (including	dıvıder	nds, intere		1			T					T		
		and other simi			•	· •			99,989		8	1,833				18	3,156
	4		nvestment of ta	x-exem	pt bond p	roceeds 🕨											
	5	Royalties				<b>•</b>							•				
		(ı) Real (		(1)	Personal	<b>-</b>	Million	911111111111111 11 11 11 11 11 11 11 11	ļ	***************************************	countros s		oquitar or on o	1	AMERICAN PROFES		
	6a	a Gross rents					_ ``	vu.	474		www.	100 M	, 1011 t	munt m		· IIII0" III	Dai Az
	b	Less rental exps					4	, mart	1 1000						1		
	С	Rental inc or (loss)	_		-		<b></b>			_					-		
	d 7a	Net rental inco	1	) Other	+			├					╁				
		sales of assets	(i) Securities		(11)	) Other 4	4										
	_	other than inventory	1,881	, /33		- 4	7								,		
	D	Less cost or other	1,624	673													
	_	basis & sales exps Gain or (loss)		,060		4	4	www			*********	, wom	AAAAA WAAAA	tipe son		WANNY /	QMAQ/A
		Net gain or (lo		,	L	<u> </u>	7-		257,104	-	25	7,104			1		
4.			om fundraising eve	ents			1										
Other Revenue		(not including \$	J										}				
eve			eported on line 10	;)													
Ä		See Part IV, line	18	а													
the	b	Less direct ex	penses	b	•										.		
C	С	Net income or	(loss) from fund	draising	events	<u> </u>	_		•	<u> </u>					<u> </u>		
	9a		om gaming activiti	es													
		See Part IV, line		а			4		poper LAL				,	.,	.	. 144.14.1	
	b	Less direct ex		b			<b>-</b>						·		·		
	C		(loss) from gan		tivities	<u> </u>	+-			$\vdash$			<del> </del>	-	<del> </del>		
	10a		inventory, less														
	1.	returns and all		a	<del></del>		$\exists$									mamaa u	ngo on
		Less cost of g		b  oc.of.un	uontos:		- Jun	allii Willia	landadhe ad	1 11111111	monthitimo	soldiilliik +	and an an an an an an an an an an an an an		\ <u> </u>		
	С_		(loss) from sale	s or in	ventory	Buşn Code	,	· · ·	100000		ww.	VW	<del>                                     </del>	v 0000 t		····	w. v
	11a	BLACKSTON					⊣‴—		956	1		<del></del>			1		956
	, ia	RKB & CO	2 GROUP				+-		582				<del>                                     </del>		$\vdash$		582

200

338,937

-2,434

-696

356,397

0

200

-2,434

ELLINGTON FINANCIAL

Total revenue. See instructions

d All other revenue

e Total. Add lines 11a-11d

## Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			<u> </u>	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	· (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	r			
	and domestic governments See Párt IV, line 21	60,000	60,000	- 7.3%	4 2 3
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		•		The second distribution of the second distributi
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	-			1 /
4	Benefits paid to or for members			, i waster	(354.38) **A + 1
5	Compensation of current officers, directors,				
_	trustees, and key employees				<u> </u>
6	Compensation not included above, to disqualified	•			· ·
	persons (as defined under section 4958(f)(1)) and			i	
_	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		<u> </u>		-
10 11	Payroll taxes Fees for services (non-employees)	•			
a	Management				
a b		1,531	1,531		,
c	Accounting	10,000	10,000		
•	Lobbying	20,000	. 20,000		
e	Professional fundraising services See Part IV, line 17	1		42	*
f	Investment management fees	21,261	21,261	Samo	
q	Other (If line 11g amount exceeds 10% of line 25, column			-	
J	(A) amount, list line 11g expenses on Schedule O)	'	,	-	
12	•	-	1		
13	Office expenses	. 770	770	,	
14	Information technology				
15	Royalties .	•			,
16	Occupancy <sup>,</sup>				. '
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	. 815	815		
20	Interest	-		,	•
21	Payments to affiliates	-		•	
22`	Depreciation, depletion, and amortization	1 000	1 000		
23	Insurance	1,829	1,829	ター でく 2	```!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O ) FOREIGN TAXES	518	518	vo.temicu-Afrikadiikatikaii	PRODUCT THE PROPERTY OF THE PR
a	BOND PREMIUM & AMORT	463	463	*	1
b	ACCRUED INTEREST	342	342		
d	TOOKODD INTEREST	, ,	342		
e	All other expenses		-		•
	Total functional expenses Add lines 1 through 24e	97,529	97,529	0	. 0
<u>25</u> 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)		, , , , , , , , , , , , , , , , , , , ,		,

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 162,523 109,534 Cash-non-interest bearing 91,942 9,917 Savings and temporary cash investments 3 3 Pledges and grants receivable, net. 'Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 10c **b** Less accumulated depreciation 2,210,884 1,946,018 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 2,200,483 2,330,335 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, 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 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here X complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 2,200,483 2,330,335 32 Retained earnings, endowment, accumulated income, or other funds 32 **2,330,335** 2,200,483 33 Total net assets or fund balances 2,200,483 2,330,335 Total liabilities and net assets/fund balances

За

Form 990 (2017)

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

### Name of the organization YUMA LIBRARY FOUNDATION 86-0899337 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (iii) Type of organization (i) Name of supported listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

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	tion A. Public Support						·
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	( <b>d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	335,153		10,500			345,653
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	335,153		10,500			4 345,653
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						345,653
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	335,153		10,500			345,653
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,926	66,298	69,466	52,665	81,83	33 312,188
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				80	18,15	52 18,232
11	Total support. Add lines 7 through 10						676,073
12	Gross receipts from related activities, etc	(see instructions)				_ 12	81,833
13 ்	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her			<del></del>			<u> </u>
Sec	tion C. Computation of Public Su	. <del></del>	<del> </del>			<del></del>	<del></del>
14	Public support percentage for 2017 (line 6	· · · · · · · · · · · · · · · · · · ·	•	n (f))		14	
15	Public support percentage from 2016 Sch					<u> 15</u>	86.58%
16a					3 1/3% or more, c	heck this	<b>⊾</b> ⊽
	box and stop here. The organization qual	•	• • •		- 00 4/00/		<b>▶ X</b>
Ь	33 1/3% support test—2016. If the organ				o is 33 1/3% or mo	оге, спеск	
47.	this box and stop here. The organization	-		1	a ar 16h and line	14.0	<b>&gt;</b> [
17a	10%-facts-and-circumstances test—201	=					
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	icis-anu-circumsiai	ices lest. The ort	janization qualites	as a publicly supp	onea	▶ [
h	organization 10%-facts-and-circumstances test—201	IS If the organization	on did not check a	hoy on line 13, 16:	a 16b or 17a and	1 line	
b	15 is 10% or more, and if the organization	•				4 III IG	
	Explain in Part VI how the organization me				-	blicly	
	supported organization	Jord Ing. Idola-dilu-	Silvanistances le	o. The organization	quannes as a pu	,	▶ [
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a 16	b. 17a. or 17b. cher	ck this box and se	e	· _
	instructions	chook a box c		-,, 5. 115, 5116		=	▶ [

## Support Schedule for Organizations Described in Section 509(a)(2)

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to	quality under t	ne tests listed (	below, please co	ompiete Part I	.)		
	tion A. Public Support	1 ()	11.004	( ) 00/5	( 1) 0010	( ) 2047		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							· · · · · · · · · · · · · · · · · · ·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			:				
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						_	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	:						
c	Add lines 7a and 7b			<b>/</b>		ļ	-	
8	Public support. (Subtract line 7c from							
500	tion B. Total Support	<u> </u>				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	$\neg \top$	(f) Total
9	Amounts from line 6	(a) 2010	(3) 2014	(0) 2010	(4) 2010	(5) 25 1.		(1) 10101
			/			<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						_	
С	Add lines 10a and 10b	/	<u> </u>			<u> </u>	4	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form, 990 is for the	organization's firs	st second third fo	ourth or fifth tax ve	ar as a section 50	1(c)(3)		
17	organization, check this box and stop her	•	5t, 0000ma, tima, re	oran, or mar tax you	a, ao a ooo	.(0)(0)		▶ □
Sec	tion C. Computation of Public S		ntage	-				
15	Public support percentage for 2017 (line 8			nn (f))		1	15	%
16	Public support percentage from 2016 Sch						16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage					
17	Investment income percentage for 2017 (	line 10c, column (1	f) divided by line 13	3, column (f))		<u> </u>	17	%_
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			L	18	<u>%</u>
19a	33 1/3% support tests—2017. If the orga							. $\square$
	17 is not more than 33 1/3%, check this b							▶ ∟
Ь	33 1/3%/support tests—2016. If the orga						d	▶ □
	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	r 196, check this bo	x and see instruc	iions		

#### 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 F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	11 9	Supporting Organiza	tions

Seci	ion A. All Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	And all of the annual real annual design and annual real laber by name in the average transfer as increases.		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	1	ļ——-	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	<b>├</b> -		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		<del></del> -
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
3a	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	00		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination	3b	<del></del>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	05	<u> </u>	
·	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
74	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<del></del>	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion		ŀ	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ŀ		
	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	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		l	
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		ŀ	
	(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_	ļ — — —	1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<del></del>	<b> </b>	
	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>		
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
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	10a		

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 )

За

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			ee
instructions. All other Type III non-functionally integrated supporting organizations must	st com	plete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	1	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		,
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	_	
7 Other expenses (see instructions)	7	,	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		de la company de de	
instructions for short tax year or assets held for part of year)	*. 388.ai	The March State State State State State	Land to the state of the state of
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		•
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	W. Sar	· 養養養養養	· · · · · · · · · · · · · · · · · · ·
factors (explain in detail in Part VI)	1 250 ×	A LANGE AND A	Andreal Andreas
2 Acquisition indebtedness applicable to non-exempt-use assets	2		·
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		,
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	•	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the state of the	,
2 Enter 85% of line 1	2	at the state of the state of the	,
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	was de mar som the total and the sales	,
4 Enter greater of line 2 or line 3	4	I i beck in me him	
5 Income tax imposed in prior year	5	and the second of the second o	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · · · · · · · · · · · · · · · · ·	
emergency temporary reduction (see instructions)	6	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization (	see
instructions)	·		я.

Schedule A (Form 990 or 990-EZ) 2017

<u>Par</u>	tiV// Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	• .
Secti	ion D - Distributions		r	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses '		, , , ,
2	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 suppo	orted organizations	1	
، 4	Amounts paid to acquire exempt-use assets			
5 ·	Qualified set-aside amounts (prior IRS approval required)	· · · · · ·		
6	Other distributions (describe in Part VI) See instructions		•	•
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	tion is responsive	٠	
	(provide details in Part VI) See instructions	• • • • • • • • • • • • • • • • • • • •		i
٠ 9	Distributable amount for 2017 from Section C, line 6			, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
10	Line 8 amount divided by line 9 amount		·	,
		, (i) 🐍	. (ii)	(iii) 🗎
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Únderdistributions	Distributable
, -			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017		,	
	(reasonable cause required-explain in Part VI) See	Profession and American	<u>.</u> -	
', <u>.</u>	instructions.		CONTRACTOR SERVENTES ASSETTED	
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013		7 7 7 14h bu 7.4 7 m²	
	From 2014	The state of a side of the state of		AND CANADA SECTION OF THE SECTION OF
	From 2015	SECULE SECULE	CONTROL & MACHINE SELECTION	Sect and representations of the control of the cont
	From 2016		27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
<del></del>	Total of lines 3a through e	AND TOTAL SEC. SEC. AND SEC.		
	Applied to underdistributions of prior years	<b>海海·泰·泰·</b>	and the second of the	A. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
<u>, h</u>	Applied to 2017 distributable amount			<u>।</u> १४८ १५ - इ. १४४ - ४८१ १४४ में
<u>i</u>	Carryover from 2012 not applied (see instructions)	Ser See See Miller He solling is		
	Remainder Subtract lines 3g, 3h, and 3i from 3f	A STATE OF THE STA		The second secon
4	Distributions for 2017 from			
	Section D, line 7 \$		(35 A 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C 1865 C	Store all the
	Applied to underdistributions of prior years		- 25: 3x 380 380 300 30 30 30	
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.	But the same with the same with the	all all all all all all all all all all	The second second
5	Remaining underdistributions for years prior to 2017, if		,	
•	any Subtract lines 3g and 4a from line 2 For result		•	
	greater than zero, explain in Part VI See instructions			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0,4	Remaining underdistributions for 2017 Subtract lines 3h			, , ,
	and 4b from line 1. For result greater than zero, explain in			**
	Part VI See instructions -  Excess distributions carryover to 2018. Add lines 3j	A STATE OF THE STA	42 - 100 - 126 - 1	Sandala sais Missississississississississississississ
7	\$			Same and the second
0	and 4c Breakdown of line 7	ACT ACTACACT		
	Excess from 2013	A Single Property See		
	Excess from 2014	TO SE SE SE SE SE SE SE SE SE SE SE SE SE		The second secon
	Excess from 2015		* 1	The second secon
	Excess from 2016			
	Excess from 2017	4 44	6-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
		The second secon		IN MARK IN NOTE A SPECIMENT

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

PART II, LINE 10 - OTHER INCOME DETAIL

18,232

## 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

2017
Open to Public Inspection

Name of the organization Employer identification number YUMA LIBRARY FOUNDATION 86-0899337 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II\_ Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		ARY FOUNDA			0899337			age <b>2</b>
Pa	rt III 📗 Organizations Maintaining					ets (continu	ıed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	n, and other records	s, check any of the folk	owing that are a sig	nificant use of its			
а	Public exhibition	d 🔲 1	Loan or exchange prog	rams				
b	Scholarly research	е 🗌 (	Other					
C	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further the o	rganization's exemp	pt purpose in Part			
	XIII.							
5	During the year, did the organization solicit or	receive donations of	of art, historical treasure	es, or other sımılar				
	assets to be sold to raise funds rather than to	be maintained as p	art of the organization'	s collection?		Ye	s 🗌	No
Pa	rt IV Escrow and Custodial Arra	ingements.						
	Complete if the organization	answered "Yes"	on Form 990, Par	t IV, line 9, or re	eported an amo	unt on Form	I	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	ary for contributions oi	other assets not	···			
	included on Form 990, Part X?					Ye	s [	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table					
						Amount		
С	Beginning balance				1c			
ď	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or custo	odial account liabilit	y?	Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been pro	ovided on Part XIII				
	rt V Endowment Funds.							
	Complete if the organization	answered "Yes"	on Fo <u>rm 990, Par</u>	t IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Four	years	back
1a	Beginning of year balance	287,493	266,838					
b	Contributions	2,128,935	10,000					
С	Net investment earnings, gains, and							
	losses	90,604	14,833					
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs		_					
f	Administrative expenses	11,971	4,179					
g	End of year balance	2,210,884	287,493					
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) l	neld as				
а	Board designated or quasi-endowment ▶ 1	00.00%						
	Permanent endowment ▶ %							
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%						
За	Are there endowment funds not in the posses	sion of the organiza	ition that are held and a	administered for the	)	_		,
	organization by						Yes	No
	(i) unrelated organizations					3a(i)	X	
	(ii) related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.		-			
Pa	rt VI Land, Buildings, and Equi							
	Complete if the organization	answered "Yes"	on Form 990, Pai	<u>t IV, line 11a. S</u>	<u>ee Form 990, P</u>	art X, line 1	0	
	Description of property	(a) Cost or other b	asis (b) Cost or of	her basis (	c) Accumulated	(d) Book v	alue	
		(investment)	(othe	r)	depreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
-	Equipment	1	I					

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

			,	<u>ne 11b. See Form 990,</u>	
•	(a) Description of security or category		(b) Book value	1	d of valuation
	(including name of security)		·	Cost or end-or-	year market value
1) Financial o		-	•	-	
	eld equity interests	$\vdash$		-	
3) Other	,	<u> </u>			
(A)					<del></del>
(B)	•	-			
(C)		-			
(D)		' ⊢		· · · · · · · · · · · · · · · · · · ·	
(E)		<u> </u>			
(F)		<u> </u>		-	
(G)	·		<del>,</del>		
(H)	# 1	-	<del></del>	Market Sanda to the sand to the sand	
otal. (Columi Part VIII)	n (b) must equal Form 990, Part X, col. (B) line 12 ) ► Investments—Program Related.			· 一直 · · · · · · · · · · · · · · · · · ·	
Fart VIII	Complete if the organization answered "Ye	es" on For	m 990 Part IV li	ne 11c. See Form 990	Part X line 13
	(a) Description of investment	. 011101	(b) Book value		d of valuation
	(a) Description of investment		(b) book value	1 ''	year market value
(4)				<del> </del>	<u> </u>
<u>(1)</u>				-	
(2)	·	-			
(3)	·	<del>-</del>	· · · · · · · · · · · · · · · · · · ·	'	· · · · · · · · · · · · · · · · · · ·
(4)					<u> </u>
(5)					<u> </u>
(6)	<del></del>		<del></del>		
(7)					
	•				
(8)					产於 最高地震發展 海 編奏 春夜日
(9) 「otal. (Columi	n (b) must equal Form 990, Part X, col (B) line 13)			1 華華中央軍事者以前	· · · · · · · · · · · · · · · · · · ·
(9) Fotal. (Columi	Other Assets.			1 - 1 4 × 2	in an in the St. Marke track to the Char
(9) 「otal. (Columi	Other Assets. Complete if the organization answered "Ye		m 990, Part IV, li	1 - 1 4 × 2	Part X, line 15.
(9) 「otal. <i>(Columr</i> ⊮Part⊬IX⊛	Other Assets.		m 990, Part IV, li	ne 11d. See Form 990,	in an in the St. Marche Brook to Mr. Char
(9) Fotal. (Column Part: IX ≽	Other Assets. Complete if the organization answered "Ye		m 990, Part IV, li	1 - 1 4 × 2	Part X, line 15.
(9)  Fotal. (Column Part: IX >    (1) (2)	Other Assets. Complete if the organization answered "Ye	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.
(9)    Total. (Column   Part   IX       (1)   (2)   (3)	Other Assets. Complete if the organization answered "Ye (a) Descrip		m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.
(9)  Fotal. (Column  Part: IX  (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Ye	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Ye (a) Descrip	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Descrip	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Descrip	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.
(9)  Fotal. (Column Part IX*  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Ye (a) Descrip	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Ye (a) Descrip	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.  (b) Book value
(9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Ye (a) Descrip	otion	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.  (b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	olton	m 990, Part IV, li	ne 11d. See Form 990,  ne 11e or 11f. See Form	m 990, Part X,
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(9)  otal. (Column  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column  Part X	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability Income taxes	olton	m 990, Part IV, li	ne 11d. See Form 990,	m 990, Part X,
(9)  otal. (Column  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column  Part X  (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability Income taxes	olton	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15. (b) Book value  m 990, Part X,
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability Income taxes	olton	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.  (b) Book value  m 990, Part X,
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability Income taxes	olton	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15. (b) Book value  m 990, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability Income taxes	olton	m 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.  (b) Book value  m 990, Part X,

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

DAA

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Sche	dule D (Form 990) 2017 YUMA LIBRARY FOUNDATION	86-	0899337	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial States	ments With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		.	
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		
C	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	Reconciliation of Expenses per Audited Financial State		nses per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	<del></del>	<del></del>
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	11.1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )			
е	Add lines 2a through 2d		2e	

Part XIII | Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Subtract line 2e from line 1

b Other (Describe in Part XIII )

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

HELP YUMA COUNTY LIBRARIES

4c

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

▶ Attach to Form 990.

Inspection

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

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е Ж (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Yes ASSISTANCE noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 60,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? AZ 85364 (a) Name and address of organization or government (1) YUMA COUNTY LIBRARY S 21ST DR 2951 Part 1 Part II YUMA 8 € 9 9 6 8 6 3

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) YUMA LIBRARY FOUNDATION 86-0899337

[Part III] Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e)	(b) Numper of	(a) Type of grant or assistance
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	י שיני יוו סמון בס משףווסמוסם יוו ממפוווסוומי סףמסט וס ווססמסמי					
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	,
-					:	
8						
က						
4						
S						•
9						
7						
Part IV	PartIVI Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information rec	quired in Part I, line	2; Part III, column (b):	and any other additional in	nformation.

## **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

YUMA LIBRARY FOUNDATION

Employer identification number

86-0899337

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ONE OR MORE BOARD MEMBERS WILL REVIEW THE TAX RETURN BEFIRE IT IS SIGNED AND MAILED IN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GUIDESTAR.ORG

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS							EXPLANATION	
PARTNERSHIP AND NO	N DIVIDEND	DIST	RIBUTIONS	3			\$	3,707
BOOK TAX DIFFERENCES - PARTNERSHIPS							\$	-16
TOTAL							\$	3,691