EXTENDED TO MAY 15, 2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A F | or the | 2017 calendar year, or tax year beginning JUL 1, 2017 and ending | ng Ji | UN 30, 2018 | <u> </u> | |
|--|--|---|-------------------|-------------------------|-----------------------------|--|
| Во | 3 Check if applicable C Name of organization D Employer identification number | | | | | |
| а | | | l | | | |
| Address Change LAKE MEMORIAL LIBRARY FUND | | | | | | |
| | Name change | 020755 | | | | |
| \vdash | Initial return | Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room | /suite | E Telephone number | | |
| \vdash | Final | D O BOX 23100 | | | 790-8158 | |
| | /return/ -termin | | | G Gross receipts \$ | 1,131,823. | |
| _ | ated Ameno | | _ | H(a) Is this a group re | | |
| - | ⊒return ∏Applic | | | for subordinates | | |
| <u> </u> | ⊥tiòn pendin | 1020 HIGHLAND COLONY PARKWAY SUITE 200, R | TEX | | | |
| | | | 1 527/ | | | |
| _ | | | Noch. | | list (see instructions) | |
| _ | | e: N/A organization: Corporation Trust Association X Other FUND I | | H(c) Group exemption | | |
| | | | _ Year c | in formation: 1902 N | State of legal domicile: MS | |
| Pa | rt I | Summary | | CIEW OF TA | CTLCOT | |
| ĕ | 1 | Briefly describe the organization's mission or most significant activities: SUPPORT | OF. | CITY OF JA | CKSON | |
| Governance | | PUBLIC SCHOOL LIBRARIES | | | | |
| ž | l | Check this box 🕨 📖 if the organization discontinued its operations or disposed of | f more | than 25% of its net as | _ | |
| ð | 3 | Number of voting members of the governing body (Part VI, line 1a) | |) 3 | 0 | |
| න න | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | $^{\prime\prime}$ | X 4 | 0 | |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) \dots | ٦,١ | . 5 | 0 | |
| | 6 | Total number of volunteers (estimate if necessary) | <u>ر</u> ٠ . | 6 | 0 | |
| SCAN ES | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | . 7a | 0. | |
| ₹ | l | Net unrelated business taxable income from Form 990-T, line 34 | | . 7b | 0. | |
| 1 | | | | Prior Year | Current Year | |
| o_ | 8 | Contributions and grants (Part VIII, line 1h) | | 0. | 0. | |
| Revenue 5 | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | |
| <u>=</u> | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 135,188. | 91,474. | |
| Se. | 44 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | - | 0. | 0. | |
| ص | | · | - | 135,188. | 91,474. | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | + | 38,949. | 0. | |
| ا ای ۱۵ | I | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | |
| ٥ | I | Benefits paid to or for members (Part IX, column (A), line 4) | | 17,552. | 17,762. | |
| es | I | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | |
| Expenses | 1 | Professional fundraising fees (Part IX, column (A), line 11e) | _ | 0. | 0. | |
| . <u>.</u> | I | Total fundraising expenses (Part IX, column (D), line 25) | - | 11 226 | 7 000 | |
| ш | I | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 11,336. | 7,860. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | - | <u>67,837.</u> | 25,622. | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | _ | 67,351. | 65,852. | |
| Net Assets or Fund Balances | | | Be | ginning of Current Year | End of Year | |
| sets | 20 | Total assets (Part X, line 16) | | <u>2,072,799.</u> | 2,138,651. | |
| TAS IdB | 21 | Total liabilities (Part X, line 26) | | 0. | 0. | |
| 활 | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 2,072,799. | 2,138,651. | |
| Pa | Part II Signature Block | | | | | |
| Und | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is | | | | | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | | | |
| 1/22/2019 | | | | | | |
| Sign Signature of Officer Date | | | | | | |
| | Sign At a moving Available and | | | | | |
| 110 | Here MATTHEW WEST, TRUST OFFICER Type or print name and title | | | | | |
| _ | Data . Data DTIN | | | | | |
| Da: | Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signat | | | | | |
| | | SOLITION STATE OF THE STATE OF | PA | Firm's EIN | 64-0854133 | |
| | parer | Time shame Dilibility at Oct 1 1 4414 | | THINSLIN | _ 04 0004100 | |
| USE | Only | Firm's address P. O. BOX 2848 | | Dhana na 6 0 | 1-956-2374 | |
| _ | | RIDGELAND, MS 39158-2848 | | Priorie no. 6 U | | |
| Ma | y the I | RS discuss this return with the preparer shown above? (see instructions) | | | | |
| 732 | 001 11-2 | 732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017) | | | | |

| | 990 (2017) LAKE MEMORIAL LI | | 64-6020755 Pag | ge 2 |
|-----|--|---------------------------------------|---|--------------|
| Pai | t III Statement of Program Service Accomp | lishments | | |
| | Check if Schedule O contains a response or note to | any line in this Part III | | |
| 1 | Briefly describe the organization's mission. SUPPORT OF CITY OF JACKSON PU | BLIC SCHOOL LIBRAR | IES | |
| | | | | _ |
| 2 | Did the organization undertake any significant program se prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | vices during the year which were no | t listed on the | No |
| 3 | Did the organization cease conducting, or make significant if "Yes," describe these changes on Schedule O. | changes in how it conducts, any pr | ogram services? Yes X | No |
| 4 | Describe the organization's program service accomplishm Section 501(c)(3) and 501(c)(4) organizations are required revenue, if any, for each program service reported. | to report the amount of grants and a | llocations to others, the total expenses, and | |
| 4a | | | 0 .) (Revenue \$ |) |
| | SUPPORT OF CITY OF JACKSON PU | BLIC SCHOOL LIBRAR | <u>IES</u> | |
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| 4b | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4c | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4d | Other program services (Describe in Schedule O) | | | |
| | (Expenses \$ including grants of \$ |) (Reven | ue\$) | |
| _4e | Total program service expenses ▶ | | | |
| | | | Form 990 (| 2017) |



Form 990 (2017)

LAKE MEMORIAL LIBRARY FUND
Part IV Checklist of Required Schedules 64-60207

| | | | 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? | 2 | | <u>X</u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | ļ | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</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>X</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 | | <u>X</u> |
| 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> X</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> X</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>X</u> |
| 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 | _X_ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | <u> </u> |
| ь | 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 | | | 7.7 |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| đ | 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 | | | ٦, |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | - | X |
| f | , | | | 7.7 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 7.7 | |
| | Schedule D, Parts XI and XII | 12a | _ X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | | |
| | | 441 | | v |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | <u> </u> |
| 15 | face an avenue to a 2 If "Von " complete School de F. Dorte H and IV | 46 | | • |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15_ | ļ | X |
| 16 | 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, | 16 | | |
| 17 | AND Long Considered Millson Benegative Orbital to Orbital | 47 | | v |
| 40 | 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 | 40 |] | x_ |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 19 | | x |
| | complete Schedule G, Part III | | 990 | (2017) |

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64-6020755 Form 990 (2017) LAKE MEMORIAL LIBRARY FUND 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 Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a 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 the X 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 Х 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 Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 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 ____ 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

Form **990** (2017)

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732006 11-28-17

REGIONS BANK - (601) 790-8153

C/O TRUST DEPT, 1020 HIGHLAND COLONY PARKWAY,

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|--|---|-------------------------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------------|--|--|---------------------|---------------|
| | | | | | | | | | | | | |
| Form 990 (2017) | LAKE MEM | | | | | | | | | 64-6020 | 755 | Page 7 |
| Part VII Compens | ation of Officers, | Directors, T | rus | stee | es, l | Key | / Er | npl | loyees, Highest C | ompensated | | |
| Employee | es, and Independe | nt Contract | ors | ; | | | | | | | | |
| Check if Sch | edule O contains a resp | onse or note to | an | y line | e in t | this | Part | VII | | | | |
| Section A. Officers, Di | irectors, Trustees, Key | / Employees, a | nd l | ligh | est | Con | nper | nsat | ed Employees | | | |
| 1a Complete this table for | or all persons required f | to be listed Rej | oort | com | pen | satı | on fo | or th | e calendar year ending | with or within the orga | inization's | tax year |
| Enter -0- in columns (D), (• List all of the organ | (E), and (F) if no comper hization's <mark>current</mark> key ei | nsation was pai mployees, if any | d ∕S∈ | e in | stru | ction | ns fo | r de | als or organizations), reg finition of "key employe | ee." | | |
| List the organization able compensation (Box | in's five current highest of Form W/2 and/or F | compensated e | mpl naa. | Oyee | es (o | ther | thai | n an | officer, director, truster | e, or key employee) wh unization and any relate | io received | l report- |
| List all of the organ | nization's former officer | s, key employe | es, a | ınd h | nighe | est d | | | sated employees who re | | | mons. |
| reportable compensation • List all of the organ | • | • | _ | | | | n-the | -car | oacity-as-a-former_direct | tor or trustee of the or | ranization | |
| more than \$10,000 of rep | | | | | | | | | | 101_01_110_010 | <u>jannzation</u> , | |
| List persons in the follow and former such persons | ing order individual tru s. | stees or directo | ırs, ı | nstit | utio | nal t | rust | ees, | officers; key employee | s; highest compensate | ed employe | es, |
| Check this box if n | either the organization i | nor any related | orga | nıza | tion | cor | nper | nsat | ed any current officer, o | lirector, or trustee | | |
| (A | \ } | (B) | | | | C) | | | (D) | (E) | (F) | |
| Name a | nd Title | Average | (do | | Pos heck | | than (| one | Reportable | Reportable | Estima | ted |
| | | hours per | box | , unie | as pe | rson i | s boti | h an | compensation | compensation | amoun | |
| | | week | | CC. (2) | | | 17200 | | from the | from related | othe | |
| | | (list any hours for | Individual trustee or director | | | | _ | | organization | organizations (W-2/1099-MISC) | compens from t | |
| | | related | 509 | e e | | | ısateı | | (W-2/1099-MISC) | (***-27*1033*141100) | organiza | _ |
| | | organizations | raste | Ě | | yee | m m | | (11 27 1000 111100) | | and rela | |
| | | below | deal | l e | _ | oldin | stco | 5 5 | | | organiza | |
| | | line) | ind ki | Institutional trustee | Officer | Key employee | Highest compensated employee | Р огтег | , | | J | |
| (1) REGIONS BANK | | 2.00 | _ | | | | | | | | | |
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\$100,000 of compensation from the organization

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Total revenue. See instructions.

474

91 474

| <u>Sect</u> | on 501(c)(3) and 501(c)(4) organizations must com | | | complete column (A). | |
|-------------|--|--------------------|------------------------------|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respor | | this Part IX | | <u>(D)</u> |
| | not include amounts reported on lines 6b, 8b, 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 | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıvıduals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | 4= -60 | |
| | trustees, and key employees | <u> 17,762.</u> | | 17,762. | |
| 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 | | <u> </u> | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | · · · · · · · · · · · · · · · · · · · |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal Accounting | 7,446. | | 7,446. | |
| d | Lobbying | | | 7_7 = = 0 • | |
| e | | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | · <u>-</u> ··· | | | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | <u> </u> | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | <u> </u> | | |
| 20 | Interest | _ | ļ | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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 | | 414. | | 414. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 25,622. | 0. | 25,622. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | 1 |] | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | <u> </u> | | |

2,138,651. Form 990 (2017)

2,138,651.

30

31

32

2,072,799.

2,072,799.

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

| Form | 990 (2017) LAKE MEMORIAL LIBRARY FUND | 64-6020 | 755 | _ Pag | _{le} 12 |
|------|---|------------|-------|----------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 91 | L,4 | 74. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 25 | 5,6 | 22. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 6.5 | 5,8 | 52. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 2 | ,072 | 2,7 | 99. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | | | <u>-0</u> - |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | l l | | | |
| | column (B)) | 10 2 | ,138 | 3,6 | <u>51.</u> |
| Pa | rt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | ·····, | ب |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | ll | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | 1 1 | - 1 | |
| 2a | • | • | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | i on a | | Ì | |
| | separate basis, consolidated basis, or both. | | | l | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | ı |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | <u>X</u> | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | 1 | |
| | consolidated basis, or both. | | | - 1 | ı |
| | X Separate basis Consolidated basis Both consolidated and separate basis | _ | 1 | | ı |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | 1 - 1 | | 7.7 |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | <u>X</u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | 1 | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | ngie Audit | | l | v |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schedule O and describe any steps taken to undergo such audits. | irea auait | 3h | | |
| | or admis, avoian wount schedule u and describe any steps taken to Hidelico such allolis | | .513 | | |

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

| Name of | the organization | | | | | | Employe | identification number |
|------------|---|-------------------------|---|------------------|-----------------------------------|---------------------------------------|----------------|---------------------------------------|
| | LAKE | MEMORIAL | LIBRARY FUND |) | | | 6 | 4-6020755 |
| Part I | Reason for Public | Charity Status (| All organizations must co | omplete th | ıs part) Se | e instruction | s | · · · · · · · · · · · · · · · · · · · |
| The organ | nization is not a private found | lation because it is. (| For lines 1 through 12, o | check only | one box) | | | |
| 1 🗀 | A church, convention of ch | urches, or association | on of churches described | d in section | n 170(b)(| 1)(A)(ı). | 1 | |
| 2 🔲 | A school described in secti | | | | | | 1 | |
| з 🔲 | A hospital or a cooperative | | · · | | | ii). | , | V |
| -4 | A medical research organiz | | | | | | .)(iii),-Enter | the hospital's name. |
| | city, and state | • | | | | · · · · · · · · · · · · · · · · · · · | , | |
| 5 🔲 | An organization operated for | or the benefit of a co | llege or university owner | d or opera | ted by a q | overnmental i | unit describ | ped in |
| | section 170(b)(1)(A)(iv). (C | | · | · | | | | |
| 6 🗀 | A federal, state, or local gov | | nental unit described in : | section 17 | 70(b)(1)(A) | (v). | | |
| 7 🗀 | An organization that norma | • | | | | • • | he general | public described in |
| | section 170(b)(1)(A)(vi). (C | - | , | J | | | J | • |
| 8 🖂 | A community trust describe | | (1)(A)(vi), (Complete Part | t II) | | | | |
| 9 🗀 | An agricultural research org | | | | ed in coniu | inction with a | land-grant | college |
| | or university or a non-land-g | | | | | | | |
| | university: | ,gg | , | | | ,, | | ,: |
| 10 | An organization that norma | Ilv receives (1) more | than 33 1/3% of its sup | port from | contributi | ons, member | ship fees, a | and gross receipts from |
| | activities related to its exen | • | | | | | | = |
| | income and unrelated busin | • | • | | | | * - | • |
| | See section 509(a)(2). (Cor | | (,, | | | | 3 | |
| 11 | An organization organized | | ively to test for public sa | fetv See | section 50 | 09(a)(4). | | |
| 12 X | An organization organized a | • | • | • | | | arry out the | nurnoses of one or |
| | more publicly supported or | | | | | | | |
| | lines 12a through 12d that | - | | | | | | ondon and box an |
| a 🗀 | Type I. A supporting orga | = : | · · · · · · | | | | - | / CIVIDO |
| ۵ _ | the supported organization | • | * | | • | - | | |
| | organization. You must o | | | a majority | or the dire | Clors of trasti | 563 01 1110 1 | supporting |
| ь 🗆 | Type II. A supporting org | • | | tion with it | te elinnort | ed organizatio | on(e) by he | avina |
| о <u> </u> | control or management o | | | | | | | |
| | organization(s). You mus | | | ane perso | Jiis tilat Ct | ontion of mane | age the sup | ported |
| ے ۔ | Type III functionally inte | • | | in connec | tion with | and functions | illy integrat | ad with |
| · _ | its supported organizatio | • | | | | | my miegrat | ea with, |
| a 🔀 | | | | | | | atod organ | ization(c) |
| u Lz | that is not functionally int | | | | | - | - | • • |
| | requirement (see instruct | - | * · | - | | - | u an atten | 114611622 |
| | ¬ | | • | | | | II Tuno III | |
| e L_ | ☐ Check this box if the orga | | | | | i type i, type | in, Type in | |
| 4 Ent | functionally integrated, or er the number of supported o | • • | many integrated support | ing organi. | zation. | | | 1 |
| | vide the following information | • | | | • | | • | L |
| | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) is the orga | inization listed ing document? | (v) Amount o | f monetary | (vi) Amount of other |
| | organization | } | (described on lines 1-10 | Yes | No No | support (see ii | - | support (see instructions) |
| TACK | ON MUNICIPAL | | above (see instructions)) | 103 | 110 | | | |
| | ATE SCHOOL DIS | 64 6000505 | 6 | x | 1 | ľ | 0. | |
| SEPAR | AIE SCHOOL DIS | 04-0000303 | | | - | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | | 1 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | |] |] | | | |
| | | | | | | | | ļ |

| | rt II Support Schedule for | | | | (h)(1)(A)(iv) an | 04-002 | U/33 Page/2 |
|-------|---|--------------------|----------------------|------------------------|---------------------------------------|----------------------|-----------------|
| I ai | (Complete only if you checked | - | | | | | , |
| 1 | fails to qualify under the tests | | | | on lailed to quality | under rait in. ii un | e organization |
| Caa | · · | listed below, piea | ise complete rait | ··· , | | | |
| | tion A. Public Support | | | | T | 1 1 2017 | (a = |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and | | | | | / | ſ |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | ļ <u> </u> |
| 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 | | | | | 1 | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | · - | | | / | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | / | | |
| | on line 1 that exceeds 2% of the | | | / | N . | | |
| | amount shown on line 11, | | | / | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | · · · · · · · · · · · · · · · · · · · | т | |
| | idar year (or fiscal year beginning in) 🖊 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | | | / | ļ | | |
| 8 | Gross income from interest, | | _ | 1 | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | [| |
| | and income from similar sources | | / | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | / | | ļ | | |
| | Other income. Do not include gain | 1 | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | /_ | | | | | |
| | Total support. Add lines 7 through 10 | | | <u> </u> | | | <u></u> |
| | Gross receipts from related activities, | | | | • | 12 | |
| | First five years. If the Form 990 is for | / | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) | |
| | organization, check this box and stop tion C. Computation of Publi | | rcentage | | | - | <u> </u> |
| | Public support percentage for 2017 (I | | | column (fl) | | 14 | % |
| | Public support percentage for 2017 (Public support percentage from 2016 | , | | | •• | 15 | |
| | 33 1/3% support test - 2017. If the c | | | n line 13, and line | 14 is 33 1/3% or | | |
| | stop here. The organization qualifies | | | | 14 13 00 17070 01 | more, check this b | DX and ▶□ |
| | 33 1/3% support test - 2016. If the c | | | | 1 line 15 is 33 1/39 | % or more checkt | his hox |
| | and stop here. The organization quali | | | | 2 10 10 10 17 17 | | ▶□ |
| | 10% -facts-and-circumstances test | | | | e 13. 16a. or 16b. | and line 14 is 10% | or more. |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | J | ▶□ |
| | 10% -facts-and-circumstances test | _ | | | | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | - | | | | | |
| | organization meets, the "facts-and-circ | | | | | | ightharpoons |
| | Private foundation. If the organization | | | | | | ns 🕨 🔲 |
| | / | | | | | | or 990-EZ) 2017 |
| | / | | | | | | |
| | / | | | | | | |
| | | | | | | | |
| 73202 | 2 10-08-17 | | | | | | |

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.)

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V) | | | |
|------------|--|-----------|--------------|--------------|
| <u>Sec</u> | tion A. All Supporting Organizations | | | - |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | 1 | } | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation If historic and continuing relationship, explain | 1 | X | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | 1 | 1 | l |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | - 2- | | -X- |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | 1 | ł | |
| | (b) and (c) below | 3a_ | ļ | X |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | i | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | Ì | | 1 |
| | organization made the determination. | 3b_ | ļ | ļ |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | i | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | ļ | <u> </u> |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | 1 | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | <u> </u> | X |
| þ | 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 | | 1 | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | ļ | ļ |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes | 4c | ļ | - |
| 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 | 1 | | 1 |
| | 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> | X |
| þ | 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? | <u>5b</u> | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | <u>5c</u> | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | l | 1 | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class | | | 1 |
| | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also | 1 | İ | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | | | |
| | Part VI. | 6 | - | X |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | [| | ĺ |
| | (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 | | X |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | X |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | ļ | 1 | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | ٠,, |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | X |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | 1 | ** |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | <u>9b</u> | - | X |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | _ | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | <u>9c</u> | - | X |
| 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. | 10a | | X |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | 1 |

determine whether the organization had excess business holdings.)

12153__1

Schedule A (Form 990 or 990-EZ) 2017 LAKE MEMORIAL LIBRARY FUND

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| ection A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
|--|-------------|---------------------------|-------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | <u> </u> | |
| 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 | 1 | , | _ |
| 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 | | |
| ection B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year). | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | _ |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 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 | | |
| ection C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally | v integrate | d Type III supporting ord | anization (see |

Schedule A (Form 990 or 990-EZ) 2017

| | dule A (Form 990 or 990-EZ) 2017 LAKE MEMORIAL | | | 4-6020755 Page 7 |
|----------|---|-------------------------------|--|-------------------------------------|
| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continued) | r ————— |
| Secti | on D - Distributions | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | s | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6_ | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | • | |
| | (provide details in Part VI) See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | · | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (ı) Excess Distributions | (ıi) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI) See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | 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) | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7 \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| | Remainder Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | ' |
| | Part VI See instructions | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7. | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | - | |
| <u>d</u> | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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

TAKE MEMORIAL TIRRARY MININ

Employer identification number 64-6020755

| D- | LAKE MEMORIAL LIBRAR | | 04-0020755 |
|-----|---|---|--|
| Pa | | | ds or Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6 | | |
| | L_ | (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 | ing that the assets held in donor adv | vised funds |
| | are the organization's property, subject to the organization's exc | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advis | • | pe used only |
| - | for charitable purposes and not for the benefit of the donor or do | · · | |
| | impermissible private benefit? | | . Yes No |
| Pai | | zation answered "Yes" on Form 990 | |
| 1 | Purpose(s) of conservation easements held by the organization | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| • | Preservation of land for public use (e.g., recreation or educ | | storically important land area |
| | Protection of natural habitat | · — | ertified historic structure |
| | Preservation of open space | reservation of a co | Strined Historia Stractara |
| • | Complete lines 2a through 2d if the organization held a qualified | concentation contribution in the for | m of a consequence consequent on the last |
| 2 | · | conservation contribution in the for | Held at the End of the Tax Year |
| _ | day of the tax year. | | |
| a | Total number of conservation easements | | 2a |
| D | Total acreage restricted by conservation easements | | . 2b |
| С | Number of conservation easements on a certified historic struction | | 2c |
| d | | r 7/25/06, and not on a historic stru | 1 |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, release | sed, extinguished, or terminated by t | the organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation easem | | _ |
| 5 | Does the organization have a written policy regarding the period | | |
| | violations, and enforcement of the conservation easements it ho | •• | L Yes L No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, har | ndling of violations, and enforcing co | onservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | g of violations, and enforcing conser | vation easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above s | atisfy the requirements of section 1 | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | easements in its revenue and expen | se statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | 's financial statements that describe | es the organization's accounting for |
| | conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections of A | | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 9 | 958), not to report in its revenue stat | tement and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exhibit | tion, education, or research in furthe | erance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describes | s these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 9 | 958), to report in its revenue stateme | ent and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, educ | ation, or research in furtherance of p | 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 | | > \$ |
| 2 | If the organization received or held works of art, historical treasu | | |
| _ | the following amounts required to be reported under SFAS 116 | | - /r |
| | · | v 200) | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |

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2017.05020 LAKE MEMORIAL LIBRARY FUND

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Schedule D (Form 990) 2017

| Part Organization's acquisitions Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued) 3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Pybbic exhibition b Scholarly research c Preservation for future generations d Loan or exchange programs e Other Direction Direction Preservation for future generations d Other Other Direction Other Other Other Other Direction Other Other Other Other Other Direction Other Other Other Other Other Direction Other O | | | MORIAL LIB | | | | | 20755 | |
|--|---------|---|-------------------------|-------------------------|-----------------------|-----------------|------------------|---------------|-----------------|
| Circle of lith at apply): a | Pai | t III Organizations Maintaining C | Collections of Ar | t, Historical Tr | easures, or Oth | er Sim | <u>ilar Asse</u> | ts(continue | d) |
| b Scholarly research c Preservation for future generations de Preservation for future generations de Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Distriction to use funds a starter than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its organization an agent, frustee, pustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is lift organization an agent, frustee, pustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is lift organization an agent, frustee, pustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. If Yes Septian the arrangement in Part XIII and complete the following table C Beginning balance I Garding balance I Gard | 3 | | on, and other record | s, check any of the | following that are a | significan | t use of its | collection it | ems |
| c Pessenvation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Perart IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 10 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 10 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 11 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 12 Beginning balance 13 Additions during the year 14 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 15 Yes No | а | Public exhibition | d | Loan or excl | hange programs | | | | |
| 4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be manifared as part of the organization's collection? Part IV] Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2 Distributions during the year f Ending balance a Distribution such deal and the year f Ending balance a Beginning of year balance b Contributions c Net investment earnings, gains, and losses g End of year balance C Other expenditures for facilities a Distributions c Net investment earnings, gains, and losses g End of year balance g End of year balance D Permanent endowment Limb and the properties of the current year end balance (line 1g, co | b | Scholarly research | е | Other | - | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. Is the organization an appent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ves No or Form 990, Part X Ves No If "Yes," explain the arrangement in Part XIII and complete the following table Amount 10 Maintain Maintai | С | Preservation for future generations | | | | | _ | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. Is the organization an appent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ves No or Form 990, Part X Ves No If "Yes," explain the arrangement in Part XIII and complete the following table Amount 10 Maintain Maintai | 4 | Provide a description of the organization's co | ollections and explair | n how they further th | he organization's ex | empt pur | pose in Par | t XIII. | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included | 5 | | | - | - | | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included | | | | · | | | . [| Yes | □ No |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes, "explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance 2. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability." Yes No b If Yes, "explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year [b) Pror year [c) Pror year [c] Pro | Par | | | | | n Form 9 | 90, Part IV, | line 9, or | |
| on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. (a) Current year (b) Form year (c) From year (| | | | J | | | • | | |
| on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. (a) Current year (b) Form year (c) From year (| 1a | Is the organization an agent, trustee, custod | an or other intermed | iary for contribution | is or other assets no | t include | d — — | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes he followed by the very lift of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes how the "Yes" explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses of Grants or scholarships c Grants or scholarships d Grants or scholarships d Grants or scholarships 25, 622, 28, 888, 30, 371, 30, 389, 26, 073, 440, 100, 105, 100, 105, 100, 100, 100, 10 | | | | • | | | | Yes | □ No |
| C Beginning balance 1 C 1 1 1 1 1 1 1 1 | b | | and complete the fol | llowing table | • | • | | | |
| C Beginning balance 1c 1d | | , | | 3 | | | | Amount | |
| d Additions during the year Ending balance Distributions during the year Fending balance Tit Distributions during the year Tit Ending balance Tit Distributions during the year Tit Distributions | С | Beginning balance | | | | 10 | | | |
| e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Funds. Complete if the organization is selected. (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four | | • • | • | • | • | | | | |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | | • | | | | | | |
| Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes | | - , | • | • | • • • | | _ | | |
| B f "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Check here if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Contributions (e) Contribut |) 2a | - | orm 990 Part X line | 21 for escrow or cu | stodial account liah | | | Vec | No |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four | | • | | • | | - | <u> </u> | 7 162 | == '\' |
| (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years base (e) Four years (e) Four ye | | | | | | | | | |
| 1a Beginning of year balance 2,072,799, 2,005,448, 1,979,909, 1,785,159, 1,743,274, b Contributions 2,071,799, 2,005,448, 1,979,909, 1,785,159, 1,743,274, 135,188, 112,427, 268,049, 100,105, | | | | | | | vears hack | (a) Four ve | ars back |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Orants or scholarships e Other expenditures for facilities and programs 25,622, 28,888, 30,371, 30,389, 26,073, f Administrative expenses g End of year balance 2,138,651, 2,072,799, 2,005,448, 1,979,909, 1,785,159, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other | 12 | Beginning of year balance | | | | | | | |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 25,622, 28,888, 30,371, 30,389, 26,073, f Administrative expenses g End of year balance 2,138,651, 2,072,799, 2,005,448, 1,979,909, 1,785,159, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | _ | | 2,072,199. | 2,005,446. | 1,979,909. | 1,785,159, 1,74 | | | |
| d Grants or scholarships 38,949, 56,517, 42,910, 32,147. e Other expenditures for facilities and programs 25,622, 28,888, 30,371, 30,389, 26,073, f Administrative expenses g End of year balance 2,138,651, 2,072,799, 2,005,448, 1,979,909, 1,785,159, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation depreciation depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | • •• | 24 474 | 125 100 | 110 107 | - | 060 040 | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,138,651, 2,072,799, 2,005,448, 1,979,909, 1,785,159, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other | C | | 91,474. | | | | | | |
| and programs Administrative expenses 25,622 28,888 30,371 30,389 26,073 | | , | | 38,949. | 56,517. | 42,910. | | | 32,147. |
| g End of year balance g End of year balance 2 138 651 2 072 799 2 005 448 1, 979 909 1, 785 159. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | е | · | | | | İ | | Ì | |
| g End of year balance 2,138,651, 2,072,799, 2,005,448, 1,979,909, 1,785,159, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | | 25,622. | 28,888. | 30,371. | | 30,389. | | <u> 26,073.</u> |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | f | • | | | | | | <u> </u> | |
| a Board designated or quasi-endowment | g | - | | | | 1 | <u>979,909.</u> | 1,78 | <u>35,159.</u> |
| b Permanent endowment \ | 2 | Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: | | | | | | | |
| Temporarily restricted endowment ► | а | Board designated or quasi-endowment % | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other | b | Permanent endowment % | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other | C | Temporarily restricted endowment ▶ | % | | | | | | |
| by: (i) unrelated organizations (ii) related organizations (iii) x (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Book value (e) Leasehold improvements (b) Equipment (c) Leasehold improvements (d) Equipment (e) Cther | | The percentages on lines 2a, 2b, and 2c should equal 100%. | | | | | | | |
| (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | За | Are there endowment funds not in the possession of the organization that are held and administered for the organization | | | | | | | |
| (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | by: | • | | | | | Ye | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | (i) unrelated organizations | | | | | | 3a(i) | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land buildings cheasehold improvements cheasehold improvements dequipment cheasehold improvements contact the contact of th | | (ii) related organizations | | | • | | | 3a(ii) | X |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | b | If "Yes" on line 3a(ii), are the related organization | ations listed as requir | ed on Schedule R? | | | | 3b | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | _4_ | Describe in Part XIII the intended uses of the | organization's endo | wment funds | | | | | |
| Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other | Pai | t VI Land, Buildings, and Equipm | nent. | | | | | | |
| basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a S | See Form 990, Part > | K, line 10 | | | |
| basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other | | Description of property | (a) Cost or o | ther (b) Cost | or other (c) | Accumula | ited | (d) Book v | alue |
| b Buildings c Leasehold improvements d Equipment e Other | | | basis (investri | nent) basis | (other) de | epreciatio | n | • • | |
| b Buildings c Leasehold improvements d Equipment e Other | 1a | Land | | | | | | | |
| c Leasehold improvements | _ | | | | | | | | |
| d Equipment | c | · · | | | | | | | |
| e Other | d | · | - | | | | | | |
| | | | | | | | | | |
| | | | gual Form 990. Part | X, column (B). line 1 | 10c.) | | | | 0. |

Schedule D (Form 990) 2017

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | valuation Cost or en | d-of-year market value |
|--|---|------------------------|----------------------|---------------------------------------|
|) Financial derivatives | | | | |
|) Closely-held equity interests | | | | |
| Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | · · · · · · · · · · · · · · · · · · · | | | |
| (F) | | | | |
| (G) | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| (H) | | | | |
| tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. | | | | |
| | F 000 B- + 0/ b | - 11 - 0 5 000 | Dark V. Iran 40 | |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | (c) Method of | , Paπ X, line 13. | d-of-year market value |
| | (b) Book value | (c) Metriod or v | | d-or-year market value |
| (1) ^ | | | | |
| (2) | | _ | | |
| (3) | | | ·· · - | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | 1 | | | |
| | | | | |
| (8) | | | | |
| (8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | | | | |
| (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes | | ne 11d See Form 990 | , Part X, line 15. | (b) Book value |
| (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) | on Form 990, Part IV, li | ne 11d See Form 990 | , Part X, line 15. | (b) Book value |
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| (8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, li | ne 11d See Form 990 | , Part X, line 15. | (b) Book value |
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| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes | " on Form 990, Part IV, Ii) Description | | | |
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Schedule D (Form 990) 2017

| Schedule D (Form 990) 2017 LAKE MEMORIAL LIBRARY FUNI | | | | 755 Page 4 |
|---|-------------|---------------|-------------------|---------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statem | ents With F | Revenue per F | Return. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a | | | |
| Total revenue, gains, and other support per audited financial statements | | | 1 | 68,372. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | • | | | |
| a Net unrealized gains (losses) on investments | 2a | | | |
| b Donated services and use of facilities | 2b | | 1 | |
| c Recoveries of prior year grants | 2c | · | 1 [| |
| d Other (Describe in Part XIII.) | 2d | <4,692. | 1 | |
| e Add lines 2a through 2d | <u> </u> | <u> </u> | 2e | -4 692 - |
| 3 Subtract line 2e from line 1 | | | 3 | <4,692.> 73,064. |
| | | | -3- | 73,004. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | امدا | | 1 1 | |
| a_investment.expenses.not.included.on.Form.990,.Part.VIII,.line.7b | _4a_ | 18,410. | - | |
| b Other (Describe in Part XIII) | 4b | 10,410. | 7 . 1 | 10 410 |
| c Add lines 4a and 4b | | | 4c | 18,410. |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | nonto Mith | Evnanasa na | 5 | 91,474. |
| Part XII Reconciliation of Expenses per Audited Financial Staten | | Expenses per | Return. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | <u> </u> | | | |
| 1 Total expenses and losses per audited financial statements | | | 1 | <u> 25,208.</u> |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 1 1 | |
| a Donated services and use of facilities | 2a | | 」 | |
| b Prior year adjustments | 2b | <u>.</u> | <u> </u> | |
| c Other losses | 2c | |] | |
| d Other (Describe in Part XIII) | 2d | |] | |
| e Add lines 2a through 2d | | | 2e | 0. |
| 3 Subtract line 2e from line 1 | | | 3 | 25,208. |
| 4 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 | 4a | | 1 1 | |
| b Other (Describe in Part XIII.) | 4b | 414. |] [| |
| c Add lines 4a and 4b | | | 4c | 414. |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | • | 5 | 25,622. |
| Part XIII Supplemental Information. | | | <u> </u> | 2370221 |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad | | | 4; Part X, line 2 | , Part XI, |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| UNREALIZED GAIN/LOSS ON INVESTMENTS | | | | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| NET DIFFERENCE BETWEEN REALIZED GAIN/LOSS ON | N BOOKS | VERSUS | -, , | |
| TAX | | | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| OTHER EXPENSES | | | | |
| OTHER EAPENSES | | | | |
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| Schedule D (Fòrm 990) 2017 | LAKE MEMORIAL | LIBRARY | FUND | 64-6020755 Page 5 |
|---|---------------------------------------|-------------|---------------|---------------------------------------|
| Schedule D (Fòrm 990) 2017 Part XIII Supplemental Infor | rmation (continued) | | | |
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2017
Open to Public Inspection

Name of the organization Employer identification number LAKE MEMORIAL LIBRARY FUND 64-6020755 FORM 990, PART VI, SECTION A, LINE 8A: THERE WERE NO MEETINGS OF A GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE THAT CAN ACT ON BEHALF OF A GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE 990 WAS GIVEN TO THE TRUSTEE TO BE APPROVED BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 18: THE FINANCIAL STATEMENTS AND TAX RETURNS OF THE FUND ARE PROVIDED TO INDIVIDUALS UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.