DLN: 93493192007250 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019 C Name of organization AMERICAN LIBRARY ASSOCIATION D Employer identification number B Check if applicable ☑ Address change 36-2166947 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 225 N Michigan Avenue Suite 1300 ☐ Application pending (312) 280-5834 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL $\,$ 60601 $\,$ G Gross receipts \$ 62,366,393 F Name and address of principal officer H(a) Is this a group return for Tracie Hall □Yes ☑No subordinates? 225 N Michigan Avenue Suite 1300 H(b) Are all subordinates Chicago, IL 60601 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ ala org L Year of formation 1876 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities The mission of the American Library Association is to provide leadership for the development, promotion and improvement of library and information services and the profession of librarianship in order to enhance learning and ensure access to information for all Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 297 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 75 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,787,737 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 16,900,563 16,955,488 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 27,411,860 25,127,465 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,129,214 2,551,337 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,523,881 5,355,630 49,989,920 53,965,518 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,264,141 1,828,057 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,542,338 23,821,531 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶616,058 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 27,780,774 28,393,291 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 54,587,253 54,042,879 19 Revenue less expenses Subtract line 18 from line 12 . -621,735 -4,052,959 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 81,801,580 77,320,482 38,644,336 21 Total liabilities (Part X, line 26) . 35,763,081 22 Net assets or fund balances Subtract line 21 from line 20 . 46,038,499 38,676,146 Signature Block 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 2020-07-07 Signature of officer Sign Here Tracie Hall Executive Director Type or print name and title Date Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2				
Pa	t III Statement	of Program Serv	vice Accomplis	hments						
	Check If Sche	dule O contains a re	sponse or note to a	any line in this Part III		🗆				
1	Briefly describe the c	organization's missio	n n							
						ent of library and information				
servi	ces and the profession	of librarianship in o	rder to enhance lea	arning and ensure access to	information for all					
	Did the organization	undertake anv signit	ficant program serv	vices during the year which v	were not listed on					
_	3	, ,	, ,			☐ Yes ☑ No				
	If "Yes," describe the									
3	•			changes in how it conducts	any program					
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe the		dule O			. Yes 🗹 No				
4	•									
-				nts for each of its three large to report the amount of gra						
	expenses, and reven									
4a	(Code) (Expenses \$	17,687,972	including grants of \$	0) (Revenue \$	0)				
	See Additional Data									
4b	(Code) (Expenses \$	6,883,277	ıncluding grants of \$	0) (Revenue \$	12,220,093)				
40	See Additional Data) (Expenses \$	0,003,277	including grants or \$	o) (Neverlue \$	12,220,093)				
	See Additional Bata									
4c	(Code) (Expenses \$	7,774,431	including grants of \$	0) (Revenue \$	10,044,368)				
	See Additional Data									
	See Additional Data	Table								
4d	Other program servi	ces (Describe in Sch	edule O)							
	(Expenses \$	9,920,793 ।	ncluding grants of	\$ 1,828,057)	(Revenue \$	1,751,512)				
4e	Total program serv	vice expenses ▶	42,266,4	73						

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 Nο services?If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Nο 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 14b Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Yes

Nο

21

22

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Part	Checklist of Required Schedules (continued)			
	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	23	Yes Yes	No
a	Schedule J	24a		No
•	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	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		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	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	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	Yes	
	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		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	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	Yes	
	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 967		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Yes

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g

7h

8

9a

9h

12a

14a

14b

15

No

No

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Nο

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

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

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a 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

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

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 c Enter the amount of reserves on hand

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

10a

10b

11a

11b

13b

13c

01111	1550 (2010)			raye (
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 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	,	onse to	lınes 🗹
Se	ection 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	11		
	TC the control of Cont			
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors or trustees, or key employees to a management company or other person?	ervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d? . 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	. 6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	or more		
	members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholden persons other than the governing body?	s, or 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following	ear by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9				
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. \	No
36	ection B. Policies (This Section B requests information about policies not required by the Internal i	Revenue Coue	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	-110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes?	-	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	na the		
	form?	. 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r conflicts?	se to 12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ		.,	
4-	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	naent		1
	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	. 15b	Yes	
	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 taxable entity during the year?	a . 16a		No
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	. 16a		No
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	. 16a cipation xempt		No
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year? 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 estatus with respect to such arrangements?	. 16a		No
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	. 16a cipation xempt		No
ь S е 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	. 16a ipation xempt 16b		No
b Se	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	. 16a ipation xempt 16b		No
ь S е 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	. 16a ipation xempt 16b		No
ь S е 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	. 16a sipation xempt 16b		No
5e 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	. 16a sipation xempt 16b		No

Part VII

(15) Mark Leon CFO

(16) Mary Ellen Davis

Executive Director - ACRL

Associate Executive Director

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization						sateu	CITIF	Sloyees who receive	ed more than \$100	,,000
• List all of the organization's former director organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such person	stees or director		-					-		
Check this box if neither the organization no	r any related or	rganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	perso and	an on on is	e bo both recto	t che ox, u h an or/tr	inless office ustee)	er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Loida Garcia-Febo President	5	×		x				0	0	0
(2) Wanda Kay Brown President Elect	5			×				0	0	0
(3) James Neal Immediate Past President	5 0	×		x				0	0	0
(4) Susan Hildreth Treasurer	5	x		х				0	0	0
(5) Trevor Dawes Board Member	5	х						0	0	0
(6) Karen Downing Board Member	0	х						0	0	0
(7) Marıa McCauley PhD Board Member	5 0	×						0	0	0
(8) Ed Garcıa Board Member	5	х						0	0	0
(9) Andrew Pace Board Member	5 0	х						0	0	0
(10) Lessa Kananı'opua Pelayo-Lozada Board Member	5 0	×						0	0	0
(11) Tamika Barnes Board Member	5 0	x						0	0	0
(12) Patricia Wong Board Member	0	×						0	0	0
(13) Mary Ghikas Executive Director	35			x				270,495	0	33,003
(14) Keith Fiels Executive Director (retired)	35			х				247,473	0	0
	25	-		-	-	-	\vdash			

35

0 35

Ω 35

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22,837

30,219

9.840

186,643

154,138

157.814

LSC Communications

PO Box 932987 Cleveland, OH 44193 Hall Erickson

98 E Naperville Rd

compensation from the organization ▶ 30

Name and Title	Average hours per week (list any hours for related	than o	ne b	ox, ι n of	t ch unle ficei rust	and a	son	compens from t organization	eportable Reportable npensation compensation from the from relate nization (W- organizatio			ensation amount of o related compensat	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033	1130)	MISC)		relai organiz	ted
(18) Lorelle Swader	35 	<u></u>				×			141,691		0		31,931
(19) Alan Inquire													
Director	35 	 				×			138,726		0		19,244
(20) Mary Mackay	35												
Associate Executive Director		 				×			149,038		0		20,550
(21) Bill Ott	35					x			139,582		0		19,296
Editor & Publisher, Booklist Publications									139,582		Ů		19,296
to Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A	· ·	 <u>. </u>	•	1	•	ceive	1,585,60 ed more tha	_	,000)		186,920
										. г		Yes	No
3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>									sated er • •	nployee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations gr										he			
ındıvıdual			•	•	•	•	•			[4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? If '								ganization o	r ındıvıd	dual for	5		No
Section B. Independent Contractors													
Complete this table for your five highest of from the organization. Report compensat	compensated in										npen	sation	
Name and h	(A)								Doccrint	(B)		(C Comper	
Name and business address PC Connection						Inform	nation ted	chnology consultir	ng	Compe	752,168		
730 Milford Road Merrimack, NH 03054													
PBD Worldwide								Fulfillr	nent cent	er services			870,967
1650 Bluegrass Lakes Parkway Alpharetta, GA 30004													
Promet Source							Information technology consulting services			1,056,902			
1802 W Berteau Avenue Unit 209 Chicago, IL 60613													
LCC Communications								December				 	E42.100

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(B)

543,180

418,643

Printing services

Trade show consulting

Part	VIII	Statement of	Revenue											
		Check if Schedul	e O contains a	respo	onse or no	te to any	(his Part VIII A) revenue	Re e	(B) lated or xempt unction	Unro bus	C) elated iness enue	exc	(D) Revenue cluded from onder sections
ributions, Gifts, Grants Other Similar Amounts	b N c F d F	Federated campaign Membership dues . Fundraising events Related organization	 ns	1a 1b 1c 1d		0,128,984				evenue	100			12 - 514
Contributions, Gifts, Grants and Other Similar Amounts	f A a a	Government grants (co All other contributions, and similar amounts no above Noncash contribution Ines 1a - 1f \$ Fotal. Add lines 1a-	gifts, grants, ot included	1f 0	7	,399,568		16,955,488						
	2a Ad	lvertising, net				Business	Code		787,737		0	4,787,7	737	0
Program Service Revenue	b Sa c Su	eetings and conference	25				541800 511130 511120	4,0	270,679 097,444 220,093	2,270 4,097 12,220	,444		0	0
ogram Sei	e —	l other program sei		_			541900	1,7	751,512	1,751	,512		0	0
_ <u>ĕ</u>		tal. Add lines 2a-2			<u> </u>	25,	127,465		_				ı	
	sımı 4 Inc	restment income (in ilar amounts) . come from investme valties	ent of tax-exen	• npt bo	ond proce	eds		1,387,10 1,568,27	0	0 0 1,568,276		0		1,387,108 0 0
	b Le c Re	ross rents ess rental expenses ental income or oss) let rental income or	(I) Real	0		ersonal	0							
	7a Groffro assetthat b Le of	ross amount om sales of sets other an inventory ess cost or ther basis and ales expenses iain or (loss)	(i) Securition 12,96	7,026 4,229		Other	0 0							
Other Revenue	d N 8a Gr (n co Se	let gain or (loss). ross income from foot including \$ ontributions reporte see Part IV, line 18 ess direct expenses	undraising ever	nts		•		1,164,22	9	0		0		1,164,229
Other	9a Gr Se b Le	ross income or (loss) ross income from g ee Part IV, line 19 ess direct expenses	aming activitie	a b										
	c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b					4,309,899 579,447	_							
	C Ne	et income or (loss) Miscellaneous		nvent I		ss Code		3,730,45	2	3,730,452		0		0
	11a _M	failing list rental	Kevenue		Dusine	51114	0	51,47	75	0		0		51,475
		hange in investmer enture	nt in publishing	· ·		51119	0	5,42	7	5,427		0		0
		l other revenue .				•			0	0		0		0
		otal revenue. See						56,90						
				-				49,989,92	:0	25,643,883		4,787,737		2,602,812 m 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,828,057	1,828,057		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	858,748	154,138	704,610	
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	16,981,134	13,297,392	3,328,613	355,129
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	991,989	748,540	223,748	19,701
9 Other employee benefits	3,678,669	2,646,123	961,244	71,302
10 Payroll taxes	1,310,991	989,254	295,700	26,037
11 Fees for services (non-employees)				
a Management	0			
b Legal	254,044	55,411	198,633	
c Accounting	119,587		119,587	
d Lobbying	389,877	389,877		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	316,665	277,057	39,608	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,063,705	4,630,691	1,414,158	18,856
12 Advertising and promotion	84,130	69,330		14,800
13 Office expenses	2,417,848	1,989,564	407,923	20,361
14 Information technology	1,191,377	477,710	713,667	
15 Royalties	480,980	480,980		
16 Occupancy	388,223	35,969	352,254	
17 Travel	2,525,536	2,153,144	358,003	14,389

7,253,536

2,299,309

130,295

90,745

3,076,062

631,635

412,532

149,190

54,042,879

118,015

7,020,639

1,089,270

30,035

90,745

2,950,053

366,355

266,490

176,823

42,266,473

52,826

211,580

65,189

1,207,939

100,260

96,668

265,280

123,317

-27,633

11,160,348

21,317

2,100

0

0

29,341

22,725

616,058

Form 990 (2018)

section 4958(c)(3)(B)		
7 Other salaries and wages	16,981,134	13,297,392
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	991,989	748,540
9 Other employee benefits	3,678,669	2,646,123

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

c Equipment/furniture rental and repair

25 Total functional expenses. Add lines 1 through 24e

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)

21 Payments to affiliates . . .

expenses on Schedule O)

b Publications and printing

d Temporary employees

e All other expenses

20 Interest . .

23 Insurance .

a Bad debt

Form 990 (2018)

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

		Check if Schedule O contains a response or not	te to an	ny line in this Part IX			<u> U</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			975,568	1	718,264
	2	Savings and temporary cash investments .		[9,344,249	2	4,922,704
	3	Pledges and grants receivable, net			455,353	3	354,574
	4	Accounts receivable, net			3,490,119	4	3,126,000
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L		5			
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under (c)(3)(B), and of section 501(c)(9) structions) Complete		6		
et	7	Notes and loans receivable, net			41,457	7	
Assets	8	Inventories for sale or use	1,550,443	8	1,695,243		
٩	9	Prepaid expenses and deferred charges	533,926	9	764,100		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	39,169,444			
	b	Less accumulated depreciation	10 b	28,321,408	11,355,559	10 c	10,848,036
	11	Investments—publicly traded securities .			52,327,558	11	52,682,619
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[1,685,284	14	1,421,000
	15	Other assets See Part IV, line 11		[42,064	15	787,942
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	81,801,580	16	77,320,482
	17	Accounts payable and accrued expenses			3,778,515	17	4,259,518
	18	Grants payable				18	

23.006.441

2,000,000

6,978,125

35.763.081

41.931.470

3,592,329

514,700

46,038,499

81,801,580

19

20

21

22

23

24

25

26

27

28

29

30

31 32

33

34

22.251.060

2,900,000

9.233.758

38.644.336

34.406.609

3,754,837

38,676,146

77,320,482

Form **990** (2018)

514,700

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007995 Software Version: v1.00

Mutual membership benefit programs, general/other-Membership services provided in conjunction with member participation. Personal and organizational members totaled

EIN: 36-2166947

Name: AMERICAN LIBRARY ASSOCIATION

Form 990 (2018)

56,000 as of August 31, 2019

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: Mutual membership benefit programs, general/other-Conferences enable members to keep abreast of the latest technological capabilities, new publications and trends in the profession. Three major conferences, several national forums and a variety of institutes were held during the year

Form 990, Part III, Line 4c: Publishing-publishing of trade journals and books to aide the profession. Published trade journals and books on a variety of topics of interest to the profession during the

year

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 8,092,736 including grants of \$ 0) (Revenue \$ 1,751,512) Mutual membership benefit programs, general/other. General activities such as diversity, international relations, accreditation and monitoring

legislation (15 offices/departments) and Round Table discussions and activities (21 Round Tables)

1.828.057) (Revenue \$) (Expenses \$ 1.828.057 including grants of \$

(Code Mutual membership benefit programs, general/other Programs related to grants and awards as per donor's requirements (1,025 beneficiaries)

GCHEDUL Form 990 or 90EZ)		Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 10-EZ.	a section	2018 Open to Public
epartment of the T ternal Revenue Se ame of the o	F3.102	► Go to	www.irs.gov/Forms	990 for the late	est information	Employer identific	Inspection
MERICAN LIBRAR	Y ASSOCIATION					' '	action maniper
Part I R	eason for P	ublic Charity Stat	us (All organization	s must comple	te this part.) S	36-2166947 See instructions.	
e organization	n is not a priva	te foundation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)		
L Ac	hurch, convent	tion of churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	chool describe	d in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
A h	ospital or a co	operative hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
	nedical researd me, city, and s	•	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
	-	perated for the benefi Complete Part II)	t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
		•	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
		hat normally receives 1)(A)(vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nit or from the gener	al public described ii
A c	ommunity trus	t described in sectio	170(b)(1)(A)(vi)	(Complete Part I	I)		
			escribed in 170(b)(1) ee instructions Enter				ege or university or
froi inv	m activities rel estment incom	ated to its exempt fur	(1) more than 331/3% actions—subject to certiess taxable income (learning)	taın exceptions,	and (2) no more	than 331/3% of its si	upport from gross
			exclusively to test fo	r public safety S	See section 509	(a)(4).	
mo	re publicly sup	ported organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Tyl org	p e I. A suppor anization(s) th	- tıng organızatıon oper	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
ma	nagement of t	,	ervised or controlled in ation vested in the san and C.				-
			supporting organization				ited with, its
Tyl	pe III non-fu ctionally integi	nctionally integrate rated The organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported organ	
	•	•	ved a written determir	•		pe I, Type II, Type II	I functionally
_		pe III non-functionally oported organizations	integrated supporting	organization	·		
			ipported organization((vi) Amount of
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	ation in your governing document? monetary support on lines ve (see			
				Yes	No		
tal							+
	. Dadwalian A	ct Notice, see the I	actuuctions for	Cat No 1128!		Schedule A (Form 9	00 000 F7\ 301

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (d) 2017 (e) 2018 (a) 2014 **(b)** 2015 (c) 2016 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not

	include any unusual grant) L						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
5	Public support. Subtract line 5 from						
	line 4						
5	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(6)2016	(a)2017	(e)2018	(I)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
LU	other income bo not include gain of						
LU	loss from the sale of capital assets						

(Explain in Part VI) Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

11

14

organization

supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

-	

16a	33 1/3% support test—2018. If the organization did not check the
15	Public support percentage for 2017 Schedule A, Part II, line 14
14	Table support percentage for 2010 (inte o, column (i) divided by inte

box and stop here. The organization qualifies as a publicly supported organization

i
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rubiic support percentage for	2010 (line o, column (i) divided by lin
Public support percentage for	2017 Schedule A, Part II, line 14

1	

15

14	
15	

e box on line 13, and line 14 is 33 1/3% or more,

_	hack	th

١		,	
٦	dıd	not	check

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

c	heck	thi

s	box		

		'	_		•	•			
33 1/3 ⁰	% sup	port te	st—2018.	If the org	anızatıon	did no	ot check	the box	on lii
and sto	p here	e. The o	rganization	qualifies	as a publ	icly su	upported	organiza	ation

heck	this

- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
 - Schedule A (Form 990 or 990-EZ) 2018

20

۲	(Complete only if you					to qualify unde	r Dart II If
	the organization fails						rait II. II
Se	ection A. Public Support	eo quamy ander e	ing costs horda s	Jeierry predate de	implete Fall 111)		
	Calendar year	(5) 2014	(b) 201E	(a) 2016	(4) 2017	(a) 2019	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	17,449,579	15,940,083	15,826,779	16,900,563	16,955,488	83,072,49
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	24,629,873	25,598,750	23,711,438	27,164,516	24,070,180	125,174,75
3	organization's tax-exempt purpose Gross receipts from activities that						
3	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						
6	the organization without charge Total. Add lines 1 through 5	42,079,452	41,538,833	39,538,217	44,065,079	41,025,668	208,247,24
	Amounts included on lines 1, 2, and	42,075,452	41,550,055	33,330,217	44,005,075	41,023,000	200,247,24
	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						
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support. (Subtract line 7c						208,247,24
	from line 6) ection B. Total Support						
30	Calendar year	Т					
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) ⊤otal
9		42,079,452	41,538,833	39,538,217	44,065,079	41,025,668	208,247,24
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	3,738,560	3,617,255	3,461,497	3,349,496	3,012,286	17,179,09
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,738,560	3,617,255	3,461,497	3,349,496	3,012,286	17,179,09
11	Net income from unrelated						
	business activities not included in	0	0	0	o	o	
	line 10b, whether or not the business is regularly carried on						
12							
	or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c,	-	+				
13	11, and 12)	45,818,012	45,156,088	42,999,714	47,414,575	44,037,954	225,426,34
14	First five years. If the Form 990 is	or the organization	's fırst, second, th	ıırd, fourth, or fıfth	tax year as a sec	tion 501(c)(3) org	ganızatıon,
	check this box and stop here						ightharpoons
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (ıne 8, column (f) dı	vided by line 13,	column (f))		15	92 379 %
16	Public support percentage from 2017	Schedule A, Part II	I, line 15			16	92 174 %
Se	ection D. Computation of Inves	tment Income	Percentage			'	
17	Investment income percentage for 20	018 (line 10c, colur	nn (f) divided by l	line 13, column (f))	17	7 621 %
18	Investment income percentage from	2017 Schedule A, I	Part III, line 17			18	7 826 %
19a	331/3% support tests—2018. If the	e organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box and 33 1/3% support tests—2017. If t	stop here. The or	ganızatıon qualıfı	es as a publicly sup	pported organizati	on	▶ ☑
_	not more than 33 1/3%, check this bo	_					▶ □

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

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 Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: 18007995 **Software Version:** v1.00 **EIN:** 36-2166947

36-2166947

Name: AMERICAN LIBRARY ASSOCIATION

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

Instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

OMB No 1545-0047

DLN: 93493192007250

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

		to n(c)(3)) organizations. Complete Parts	I-A and C below	Do not complete Part I-	D		
	Section 527 organizations Complet	te Part I-A only n Form 990, Part IV, Line 4, or Form 99	00 E7 Dart VI 1:-	na 47 (Lobbuina Actuit	106/	than	
		t have filed Form 5768 (election under se					3
		t have NOT filed Form 5768 (election un					
f the	e organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Tax					
	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organia						
	section 50 ((c)(4), (5), or (6) organize me of the organization	zationa Complete Fait III		Employer id	entif	ication num	nber
	ERICAN LIBRARY ASSOCIATION				2		
	Complete Kale		- F01/5\:	36-2166947		A:	
		nization is exempt under section					
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political cam	npaign activities in	Part IV (see instruction	s for	definition of	
2	Political campaign activity expend	litures (see instructions)		>	\$_		
3	Volunteer hours for political camp	paign activities (see instructions)					
Par	t I-B Complete if the orga	nization is exempt under section	n 501(c)(3).				
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	<u></u> ►	\$		
2	Enter the amount of any excise to	ax incurred by organization managers ur	nder section 4955	>	\$ _		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for tl	his year?			☐ Yes	□ No
4a	Was a correction made?					Yes	□ No
ь	If "Yes," describe in Part IV						
		nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$_		
2	Enter the amount of the filing org function activities	anization's funds contributed to other or	rganizations for se	ection 527 exempt	\$		
3		es Add lines 1 and 2 Enter here and on	Form 1120-POL.	line 17b ▶	Ψ_		
4	Did the filing organization file For		, , , , , ,		≯_	☐ Yes	
5	Enter the names addresses and	employer identification number (EIN) of	all section 527 no	ditical organizations to w	hich		□ NO
J	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	unt paid from the ed to a separate p	filing organization's fun olitical organization, suc	ds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron	1	(e) Amount	of political
				filing organization's		contributions	received
				funds If none, enter -0-		and promp directly deliv	
						separate p	oolitical
						organization enter -	
					\dashv	Cittor	-
2							
3							
1							
5					+		
					+		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
Grassroots nontaxable amount (enter 25% of line 1f)	250,000
Subtract line 1g from line 1a If zero or less, enter -	0	
Subtract line 1f from line 1c. If zero or less, enter -0	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

1,000,000

224,941

250,000

(b) 2016

1,000,000

217,715

250,000

(c) 2017

1,000,000

257,953

250,000

(d) 2018

1,000,000

389,877

250,000

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

4,000,000

6,000,000

1,090,486

1,000,000

1,500,000

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE D Supplemental Fina

(Form 990)

Department of the Treasury

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.

► Attach to Form 990.
- Go to <u>www.irs.gov/Form990</u> for the latest information

DLN: 93493192007250 OMB No 1545-0047

2018

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		ov/rormsso for the latest information.				spection
Na AME	me of the organization ERICAN LIBRARY ASSOCIATION		Emp	oloyer ide	entification	number
	Ourselestions Naintaining Dancy Advis	and Friends are Others Circilary Friends		2166947		
126	Organizations Maintaining Donor Advis Complete if the organization answered "Yes		or Acc	ounts.		
		(a) Donor advised funds		(b)Fund	s and other	accounts
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-		lvised 1	funds are		Yes 🗌 No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				rmissible	Yes □ No
Pa	rt III Conservation Easements. Complete if th	e organization answered "Yes" on Forr	n 990	, Part IV	/, lıne 7.	
L	Purpose(s) of conservation easements held by the organ	nization (check all that apply)				
	\square Preservation of land for public use (e g , recreation	or education) \qed Preservation of an	histor	ıcally ımp	ortant land	area
	Protection of natural habitat	Preservation of a c	ertifie	d historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	m of a		ation at the End o	of the Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic	structure included in (a)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the org	ganızatıor	n during the	
1	Number of states where property subject to conservatio	n easement is located >		_		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of viola	ations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onserva	ation ease	ements durii	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conser	vation	easemen	ts during the	e year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the requirements of section 1	70(h)(·	4)(B)(ı)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state				
ar	t III Organizations Maintaining Collections		er Sii	milar A:	ssets.	
	Complete if the organization answered "Ye	·				
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items					
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	ii)Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	ncıal g			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, H	istori	cal Tı	reası	ires, or	Other	Similar A	ssets (con	tınued)	
3		the organization's acqu (check all that apply)	uisition, accession	, and other	records,	check a	any of	the fo	llowing t	hat are a	significant i	use of its co	llection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provid Part >	de a description of the o	organization's coll	ections and	explain h	ow the	ey furth	ner the	e organız	ation's ex	kempt purpo	se in		
5		ig the year, did the organs is to be sold to raise fun									ılar	☐ Yes	□ N	o
	rt IV	Escrow and Custon Complete of the ord X, line 21.	ganization answ	ered "Yes'								unt on For	m 990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other I	intermedia	ary for	contri	bution	s or othe	er assets	not	☐ Yes	□ N	o
b	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table				Α	mount		_
c	Begin	nning balance		·		_			Ī	1c				_
d	Addıt	ions during the year							Ī	1d				_
е	Distri	butions during the year	-						Ī	1e				_
f	Endın	ng balance							Ī	1f				_
2a	Did th	he organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	or cu	stodial a	ccount lia	ability?	Yes	□ N	0
b	If "Ye	es," explain the arrange												
Pa	rt V	Endowment Fund	ds. Complete ıf			nswer	ed "Y	es" or	า Form s	990, Par				
_	_	6		(a)Curren		(b) Pi	rior yea	-		ears back			Four yea	
	-	ing of year balance .		16,	,296,519		15,700		1	5,406,915		,569,830	16,	681,033
		outions	1.1		-37,836		1,189	126		5,962 992,507		3,607 325,792		8,812 648,488
		estment earnings, gain	ns, and losses		0		1,103	0		0		0		0
		or scholarships	•		0			-				U U		
	and pro	expenditures for facilitie ograms	es		451,447		598	3,957		704,427		492,314		471,527
		strative expenses .			0			0		0		0		0
g	End of	year balance		15,	,811,398		16,296	,519	1	5,700,957	15,	,406,915	15,	569,830
2		de the estimated percer	-	•	balance	(line 1g	g, colu	mn (a)) held a	s				
а	Board	d designated or quasi-ei		92 %										
b		anent endowment 🟲	3 %											
С		orarily restricted endov		%										
3a	Are th	percentages on lines 2a, here endowment funds				on that	t are h	eld an	d admını	stered fo	r the			
	-	nization by										2-(:)	Yes	No No
	• •	nrelated organizations					•					3a(i) 3a(ii		No
b		elated organizations . es" on 3a(ii), are the rel			equired o	. . n Sche	dule R	· .				3b	<u>'</u>	140
4		ribe in Part XIII the inte	-		•									<u></u>
Pa	rt VI	Land, Buildings,												
		Complete if the org	ganization answ	ered "Yes										
	Descri	ption of property	(a) Cost or oth (Investme		(b) Cost o	or other	basis (d	other)	(c) Acci	umulated o	lepreciation	(d) I	Book valu	е
1a	Land			0			2,26	3,971					- 2	2,263,971
	Buildin	ŀ		0				54,490			1,321,937			3,342,553
		old improvements		0			•	0			0			0
	Fauinn	· · · · · · · · · · · · · · · · · · ·		0			25 74	16.083			21.609.127			1.136.956

1,104,556

10,848,036

5,390,344

6,494,900

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

Part VII Investments—Other Securities. Complete if the or	ganıza	tion ansi	wered "Yes" on Form 99	0, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		d of valuation -year market value
(1) Financial derivatives (2) Closely-held equity interests (3)Other	· ·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	>			
Complete if the organization answered 'Yes' on Form				
(a) Description of investment	(b) B	ook value		d of valuation -year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. Complete if the organization answered 'Yes	on For	m 990, Pa	art IV, line 11d See Form 9	
(a) Description (1) Building held for sale				(b) Book value 780,849
(2) Due (to) from other funds (3)				7,093
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25.	 ered 'Y	es' on Fo		
1. (a) Description of liability		(b) E	Book value	
(1) Federal income taxes Post-retirement benefits			0 9,233,758	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•		9,233,758	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the				

Part XI

2

b

d

e

Schedule D (Form 990) 2018

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities

Page 4

-389,950

n

49,989,920

49,989,920

Schedule D (Form 990) 2018

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		0		
b	Other (Describe in Part XIII)	4b		0		
c	Add lines 4a and 4b				4c	

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

-1,169,318

779.368

2e

56,915,877 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b 2c c

2d Other (Describe in Part XIII) 2,872,998 d Add lines 2a through 2d . . 2e Subtract line 2e from line 1 3

2,872,998 54,042,879 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b 4c

5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 54.042.879 Part XIII Supplemental Information 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 Return Reference Explanation

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

See Additional Data Table

Schedule D (Form 990) 2018					
Part XIII Supplemental Info	mation (continued)				
Return Reference	Explanation				

Schedule D (Form 990) 2018

Additional Data

Software Version: v1.00

EIN: 36-2166947

Name: AMERICAN LIBRARY ASSOCIATION

Software ID: 18007995

Supplemental Information

Explanation

To hold, invest, reinvest and disburse funds to further the mission of the Association

Supplemental Information	upplemental Information							
Return Reference	Explanation							
Schedule D, Part X, Line 2	The Association is a tax-exempt organization under Section 501(c)(3) of the IRC. The ALA/A PA is exempt under Section 501(c)(6) of the IRC. These Section 501(c)(3) and Section 501(c)(6) organizations are taxed only on income classified as unrelated business income. The A LA/APA did not have any unrelated business income for the years ended August 31, 2019 and 2018. The Association has income derived from certain advertising activities and fringe be nefits that have been determined to be unrelated business income. Unrelated business income is taxed in accordance with federal and state income tax regulations. The provision (recovery) for unrelated business income taxes was (\$27,752) and \$27,752 in 2019 and 2018, respectively. The tax years ended 2015, 2016 and 2017 are still open to audit for both federa I and state purposes. Based on the evaluation of the Association's tax positions, manageme in the believes all positions taken would be upheld under an examination, therefore, no provision for the effects of uncertain tax positions has been recorded for the years ended Augus tight 31, 2019, and 2018.							

Supplemental Information							
Return Reference	Explanation						
Schedule D, Part XI, Line 2d	Cost of goods sold - \$579,447, ALA/Allied Professional Association revenues - \$142,911, Ed wards Trust operating revenues - \$29,604, Edwards Trust realized gains - \$27,410, Rounding						

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2d	Cost of goods sold - \$579,447, ALA/Allied Professional Association expenses - \$101,729, Ed wards Trust operating expenses - \$21,763, Post-retirement benefits actuarial loss - \$2,170

,060, rounding (\$1)

DLN: 93493192007250 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number AMERICAN LIBRARY ASSOCIATION 36-2166947 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

information of value to the profession. The disbursements are authorized by Officers, Division Heads and Unit Heads and are in compliance with the rules established by the Executive Board, Council and the rules and bylaws of the Association Recipients, where appropriate, report to the Association on the progress of their studies and

Schedule I (Form 990) 2018

completion of projects

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	9319	2007	250
Sch	nedule J	Comp	ensat	ion Information	OM	IB No	1545-0	0047
(For	m 990)	For certain Officers, Di	irectors, T	rustees, Key Employees, and Hig	hest			
		➤ Complete if the organiza	Compensation answ	ated Employees /ered "Yes" on Form 990, Part IV,	line 23.	20	18	ζ .
_			▶ Attach	to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.gov/roi</u>	<u>глі990</u> тог	instructions and the latest inforn	nation.		ectio	
	me of the organiza				Employer identificat	ion nu	ımber	
AME	RICAN LIBRART AS	SOCIATION			36-2166947			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		ppiate box(es) if the organization provi ection A, line 1a Complete Part III to						
		or charter travel		Housing allowance or residence for j				
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	H	Health or social club dues or initiation				
	LI Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)			
b		kes in line 1a are checked, did the org ill of the expenses described above? If			ent or reimbursement	1b		
2		ation require substantiation prior to reless, officers, including the CEO/Executi			. 1-2	2		
	unectors, truste	es, officers, including the CEO/Executi	ive Directo	r, regarding the items checked in line	: та,			
3		if any, of the following the filing organ			ne			
	_	d organization to establish compensat		•	n Part III			
	Compans:	ation committee	~	Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations	<u>~</u>	Approval by the board or compensa	tion committee			
4	During the year related organiza	, did any person listed on Form 990, P	art VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
	_							
a L		ance payment or change-of-control pa	•	find retirement plan?		4a 4b	Voc	No
b c	•	r receive payment from, a supplement r receive payment from, an equity-bas	•	· ·		46 4c	Yes	No
·		of lines 4a-c, list the persons and prov		3	: III			110
_), 501(c)(4), and 501(c)(29) orga		-				
5		ed on Form 990, Part VII, Section A, In ontingent on the revenues of	ne la, did	the organization pay or accrue any				
а	The organization					5a		No
b	Any related orga	anization? 5a or 5b, describe in Part III				5b		No
_	•	·	4	kl				
6		ed on Form 990, Part VII, Section A, li ontingent on the net earnings of	ne Ia, did	tne organization pay or accrue any				
a	The organization					6a		No
b	Any related orga	anization? 6a or 6b, describe in Part III				6b		No
7	•	ed on Form 990, Part VII, Section A, III	ne 1a didi	the organization provide any nonfixon	4			
,		escribed in lines 5 and 6? If "Yes," des			4	7		No
8		nts reported on Form 990, Part VII, pa nitial contract exception described in R			escribe	8		No
9	If "Yes" on line 3 53 4958-6(c)?	3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		110
For I	Danarwork Body	ction Act Notice, see the Instructi	one for Ec	orm 990 Cat No. 5	0053T Schedule 1	/Eorn	2001	2018

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

	.5 (5				Part VII, Section A, line			
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Mary Ghikas Executive Director	(i)	270,495	0	0	19,210	13,792	303,497	0
Executive Billetoi	(ii)	0	0	0	0	0	0	0
2 Keith Fiels Executive Director (retired)	(i)	247,473	0	0	0	0	247,473	0
Executive Director (retired)	(ii)	0	0	0	0	0	0	0
3 Mark Leon CFO	(i)	186,643	0	0	13,341	9,496	209,480	0
CIO	(ii)	0	0	0	0	0	0	0
4 Mary Ellen Davis Executive Director - ACRL	(i)	154,138	0	0	11,099	19,120	184,357	0
Executive Director - ACINE	(ii)	0	0	0	0	0	0	0
5 Alan Inouye Director	(i)	138,726	0	0	9,853	9,390	157,969	0
Director	(ii)	0	0	0	0	0	0	0
6 Kathi Kromer Associate Executive Director	(i)	157,814	0	0	0	9,840	167,654	0
Associate Executive Director	(ii)	0	0	0	0	0	0	0
7 Bill Ott Editor & Publisher, Booklist	(i)	139,582	0	0	9,763	9,532	158,877	0
Publications	(ii)	0	0	0	0	0	0	0
8 Mary Mackay Associate Executive Director	(i)	149,038	0	0	10,710	9,840	169,588	0
Associate Executive Director	(ii)	0	0	0	0	0	0	0
9 Lorelle Swader Associate Executive Director	(i)	141,691	0	0	10,490	21,441	173,622	0
Associate Executive Director	(ii)	0	0	0	0	0	0	0

chedule 1 (Form 990) 2018								
Part III Supplemental Inform	ation							
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation							

Schedule J, Part I, Line 4

Keith Fiels - \$29,913

Additional Data

(1)

(1)

(1)

(1)

(1)

(1)

(1)

Mary Ghikas

Keith Fiels

Mark Leon

Mary Ellen Davis

Alan Inouye

Kathı Kromer

Publications Mary Mackay

Associate Executive Director Bill Ott

Associate Executive Director Lorelle Swader

Associate Executive Director

Editor & Publisher, Booklist

Director

CFO

Executive Director

Executive Director (retired)

Executive Director - ACRL

(i) Base Compensation

270,495

247,473

186,643

154,138

138.726

157,814

139,582

149,038

141,691

Software Version: v1.00 **EIN:** 36-2166947

Name: AMERICAN LIBRARY ASSOCIATION

Form

(ii)

Bonus & incentive

compensation

n 990, Schedule J,	Part II - Officers, D	irectors, Trustees, K	Key Employees, and	Highest Compensate	d Employees
) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable
	(i) Bace Compensation	/ii\	/iii)	other deferred	benefits

(iii)

Other reportable

compensation

compensation

19,210

13,341

11,099

9,853

9,763

10,710

10,490

(E) Total of columns

(B)(ı)-(D)

303,497

247,473

209,480

184,357

157,969

167,654

158,877

169,588

173,622

13,792

9,496

19,120

9,390

9,840

9,532

9,840

21,441

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

Software ID: 18007995

efile GRAPH	le GRAPHIC print - DO NOT PROCESS As Filed Data - DLN							
						OMB No 1545-0047		
SCHEDUL (Form 990 or EZ)		Supplement Complete to pro Form 990 o	ons on	2018				
> Attach to Form 990 or 990-EZ. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information.								
Name Bะthe ชาย AMERICAN LIBRAR	Employer identi 36-2166947	fication number						
990 Schedul	e O, Suppl	emental Informatio	n		•			
Return Reference								
Form 990, Part VI, Section A, Line 6	The organiz	zation is a stockless corp	oration governed by it	s membership				

Return Explanation
Reference

Line 7a

Form 990,
Part VI,
Section A.

The organization's members elect the governing body, the Executive Board

Return Explanation

Form 990,
Part VI,
Section A,
Line 7b

Dues for personal members shall be set by the Executive Board with approval by a vote of the December o

Return Explanation
Reference

Line 11b

Form 990, Part VI, Section B.

Form 990 is prepared internally and reviewed by the Association's independent accountant An electronic Form 990 is provided to the Executive Board prior to filing

Return Explanation
Reference

Line 12c

Form 990,
Part VI,
Section B,
Section B,
Section B,
Executive Board members are required to sign and submit a conflict of interest policy on a n annual basis. All Association employees, including key employees, are required to sign a conflict of interest statement upon employment and are bound by the terms of the policy

990 Schedule O, Supplemental Information Return Explanation

Reference

Line 15

The compensation levels for the Executive Director, key employees and all other staff are Form 990. approved by the Executive Board during the annual budget process. The Executive Director h Part VI. Section B.

ns through a review of Form 990 filings and compensation surveys/studies

as a written employment contract. Changes in compensation levels are based on performance As considered necessary, compensation levels are compared to other comparable organization

Return Explanation Reference

Form 990. The organization makes its governing documents available online via its website. Form 990. Form 990-T, audited financial statements and the conflict of interest policy are available Part VI.

Section C. e to the public upon written request

990 Schedule O, Supplemental Information

Line 19

Return Explanation

27,141

11010101100	
Form 990,	Bank service fees - \$591,810, IT consulting - \$285,867, trade show consulting - \$218,411,
Part IX, Line	search firm consulting \$140.476, meeting management and other professional services - \$4.8

Return Explanation Reference

Form 990, Post-retirement benefits actuarial loss - (\$2,170,060), rounding (\$3)

Part XI, Line

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192007250 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AMERICAN LIBRARY ASSOCIATION 36-2166947 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (c) Legal domicile (state (d) (e) Primary activity Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Comple						, Part I\	/, line 34 be	cause	it had one or	more			
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal don or foreig	c) nicile (state n country)	(d) Exempt Cod	(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		harity status	(f) Direct controlling entity		Section (13) co	9) 512(b) ntrolled ity?
											Yes	No		
(1)ALA Allied Professional Association 225 N Michigan Avenue Suite 1300	Promotion	of librarians		IL	501 (c) (6)				N/A		Yes			
Chicago, IL 60601 32-0077152									14,71					
											\bot			
For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.		Ca	t No 5013!	5Y				Sche	edule R (Form	990) 20	018		

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	l, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa	(j) neral or naging rtner?		itage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
IV Identification of Related Organizated because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		_
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin (h) rcentag	e	(i) Section 5 (13) continuentity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?

(1)ALA Allied Professional Association

(2)ALA Allied Professional Association

(3)ALA Allied Professional Association

(4)ALA Allied Professional Association

Schedu	ıle R (Form 990) 2018		Pa	age 3
Pari	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Dur	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f [Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
		41.	<u> </u>	N

e Loans or loan guarantees by related organization(s)	<u> </u>		+
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	

h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	1	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1 n	n Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	1 Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	,	No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1 r		No
s Other transfer of cash or property from related organization(s)	1 s		No

(b) Transaction

type (a-s)

a-ı

m

(c) Amount involved

1,306

0

116,781

35,000

FMV

FMV

Cash basis

(d)

Method of determining amount involved

Indirect cost study (includes lines 11, 1n, 1o and 1q)

Schedule R (Form 990) 2018

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
		· · · · · · · · · · · · · · · · · · ·								Schedul	e R (Forn	n 99	0) 2018

