٠.	. 99	an e	Return of	Organization Exe	mpt From	income T	ах	OMB No. 154	15-0047			
For		_	Under section 501(c), 52	7, or 4947(a)(1) of the interna	il Revenue Code (except private	oundations	201	9			
	. Januar	of the Treasury		social security numbers on	•			Open to F				
		nue Service		v.irs.gov/Form990 tor instru				Inspect				
Ā	For the	2019 calen	dar year, or tax year begi	nning	, 2019, and en	ding		, 20				
В	B Check if applicable. C Name of organization Mary Riley Styles Public Library Foundation, Inc. D Emplo											
	Address	change	Doing business as	<u> </u>				81-0809938				
	Name d	hange	Number and street (or P O	. box if mail is not delivered to stri	eet address)	Room/suite	E Teleph	one number				
	Initial ref	tum	PO Box 321			L		703-625-8009				
닏		um/terminated		nce, country, and ZIP or foreign p	ostal code		1					
님		d return	Falls Church, VA 22040-	······		1		receipts \$	63,20			
L	Applicat	ion pending	•	pal officer Edward Rose III	4			r subordinates? 🔲 Ye es included? 🔲 Ye				
	Tax-exe	mpt status:	303 N. Cherry St, Falls C 501(c)(3) 501(c)		4947(a)(1) or 527	- 1 1		s included / L. ve it (see instructions				
<u>;</u>			undation.org	/(/ / (made 110.)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	 -	p exemption (•	,			
<u>-</u> -		organization:		ssociation ☐ Other ►	L Year of for			of legal domicile:	VA			
	art I	Summa			1							
	1			mission or most significar	nt activities: Fund	raising to sup	ort librarie	s				
99			- · · · · · · · · · · · · · · · · · · ·			··						
ě												
Activities & Governance	2	Check this	box ► ☐ if the organization	ation discontinued its oper	ations or dispos	ed of more tha	ın 25% of	its net assets.				
ğ	3	Number of	voting members of the	governing body (Part-VI; li	ne tal		. 3					
প্ত	4	Number of	independent voting me	mbers of the governing bo	dytean vi like	HB)	. 4					
Ę	5	Total numb	er of individuals employ	yed in calendar year 2019	(Part V, line 2a)	• • ଊୗ	. 5					
훓	6		er of volunteers (estima		· MAY 1 8 12	020 2	. 6					
₹	7a		ated business revenue f	from Part VIII, columb;(Q), I	ine 12 🔘 💚	. 1001	. 7a					
						[67]						
	b	Net unrelat	ed business taxable inc	come from Form 990 T, inc	e 39		. 7b					
				come from Form 990 T, line		UT Prior V	. 7b	Current Ye				
en	8	Contributio	ns and grants (Part VIII,	ome from Form 990 T, in	e 39		. 7b	Current Ye	ar 36,95			
Aenue	8	Contribution Program se	ons and grants (Part VIII, ervice revenue (Part VIII,	ome from Form 990 T, in line 1h) line 2g)	e 39		. 7b	Current Ye	36,95			
Revenue	8 9 10	Contribution Program se Investment	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, colun	tine 1h)	OGDEN,		. 7b	Current Ye				
Revenue	8 9 10 11	Contribution Program sellinvestment Other rever	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, colum nue (Part VIII, column (A	bome from Form 990 T, line 1h)	OGDEN,	Prior \	. 7b	Current Ye	36,95 26,24			
Revenue	8 9 10 11 12	Contribution Program sellovestment Other reven	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, colum nue (Part VIII, column (A ue – add lines 8 through	line 1h)	OGDEN,	Prior \	. 7b	Current Ye	36,95 26,24 63,20			
Revenue	8 9 10 11 12	Contribution Program sellovestment Other reven Total reven Grants and	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, colum nue (Part VIII, column (A ue – add lines 8 through similar amounts paid (F	hine 1h)	OGDEN,	Prior \	. 7b	Current Ye	36,95 26,24			
	8 9 10 11 12	Contribution Program selection investment Other reven Total reven Grants and Benefits pe	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, columnue (Part VIII, column (Aue—add lines 8 through is similar amounts paid (Faid to or for members (P	line 1h)	ogden, Ogden, and 11e)	Prior \	. 7b	Current Ye	36,95 26,24 63,20			
	8 9 10 11 12 13	Contribution Program se Investment Other reven Total reven Grants and Benefits pa Salanes, other	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, columnue (Part VIII, column (Aue—add lines 8 through similar amounts paid (Faid to or for members (Pater compensation, employers)	Line 1h). Jine 2g) Inn (A), lines 3, 4, and 7d) Jines 5, 6d, 8c, 9c, 10c, 11 (must equal Part VIII, copart IX, column (A), lines 1-tart IX, column (A), line 4)	and 11e)	Prior \	. 7b	Current Ye	36,95 26,24 63,20			
	8 9 10 11 12 13 14 15 16a	Contribution Program se Investment Other reven Total reven Grants and Benefits pa Salanes, oth Professional	ons and grants (Part VIII, ervice revenue (Part VIII, columnue (Part VIII, column (Aue—add lines 8 through similar amounts paid (Faid to or for members (Part compensation, emploal fundraising fees (Part	Line 1h)	and 11e)	Prior \	. 7b	Current Ye	36,95 26,24 63,20			
Expenses	8 9 10 11 12 13 14 15 16a b	Contribution Program se Investment Other reven Total reven Grants and Benefits pa Salanes, oth Professiona Total fundri	ons and grants (Part VIII, ervice revenue (Part VIII, columnue (Part VIII, column (Aue—add lines 8 through is similar amounts paid (Faid to or for members (Part Compensation, emploal fundraising fees (Part lasing expenses (Part IX)	Line 1h), line 2g), line 2g), line 3, 4, and 7d), lines 5, 6d, 8c, 9c, 10c, 11 (must equal Part VIII, copart IX, column (A), lines 1-tart IX, column (A), line 4), byee benefits (Part IX, column IX, column (A), line 11e)	ogden, ogden, and 11e) olumn (A), line 12) -3)	Prior \	. 7b	Current Ye	36,95 26,24 63,20			
	8 9 10 11 12 13 14 15 16a b 17	Contribution Program selection Investment Other reven Total reven Grants and Benefits pa Salanes, oth Professiona Total fundr Other expe	ons and grants (Part VIII, ervice revenue (Part VIII, column (Part VIII, column (Aue—add lines 8 through is similar amounts paid (Faid to or for members (Part Compensation, employal fundraising fees (Part IX inses (Part IX, column (Pares. Add lines 13–17 (mases. Add lines 13–17 (mases. Add lines 13–17 (mases. Add lines 13–17 (mases.)	tine 1h) Inne 2g) Inne 2g) Inne 2g) Inne 3, 4, and 7d). Inne 5, 6d, 8c, 9c, 10c. Inne 1, kines 5, 6d, 8c, 9c, 10c. Inne 1, kines 1, kines 1- Inne 1, kines	ogden, ogden, and 11e) olumn (A), line 12) -3)	Prior \	. 7b	Current Ye	36,95 26,24 63,20 8,30			
Expenses	8 9 10 11 12 13 14 15 16a b 17	Contribution Program selection Investment Other reven Total reven Grants and Benefits pa Salanes, oth Professiona Total fundr Other expe	ons and grants (Part VIII, ervice revenue (Part VIII, column (Part VIII, column (Aue—add lines 8 through is similar amounts paid (Faid to or for members (Part Compensation, emploal fundraising fees (Part IX nses (Part IX, column (August 12))	tine 1h) Inne 2g) Inne 2g) Inne 2g) Inne 3, 4, and 7d). Inne 5, 6d, 8c, 9c, 10c. Inne 1, kines 5, 6d, 8c, 9c, 10c. Inne 1, kines 1, kines 1- Inne 1, kines	ogden, ogden, and 11e) olumn (A), line 12) -3)	Prior	. 7b		36,95 26,24 63,20 8,30 3,21 11,51 51,68			
Expenses	8 9 10 11 12 13 14 15 16a b 17 18	Contribution Program selection Investment Other rever Total reven Grants and Benefits per Salanes, oth Professiona Total fundr Other exper Total exper Revenue le	ons and grants (Part VIII, ervice revenue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue — add lines 8 through similar amounts paid (Fait to or for members (Part in Compensation, emploal fundraising fees (Part in Cause (Part IX, columnus (Par	tine 1h) Inne 2g) Inne 2g) Inne 2g) Inne 3, 4, and 7d). Inne 5, 6d, 8c, 9c, 10c. Inne 1, kines 5, 6d, 8c, 9c, 10c. Inne 1, kines 1, kines 1- Inne 1, kines	ogden, ogden, and 11e) olumn (A), line 12) -3)	Prior \	. 7b	Current Ye	36,95 26,24 63,20 8,30 3,21 11,51 51,68			
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20	Contribution Program set Investment Other rever Total reven Grants and Benefits per Salanes, other Professional Total fundr Other exper Total exper Revenue le	ons and grants (Part VIII, ervice revenue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue — add lines 8 through similar amounts paid (Fait to or for members (Part ix compensation, emploal fundraising fees (Part ix inses (Part IX, column (Part	tine 1h) Inne 2g) Inne 2g) Inne 2g) Inne 3, 4, and 7d). Inne 5, 6d, 8c, 9c, 10c. Inne 1, kines 5, 6d, 8c, 9c, 10c. Inne 1, kines 1, kines 1- Inne 1, kines	ogden, ogden, and 11e) olumn (A), line 12) -3)	Prior	7b ear		36,95 26,24 63,20 8,30 3,21 11,51 51,68			
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21	Contribution Program selection Investment Other reverence Total reven Grants and Benefits per Salanes, oth Professiona Total fundr Other exper Total exper Revenue le Total asset Total liabilities	ons and grants (Part VIII, ervice revenue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue — add lines 8 through similar amounts paid (Faid to or for members (Part ix or fundraising fees (Part ix inses (Part IX, column (Part ix) inses (Part IX, column (Part ix) inses (Part IX, column (Part ix) inses (Part IX, line 16) inses (Part X, line 16) inses (Part X, line 26) inses (Part X, line 26) inses (Part X, line 26) insections in column (Part IX) insections in	tine 1h). Iline 2g) Inn (A), lines 3, 4, and 7d) Inn (A), lines 5, 6d, 8c, 9c, 10c, 3d, 11 (must equal Part VIII, column (A), lines 1-dart IX, column (A), line 4) In (A), lines 1 (A), line 1 (A), column (A), line 11e) In (A), lines 11a, 11f-24e) In (B), lines 11a, 11f-24e)	ogden, ogden, and 11e) olumn (A), line 12) -3)	Prior	. 7b ear III III III III III III III III III I		36,95 26,24 63,20 8,30 3,21 11,51 51,68			
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Contribution Program se Investment Other rever Total reven Grants and Benefits pa Salanes, oth Professiona Total fundr Other exper Total exper Revenue le Total asset Total liabilit Net assets	ons and grants (Part VIII, ervice revenue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue — add lines 8 through similar amounts paid (Fait to or for members (Part ix compensation, emploal fundraising fees (Part ix inses (Part IX, column (Anses, Add lines 13–17 (Inse expenses, Subtract I is (Part X, line 16)	tine 1h). Iline 2g) Inn (A), lines 3, 4, and 7d) Inn (A), lines 5, 6d, 8c, 9c, 10c, 3d, 11 (must equal Part VIII, column (A), lines 1-dart IX, column (A), line 4) In (A), lines 1 (A), line 1 (A), column (A), line 11e) In (A), lines 11a, 11f-24e) In (B), lines 11a, 11f-24e)	ogden, ogden, and 11e) olumn (A), line 12) -3)	Prior	7b ear		36,95 26,24 63,20 8,30 3,21 11,51 51,68			
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contribution Program set Investment Other revent Total revent Grants and Benefits per Salanes, other respensions Total fundrother expensions Total expensions Total expensions Total asset Total liabilit Net assets Signatur	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue — add lines 8 through similar amounts paid (Fait III) and the compensation, employed fundraising fees (Part IX inses (Part IX, column (Part IX, line 16)	tine 1h) Iline 1h) Iline 2g) Inn (A), lines 3, 4, and 7d). Inn (A), lines 5, 6d, 8c, 9c, 10c, 11 (must equal Part VIII, copart IX, column (A), lines 1-tart IX, column (A), line 4). In (A), lines 1 (A), line 1 (A), lines 1 (A), li	e 39 OGDEN, and 11e)	Prior \	. 7b 'ear 117-1	End of Yes	36,95 26,24 63,20 8,30 3,21 11,51 51,68 47 603,92			
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 ler penal	Contribution Program se Investment Other reven Total reven Grants and Benefits per Salanes, other Professione Total fundr Other exper Total exper Revenue le Total asset Total liability Net assets Signatur Uses of payury,	ons and grants (Part VIII, ervice revenue (Part VIII, column (Part VIII) amounts paid (Faid to or for members (Part ix) as (Part ix) as expenses (Part ix) as expenses. Subtract I is (Part X, line 16)	tine 1h). Iline 2g) Inn (A), lines 3, 4, and 7d) Inn (A), lines 5, 6d, 8c, 9c, 10c, 3d, 11 (must equal Part VIII, column (A), lines 1-dart IX, column (A), line 4) In (A), lines 1 (A), line 1 (A), column (A), line 11e) In (A), lines 11a, 11f-24e) In (B), lines 11a, 11f-24e)	ogden, ond 11e)	Beginning of C	7b ear urrent Year 473,931 0 473,931	End of Yes	36,95 26,24 63,20 8,30 3,21 11,51 51,68 47 603,92			
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 ler penal	Contribution Program se Investment Other reven Total reven Grants and Benefits per Salanes, other Professione Total fundr Other exper Total exper Revenue le Total asset Total liability Net assets Signatur Uses of payury,	ons and grants (Part VIII, ervice revenue (Part VIII, column (Part VIII) amounts paid (Faid to or for members (Part ix) as (Part ix) as expenses (Part ix) as expenses. Subtract I is (Part X, line 16)	ine 1h). line 2g) nn (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, 3d lines 5, 6d, 8c, 9c, 10c, 3d lines 1t, column (A), lines 1- lart IX, column (A), line 4) loyee benefits (Part IX, column IX, column (A), line 11e) lix, column (D), line 25) lix, column (D), line 25) lix, column (D), line 25, lines 11a-11d, 11f-24e) nust equal Part IX, column line 18 from line 12	ogden, ond 11e)	Beginning of C	7b ear urrent Year 473,931 0 473,931	End of Yes	36,95 26,24 63,20 8,30 3,21 11,51 51,68 47 603,92			
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11	Contribution Program set Investment Other rever Total reven Grants and Benefits per Salanes, other respective of the second fundry Other expection Total experimental experimental experimental experimental experimental in the second fundry of the second fundry o	ons and grants (Part VIII, ervice revenue (Part VIII, column (Part VIII) amounts paid (Faid to or for members (Part ix) as (Part ix) as expenses (Part ix) as expenses. Subtract I is (Part X, line 16)	line 1h). line 2g) nn (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, 3 11 (must equal Part VIII, column (A), lines 1- art IX, column (A), lines 1- art IX, column (A), line 4) byee benefits (Part IX, column IX, column (D), line 25) lines 11a-11d, 11f-24e) nust equal Part IX, column ine 18 from line 12 act line 21 from line 20	and 11e)	Beginning of C	7b ear urrent Year 473,931 0 473,931	End of Yes	36,95 26,24 63,20 8,30 3,21 11,51 51,68 47 603,92			
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 Uler penal, correct	Contribution Program set Investment Other revent Total revent Grants and Benefits per Salanes, other respensions Total fundrother expensions Total expensions Total asset Total asset Total liability Net assets Signatur thes of penury, and complete	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue — add lines 8 through is similar amounts paid (finit to or for members (Part id to or for members (Part id fundraising fees (Part id id fundraising expenses (Part id	line 1h). line 2g) nn (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, 3 11 (must equal Part VIII, column (A), lines 1- art IX, column (A), lines 1- art IX, column (A), line 4) byee benefits (Part IX, column IX, column (D), line 25) lines 11a-11d, 11f-24e) nust equal Part IX, column ine 18 from line 12 act line 21 from line 20	ogden, ond 11e)	Beginning of C		End of Yes	36,95 26,24 63,20 8,30 3,21 11,51 51,68 47 603,92			
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 ler penal, correct n re	Contribution Program set Investment Other rever Total reven Grants and Benefits per Salanes, other experience of the English o	ons and grants (Part VIII, ervice revenue (Part VIII, income (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, columnue (Part VIII, column (Aue—add lines 8 through I similar amounts paid (Fait I to or for members (Part I to or for members (Part I taising expenses (Part I taising expenses (Part I taising expenses (Part I taising expenses. Subtract I to se (Part X, line 16)	line 1h). line 2g) nn (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, 3 11 (must equal Part VIII, column (A), lines 1- art IX, column (A), lines 1- art IX, column (A), line 4) byee benefits (Part IX, column IX, column (D), line 25) lines 11a-11d, 11f-24e) nust equal Part IX, column ine 18 from line 12 act line 21 from line 20	and 11e)	Beginning of C		End of Year	36,95 26,24 63,20 8,30 3,21 11,51 51,68 47 603,92			

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

Firm's name

Firm's address 🕨

Paid Preparer

Use Only

Firm's EIN ▶

Phone no.

Form 99	90 (2019)				Page 2
Part	III Statem	ent of Program Service	Accomplishments		
				this Part III	<u>. </u>
1	Briefly describ	be the organization's missi	on:		
	Promote and s	upport the public, education	al and charitable purposes of a l	ibrary	
2	Did the organ	ızatıon undertake any sign	ificant program services dunng	the year which were not listed on the	
		U or 990-EZ? ribe these new services on	Schedule O.		✓ No
3	services? .	nization cease conducting		es in how it conducts, any program	☑ No
4	Describe the expenses. See	organization's program ser ction 501(c)(3) and 501(c)(4	vice accomplishments for eac	h of its three largest program services, as measu preport the amount of grants and allocations to ted.	
4a	(Code:) (Expenses \$	11,224 including grants of \$	8,300) (Revenue \$ 36,957)
	The organization	on's only activity is soliciting	contributions from the general	public	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		,			
					·
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		······································			
			· · · · · · · · · · · · · · · · · · ·		

4d	Other program	services (Describe on Sch	edule O.)		
	(Expenses \$	including gr	ants of \$) (Rev	/enue \$)	
4e	Total program	service expenses ▶	11,224		

19

^	0./2010)			_
Part	0 (2019) Checklist of Required Schedules			Page
rait	One chilst of nequired schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes			
2	complete Schedule A	1 2	1	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	+-	-
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(l election in effect during the tax year? If "Yes," complete Schedule C, Part II	1) 4	<u> </u>	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part I			1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donor have the right to provide advice on the distribution or investment of amounts in such funds or accounts? "Yes," complete Schedule D, Part I			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part II			1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III	" 8_		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, of debt negotiation services? If "Yes," complete Schedule D, Part IV.			1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowment or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, complete Schedule D, Part VI	" 11a		1
Ь	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or mor of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	5 11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	(11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? I "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to o for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			<u>·</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or othe assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	_		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services or Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions or			

Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

18

19

20a

20b

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	-		
_	through 24d and complete Schedule K. If "No," go to line 25a	24a	ļ	√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	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		
	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		✓
	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		1
	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	1	
Part '				_
	Check if Schedule O contains a response or note to any line in this Part V		· · ·	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2833	Yes	No
	Did the organization comply with backup withholding rules for reportable payments to vendors and			碳
	reportable gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2019)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0 33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0.00	登	and and
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1 1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
þ	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	23.2		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>√</u>
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			514
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was	 ''0 	-	
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		34	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	224	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	建学		機能
	sponsoring organization have excess business holdings at any time during the year?	8	Ţ	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	222	ere are at
10	Section 501(c)(7) organizations. Enter:	144		
а	Initiation fees and capital contributions included on Part VIII, line 12	7		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1725		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources	陸組		
4n-	against amounts due or received from them.)	10-	1	ing a r
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Baile of	ASVAB-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	377	124
а	Note: See the instructions for additional information the organization must report on Schedule O.	130 ×	2 362	- T
h	Enter the amount of reserves the organization is required to maintain by the states in which			
þ	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	73724	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	\dashv	
	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?	15)	✓
	If "Yes," see instructions and file Form 4720, Schedule N.	14 15 15	AND 18	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	3	√
	If "Yes," complete Form 4720, Schedule O.	332		

Form 9	90 (2019)	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> 25</u>
Sect	on A. Governing Body and Management	
1a	Enter the number of voting members of the governing body at the end of the tax year	Yes No
	committee, explain on Schedule O.	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5	
2	any other officer, director, trustee, or key employee?	2 /
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3 1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 √ 5 √
6	Did the organization become aware during the year of a significant diversion of the organization s assets:	6 1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a ✓
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b ✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a	The governing body?	8a 🗸
ь 9	Each committee with authority to act on behalf of the governing body?	8b 🗸
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 /
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	
100	Did the ergopyration have lead aboutors branches or affiliator?	Yes No 10a ✓
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1001
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a ✓
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c ✓
13	Did the organization have a written whistleblower policy?	13 🗸
14	Did the organization have a written document retention and destruction policy?	14
15		
a b	The organization's CEO, Executive Director, or top management official	15a ✓ 15b ✓
Ð	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16a		16a V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
Sacti	organization's exempt status with respect to such arrangements?	16b
17	List the states with which a copy of this Form 990 is required to be filed ▶ Virginia	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Section 501(c)
40	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest notice
19	and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and reconnected the control of the person who possesses the organization's books and reconnected the control of the person who possesses the organization's books and reconnected the control of the person who possesses the organization's books and reconnected the control of the person who possesses the organization's books and reconnected the person who possesses the organization's books and reconnected the person who possesses the organization of the person of the person who possesses the organization of the person of	

Dor	

E.m	ggn	(2019)	

Part VII	Compensation of Officers, D	Directors, Trustee	s, Key Employees	, Highest	Compensated	Employees, and
	Independent Contractors			•	·	• •

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or ficer and a director/trustee) Or officer and a director/trustee) Or officer and a director/trustee)					one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Edward Rose III	2				ĺ					
Director, Board Chair		1		1	L.,		L.	0	0	0
(2) Donald A. Camp	2									
Director, Treasurer		✓		1			_	0	. 0	0
(3) John N. Rodock	2			١.	1					_
Director, Board Vice-Chair		✓		1			_	0	0	0
(4) Deane Dierksen	22									
Director, Secretary		✓	L.	1				0	0	0
(5) Jessica Sabo	2			١.,						
Director		✓		✓				0	0	0
(6) Jennifer Carroll	2						1			
Director		/		✓				0	0	0
_(7)										
(8)										
(9)									-	-
(10)										
(11)										
(12)										
(13)		-								,
(14)										

Par	Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	id H	lighest Compe	ensated Empl	oyees (continued)
			1		•	C) sition					
	ω	(A) (B)							(D)	(E)	(F)
	Name and title	Average					e than : is both		Reportable	Reportable	Estimated amount
		hours per week	office	officer and a director/trust				tee)	compensation from the	compensation from related	of other compensation
		(list any	오픈	J.	₽	3	多是	ĮŢ	organization	organizations	from the
		hours for	Individual trustee or director	Institutional	Officer	Key employee	9 m	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	
		related organizations	함	ğ	l	ള	8 8				related organizations
		below	1 8	4		98	큫	1	1		
		dotted line)	8	trustee	ł	l	1 2	ł	1		1
			<u> </u>			L	Highest compensated employee	L			
(15)						_		Π			
						L		L	İ	·	
(16)						1	j				
			<u> </u>		L.,			L			
(17)					,		1	1]	1	1
								L			
(18)			ļ			,			}		}
								<u></u>			<u> </u>
(19)								1			
								Ĺ			
(20)											
						L					<u> </u>
(21)											
(22)											
											l
(23)											
]								
(24)											
			. !								
(25)											T

1b	Subtotal			•				V	0	(0
c	Total from continuation sheets to Part	VII, Sectio	n A					▶			
d	Total (add lines 1b and 1c)						.	▶	0	(0
2	Total number of individuals (including but							e) w	ho received more	than \$100,000) of
	reportable compensation from the organi	zation >							0		
											Yes No
3	Did the organization list any former of	officer, dire	ctor.	trus	stee	. k	ey er	npl	oyee, or highes	t compensated	
	employee on line 1a? If "Yes," complete \$							٠.			3 1
4	For any individual listed on line 1a, is the	sum of rea	oortat	ole c	com	per	satio	n ar	nd other comper	sation from the	
	organization and related organizations	greater tha	an \$1	50,0	000	i If	"Yes	s, " (complete Sched	lule J for such	
	ındividual	·						٠.			4
5	Did any person listed on line 1a receive of	r accrue co	mper	isat	ion	fron	n anv	้นบเ	related organizat	ion or individua	
•	for services rendered to the organization?		•				•		_		5 /
Secti	on B. Independent Contractors					_					
1	Complete this table for your five high	est compe	nsate	ed i	nde	pen	dent	COI	ntractors that re	sceived more	than \$100,000 of
•	compensation from the organization. Repo										
	(A)								(B)		(C)
	Name and business addr	ress					ŀ		Description of serv	ices	Compensation
None							-				
INDITE											
											
							}				
							 				
2	Total number of independent contractor	re (includia	a his		nt fi	mit	od to	the	nee lieted above	a) uno	CHARLES TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE
_	received more than \$100.000 of compensa								ose iisteu above n		

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check it Schedule	Occ	miains a r	espoi	nse or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512-514			
9 9	1a	Federated campaig	ins .		la	T		167830.187800					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	-		1b	 							
တီ ဋိ	C	Fundraising events			1c	·				E La Maria de La Companya de La Comp			
Ęż	d	Related organizatio			1d					Part Control			
<u> </u>	e	Government grants			1e								
Sir	f	All other contribution	ns, gi	fts, grants,									
er e		and similar amounts n	ot inci	uded above	1f	36,95							
듚돧	9	Noncash contribute	ons ir	ncluded in		1		WARRIET					
d d	ł	lines 1a-1f			1g	\$ 1,25							
<u>Q</u> <u>g</u>	h	Total. Add lines 1a-	-1f .	<u> </u>		>	36,957		7.24				
	, ,	•				Business Code	***	4.73	THE STATE OF				
Ş	2a												
že š	b					ļ:	<u> </u>	<u> </u>		<u> </u>			
Se	C						ļ	ļ					
Program Service Revenue	d	******					 						
	e	AM											
	f	All other program so					<u> </u>	Notes and the second to the last	ALMERICA OFFICE OF THE	A Contraction to Military Classics			
	9	Total. Add lines 2a-					 	E ASSECTION OF THE	14-14-14-14-14-14-14-14-14-14-14-14-14-1	STATES SHEETING			
	3	Investment income		_					Ì	1			
	4	other similar amount Income from investr			•	26,248							
	5				nbr bt	ond proceeds							
	3	noyalles		(i) Rea	· ·	(ii) Personal		144 P. C.					
	6a	Gross rents	6a	197366		(3)1 (3)1		TO THE					
	Ь	Less: rental expenses	6b	 		 							
	C	Rental income or (loss)				 							
	d	Net rental income o		5)		. .	AND ROLL THE PARTY OF THE PARTY	The state of the s	THE WAST ALL SECTION ASS.	244-24 2-1 4-1944-145-145-14			
	7a	Gross amount from	1,25	(i) Securi		(ii) Other							
	/a	sales of assets		,,			The second						
		other than inventory	7a			1							
0	Ь	Less: cost or other basis							196				
Other Revenue	-	and sales expenses .	7Ь						BEET STATE				
ě	C	Gain or (loss) .	7c										
Æ	d	Net gain or (loss)				>							
Ę	8a	Gross income from	m fu	ndraising	Γ^{-}				性是自由				
Ö		events (not including	\$		ł								
		of contributions rep	porte	d on line	1]							
		1c). See Part IV, line	: 18		8a								
	ь	Less: direct expense			8b			The Control of	MEN STATE	到的主张和			
	C	Net income or (loss)			g eve	nts 🟲	Green - Charles To Englands		and wanted Wildle to Design of State	arris between the motors and the			
	9a	Gross income f				Ì							
		activities. See Part I			9a		3000 3000						
	Ь	Less: direct expense			9b								
	С	Net income or (loss)		-	Ctivitie	es >							
	10a	Gross sales of in		ory, less		}							
	١.	returns and allowan			10a								
	b	Less: cost of goods			10b				WHAT A PARK	网络新亚巴斯科			
	С	Net income or (loss)	πom	sales of if	ivento		MARKET CONTROL	AND THE REAL PROPERTY COME.	400-1-02-1-03-1-03-1-03-1-03-1-03-1-03-1-				
Sn3	مد				İ	Business Code		the street of the street	AMBLE SERVICE	o line to the little To			
Jec Tue	11a												
ie l	Ь												
Miscellaneous Revenue	C	All other revenue					 						
Ĭ			 _444		• •					Transportation			
	e	Total. Add lines 11a			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		THE STREET PROPERTY.	MASSES STATES			

Part IX	Statement of	Functional	Expenses
---------	--------------	-------------------	----------

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete col	umn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		· · · · · [
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,300			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<u> </u>	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal			ļ	
C	Accounting	ļ		<u> </u>	
ď	Lobbying	ļ	en den en	Parket and the second of the sea	
e	Professional fundraising services. See Part IV, line 17		STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET		
f	Investment management fees			 	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	1,391		<u> </u>	1,39
13	Office expenses	217	<u></u>	217	
14	Information technology	33	······································		33
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials	L			
19	Conferences, conventions, and meetings				
20	Interest				····-
21	Payments to affiliates	ļ 			
22	Depreciation, depletion, and amortization .				· · · · · · · · · · · · · · · · · · ·
23	Insurance	THE PARTY SERVICE AND ADDRESS.	PINICE CONTRACTOR	STORY THE STORY	THE PARTY OF THE P
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	State filing fees	75		75	
b	Postage for mail solicitations	1,500			1,500
d	All 0				
e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	11,516		292	2,924
2 0	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)	<u></u>			

Pa	irt X				
		Check if Schedule O contains a response or note to any line in this Pa	art X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	24,903	1	55,694
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ž	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
- 1	b	Less: accumulated depreciation 10b		10c	
- 1	11	Investments—publicly traded securities	449,028		548,230
1.	12	Investments—other securities. See Part IV, line 11		12	
- 1		Investments—program-related. See Part IV, line 11		13	<u> </u>
1		Intangible assets		14	
		Other assets. See Part IV, line 11		15	
		Total assets. Add lines 1 through 15 (must equal line 33)	473,931	16	603,924
ı		Accounts payable and accrued expenses		17	
		Grants payable		18	
1		Deferred revenue		19	
- 1		Tax-exempt bond liabilities		20	
- 1		Escrow or custodial account liability. Complete Part IV of Schedule D		21 315.89	INCOME NAME OF THE OWN
Liabilities		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
∶إڌ	23	Secured mortgages and notes payable to unrelated third parties		23	
:	24	Unsecured notes and loans payable to unrelated third parties		24	
2		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
1.		Total liabilities. Add lines 17 through 25	0	26	
-+			Secretary are the	14.37.5	
alances		Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.			
E .		Net assets without donor restrictions	STREETS CHARGE TOWN	27	
		Net assets with donor restrictions		28	
무 [*		Organizations that do not follow FASB ASC 958, check here ▶ ☑		-	
٦		and complete lines 29 through 33.	259837 V 627	L .	
6		Capital stock or trust principal, or current funds		29	To walk the state of the state
\$.		Paid-in or capital surplus, or land, building, or equipment fund		30	
ம்ப		Retained earnings, endowment, accumulated income, or other funds	473,931	31	603,924
∢ ∣`					
: اید		Total net assets or fund balances	473,931	32	603,924

Form 9	90 (2019)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				3,205
2	Total expenses (must equal Part IX, column (A), line 25)	:			11,516
3	Revenue less expenses. Subtract line 2 from line 1				51,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			47	73,931
5	Net unrealized gains (losses) on investments			7	18,304
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior penod adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O) 9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			•
	32, column (B)))		60	3,924
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u> </u>
			28-24	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		加加		域類
	If the organization changed its method of accounting from a prior year or checked "Other," explaschedule O.	aın in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiler reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	ed or	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig the audit, review, or compilation of its financial statements and selection of an independent accountant?	- 1	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	in on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Single Audit Act and OMB Circular A-133?	in the	3a	<u>. </u>	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b		

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number
Mary Riley Styles Public Library Fondation, Inc.
81-0809938

Mary Riley Styles Public Library Fondation, Inc. 81-0809938 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [/] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331x8 of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/25% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (i) Name of supported organization (a) EIN (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your govern: other support (see support (see document? above (see instructions)) instructions) Instructions) (A) (B) (C) (D) (E)

Total

Par	Support Schedule for Organiz (Complete only if you checked to Part III. If the organization fails to	he box on lin	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Sect	ion A. Public Support	o quality und	ei lite tests is	sted below, p	rease comple	ete Part III.j	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	(4) 20.0	(5, 25.0	(0) 20 17	(2, 20.0	(0)20.0	17 . 5
	membership fees received. (Do not	1	,		([
	include any "unusual grants.")		26,820	28,082	41,181	36,957	133,040
2	Tax revenues levied for the					ł	
	organization's benefit and either paid	1	!				
2	to or expended on its behalf	}					
3	The value of services or facilities furnished by a governmental unit to the	1					
	organization without charge	1	(
4	Total. Add lines 1 through 3	0	26,820	28,082	41,181	36,957	133,040
5	The portion of total contributions by				#11-16 FT		
_	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	Charles of Market State	A CHARLES			2444042	133,040
	on B. Total Support	1. 二、1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	handan baran sa a antisa	19/03/17 - 20/03/23/29/29/20	ARMA BER SERVER CONT.	Committee of the state of th	133,040
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		26,820	28,082	41,181	36,957	133,040
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from	ĺ	[(
	similar sources		18	10,618	12,548	13,801	36,985
9	Net income from unrelated business	- 		10,618	12,346	13,601	30,363
•	activities, whether or not the business		ĺ	ĺ		ĺ	
	is regularly carned on						
10	Other income. Do not include gain or					-	
	loss from the sale of capital assets			' i			
	(Explain in Part VI.)	Maria maria da maria	Partie Continue	es a transmission de la constantina de la constantina de la constantina de la constantina de la constantina de	n succession and and and and and and and and and an		
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ouej		tieres a servicios de la companya de la companya de la companya de la companya de la companya de la companya d	12	170,025 0
13	First five years. If the Form 990 is for the			d. third. fourth.	or fifth tax ve		
-	organization, check this box and stop he						▶ 🗷
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line			1, column (f))		14	%
15	Public support percentage from 2018 Sch	nedule A, Part	II, line 14 .			15	<u>%</u>
16a	331/a% support test—2019. If the organi box and stop here. The organization qua	ization did not	check the box	on line 13, an	id line 14 is 33	or more,	Check this
ь	331/a% support test—2018. If the organi						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-2	019. If the orga	anization did n	ot check a box	on line 13, 16	Sa, or 16b, and	l line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumsta	inces" test, ch	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the "			-	-	as a publicly	
	organization						▶ 🛚
b	10%-facts-and-circumstances test—20	018. If the orga	anization did n	ot check a box	c on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organization is						
	Explain in Part VI how the organization in supported organization						
18	Private foundation. If the organization di						
-							_

Pari							
	(Complete only if you checked t						ınder Part IJ.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			[
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support	Mr.D. Carrier	7		Section of the sectio		<u> </u>
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			, or fifth tax ye		on 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Sch					16	
	on D. Computation of Investment Inc				(0)	1471	
17	Investment income percentage for 2019 (mn (r))	17	<u>%</u> %
18 19a	investment income percentage from 2018 331/2% support tests—2019. If the organi				d line 15 is mo	18 ore than 331a	
b	17 is not more than 331,5%, check this box 331,5% support tests—2018. If the organiz	and stop here.	The organization	on qualifies as a	publicly suppo	orted organizat	ion . 🕨 🔲
	nine 18 is not more than 331/2%, check this t						
20/	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box a	and see instru	ctions 🕨 🗌

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	Part V.)
Secti	on A. All Supporting Organizations	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	Yes No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a
Ь	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
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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.	9b
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b

•	
	Schedule A (Form 990 or 990-EZ) 2019

_	•
Jane	-

Part	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.	11c		
Secti	on B. Type I Supporting Organizations			,
		to Characterist	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.			
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 organization.	2		
Secti	on C. Type II Supporting Organizations			
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	Yes	No.
Secti	on D. All Type III Supporting Organizations			
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?		Yes	No V
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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	;).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		_	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.	क्रिस्ट्रका ह	Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.			4
а	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.	3b		
	Schedule A (Form	990 or 91	90-EZ)	2019

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting On	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tn	st on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income	(A) Pnor 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			学以开始
instructions for short tax year or assets held for part of year):	關		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):	1		30 July 100
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	CECAL MICHERS	
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	6		
emergency temporary reduction (see instructions).	_	parted Tupe III cupsed as	omanization (coe

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is re-	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019		TO STATE OF THE ST	11512 200 21 32 CB 1
a	From 2014	PLANTING MINERAL PROPERTY OF THE PARTY OF TH		
b	From 2015		DECLINATION OF A	
C	From 2016			CONTRACTOR OF STREET
d	From 2017		CHARLE STATE	
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount		TO SECRETARIAN SECRETARIAN SECRETARIAN SECRETARIAN SECRETARIAN SECRETARIAN SECRETARIAN SECRETARIAN SECRETARIAN	
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount		"加州"	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:		PARAMETER SECTION	
а	Excess from 2015			ながれる。中国の自己の
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			WHILE WILL STATE

Schedule A (I	Form 990 or 990-EZ) 2019 Page (
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.)
	•

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer Identification number
Mary	Riley Styles Public Library Foundation, Inc.		81-0809938
	t l Organizations Maintaining Donor Advi	ised Funds or Other Similar Fund	
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	d in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	-	
	only for chantable purposes and not for the benefit		
	conferring impermissible private benefit?		Yes No
Pai	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreation		a histoncally important land area
	Protection of natural habitat		a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation_
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	i	. 2b
C	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not or	n a
	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the
	tax year ▶	-	
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy regardulations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the yea
7	Amount of expenses incurred in monitoring, inspecting \$\Boldsymbol{\Sigma}\$\$	g, handling of violations, and enforcing c	onservation easements during the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of si	ection 170/h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports co		nd expense statement and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemen	nts.	
Par	III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "\	res" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASI		statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	s these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue st	atement and balance sheet works of
	art, historical treasures, or other similar assets held to	for public exhibition, education, or rese	arch in furtherance of public service
	provide the following amounts relating to these items	s:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, I		***************************************
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	- '
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		> \$
b	Assets included in Form 990, Part X		> \$

Sched	ule D (Form 990) 2019					Page 2
Par	t III Organizations Maintaining	Collections of	Art, Historical	Treasures, or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her records, chec	k any of the follo	wing that make si	gnificant use of its
а	Public exhibition	•	rt ∏loan	or exchange prog	ram	
b	=					
	☐ Preservation for future generation	9	0 🗀 00.00			
4	Provide a description of the organiza		and explain how t	hey further the or	ganization's exem	pt purpose in Part
5	Dunng the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					
Par	IV Escrow and Custodial Arm		anco do partor ar	o organización o o		<u> </u>
	Complete if the organization 990, Part X, line 21.		" on Form 990, I	Part IV, line 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee					
b	included on Form 990, Part X? If "Yes," explain the arrangement in F					☐ Yes ☐ No
	ii tes, explain the attangement in F	ant Alli and Compi	ste the following a	abie.	Δη	nount
c	Beginning balance			10		- Court
ď				——		
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amou					☐ Yes ☐ No
	If "Yes," explain the arrangement in P					
	V Endowment Funds.					
	Complete if the organization	answered "Yes"	on Form 990. f	Part IV. line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	449.028	444,852	385,555		
b	Contributions	0	18,000			
c	Net investment earnings, gains, and					
	losses	99,202	-13.824	54,297		
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	1				
f	Administrative expenses					
g	End of year balance	548,230	449,028	444,852		
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:					
а						
b	Permanent endowment >	%				
C	Term endowment ▶%					
	The percentages on lines 2a, 2b, and	2c should equal 10	10%.			
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and ac	ministered for the	
	organization by:					Yes No
	(i) Unrelated organizations		. .			3a(i) ✓
	(·, · · · · · · · · · · · · · · · · · ·					3a(ii) ✓
	If "Yes" on line 3a(ii), are the related o	_				3b
4						
Part				S 1 10 4 11	0 5- 000 5	N- 4 V F - 40
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.					
	Description of property	(a) Cost or oth			Accumulated epreciation	(d) Book value
	land	(Birecaute		- '		
1a	Land	·			THE WATER STREET	
b	Buildings	·				
C	Leasehold improvements	·				
d	Equipment	·				
Total	Other	·	O Port Y column	/R) line 100 \		
i Vidi.	nau iiio ia uiiougii ie. (Goidiiii (d) ii	ivat o quai roiiii 95	o, raich, couillii	رم), wie ۱۷۵. <i>)</i> .	–	

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. lii	ne 11b. See Form	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation: 1-of-year market value
(1) Financia	I derivatives			
	neld equity interests			
(3) Other				
/A\	***			
(B)				
(C)			ļ	
(D)				
(E)			 	
(F) (G)				
(H)			 	
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		the state of the s	
Part VIII	Investments—Program Related.	<u> </u>		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		thod of valuation: I-of-year market value
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)			ļ	
_(5)				
_(6)		<u> </u>	 	
<u>(7)</u>			 	
(8)			 	
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		MALOUS BELLEVILLE	Marie Maria
Part IX	Other Assets.		14mminutes and compression	POSSESSES AND AND AND AND AND AND AND ADDRESS.
	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
<u>(7)</u>			 	
<u>(8)</u> (9)				
=	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on Formline 25.	n 990, Part IV, Im	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
_(4)				<u> </u>
(5)				
(6)				
_(7)				· · · · · · · · · · · · · · · · · ·
(8)				!
(9)	(1) (2) (2) (2) (3)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footnot liability for uncertain tax positions under FASB ASC 740. Check			
บายสมเผลแบก ร	HADRING FOR WHICEHARD BAX PUSHDING WHICH PAGE AGO 740. CHECK	HEIGH DIG BEALON HIR	FINDUINIE HAS DEEN	איטאועפט ווו דמונאווו. 🗀

	6 D (r Will 330) 2013	Page ·
Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	學習
а	Donated services and use of facilities	
b	Pnor year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	王 [[]
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
ь	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	Supplemental Information.	
	e 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 Y line
2· Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation
Pan v,	line 4 - the organization intends to use the endowment fund to make periodic contributions to the operating	g budget of the wary Kiley
. .		
Styles	Public Library in Falls Church, Virginia	
	\$	
	\$ print 1 th 1 th 1 th 1 th 1 th 1 th 1 th 1	
	990	
		·

Schedule D (For	m 990) 2019	age 5
Part XIII	Supplemental Information (continued)	
	j	
	ı	
	·	
	·	

	,	

	,	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2019

Open to Public Inspection

► Attach to Form 990.

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

Employer Identification number

Mary Riley Styles Public Library Foundation, Inc. Part I General Information on Grants and	tion, inc. on Grants and	Assistance					81-0809938
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant tinds in the United States.	records to sub ward the grants atton's procedu	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility for	or the grants or assistand	e, and
11.11	istance to Do recipient that	mestic Organiz received more th	ations and Dom an \$5,000. Part I	estic Governm	mestic Organizations and Domestic Governments. Complete if the organization received more than \$5,000. Part II can be duplicated if additional space is needed.	the organization answipace is needed.	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.
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Mary Riley Styles Public Library 120 N. Virginia Ave, Falls Church, VA	54-6001271	Falls Church City	8,300				Fund library operations and
(2) 22046		government					collections
(6)							
(4)							
(5)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	01(c)(3) and government of the contractions is the contractions is the contractions is the contractions is the contractions is the contractions is the contractions is the contractions is the contractions in the contractions in the contractions is the contraction of the contracti	vernment organizated in the line 1 table	tions listed in the II	ne 1 table			4
ğ	e the instruction	1s for Form 990.		Ö	Cat. No 50055P		Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III က ß 9 Q

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**19**

➤ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

wary Riley Styles Public Library Pouridation, Inc.	81-0809938
Form 990, Part VI, line 11b - each director of the organization reviewed the 990 personally, and the 990 was	discussed at a board meeting
before it was filed.	
Form 990, Part VI, line 12c - each director annually completes and submits a conflicts disclosure form. If a	ny conflicts are disclosed, the
·	
board follows its formal policy on how to deal with them.	
Form 990, Part VI, line 19 - the organization does not publish its governing documents, conflicts of interest	policy or financial statements,
but will give copies to anyone upon request.	
aux will give copies to anyone opon request.	
Form 990, Part I, "Prior Year" revenue and expenses - these lines are left blank because the organization w	as eligible to, and did, file form
990-N for 2018.	
Form 990, Schedule D, Part V - the organization was a successor to another 501(c)(3) organization, and the	predecessor organization
distributed its endowment fund to this organization at the beginning of 2017.	