SCANNED FED & A 7070

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection -

Inter	artment o nal Rever	Revenue Service						
A For the 2019 calendar year, or tax year beginning , 2019, and ending						, 20		
	heck if ap		D Emp	loyer ide	entification numb	per		
	Address change ERIENDS OF THE SURPRISE LIBRARIES INC					5-1047019		
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite					E Telephone number		
=	initial retui			602-652-3000				
=		n/terminated	16089 N BULLARD AVE City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer		-	
=	Amended Applicatio	n pending	SURPRISE, AZ 85374-7417		nber 🕨			
_		ting Method.		H Check	▶ 🗸 ıf	the organization	on is not	
	Vebsite		www.friendsofthesurpriselibraries.org	1		ach Schedule B		
		-	cck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990	-EZ, or 990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · ·		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets				
			5500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		52,967	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions	for Part I)		
			the organization used Schedule O to respond to any question in this Pa				. \square	
_	1		ons, gifts, grants, and similar amounts received		11		955	
	2		ervice revenue including government fees and contracts		2			
	3	•	ip dues and assessments		3		530	
	4	Investment	•		4		991	
	5a		ount from sale of assets other than inventory 5a					
	b		1	•				
	C		Less: cost or other basis and sales expenses					
	6		d fundraising events:					
	а	Gross inc	ome from gaming (attach Schedule G-if greater than	1 1				
9	-	\$15,000)	$1 \cdot 1 \cdot$		1 1			
ē	Ь	Gross inco	rtions	1 1				
Revenue		from fundr						
•		sum of suc	h gross income and contributions exceeds \$15,000) 6b		1			
	С		t expenses from gaming)and fundraising events 6c		1			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	1			
		line 6c)			6d			
	7a	Gross sale	s of inventory, less returns and allowances	50,491				
	b		of goods sold	3,388				
	C	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		47,103	
	8		nue (describe in Schedule O)		8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9		49,579	
	10	Grants and	I similar amounts paid (list in Schedule O)		10			
	11	Benefits pa	aid to or for members		11			
S	12		ther compensation, and employee benefits		12			
Expenses	13		al fees and other payments to independent contractors		13			
þe	14		y, rent, utilities, and maintenance		14			
ũ	15		ublications, postage, and shipping		15			
	16	Other expe	enses (describe in Schedule O)		16		49,224	
	17	Total expenses. Add lines 10 through 16					49,224	
y,	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18		355	
set	19		or fund balances at beginning of year (from line 27, column (A)) (must a					
Net Assets		end-of-yea	ır figure reported on pnor year's return)		19		86,004	
et	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	>	21		86.359	



Cat. No. 106421

Form **990-EZ** (2019)

22 Cash, savings, and investments 86,004 22 23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 25 Total assets . 86,004 25 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 86,004 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) 86,004 27 Part III Check if the organization used Schedule O to respond to any question in this Part III	OHITE	990-62 (2019)					· ugo =
22 Cash, savings, and investments	Par	rt II.	•	•		54.11		
22 Cash, savings, and investments			Check if the organization used Schedule	O to respond to ar			•	(B) End of year
23 Land and buildings 24 24 Other assets (describe in Schedule O) 24 25 Total liabilities (describe in Schedule O) 25 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 26 28 Total liabilities (describe in Schedule O) 26 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 36,004 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 36,004 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 36,004 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 36,004 28 Cartis the organization's pringram service accomplishments (see the instructions for Part III) 36,004 38 Cartis the organization's pringram service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of others of the organization's pringram service accomplishments for each program itse. 28 GIFTS TO CITY OF SURPRISE. HOLLYHOCK LIBRARY, LITERACY PROGRAM. ASANTE LIRRARY 28a 30 GIFTS TO SCHOOLS, DYSART UNIFIED SCHOOL DISTRICT NO.89 28a (Grants \$ 2,0,45) If this amount includes foreign grants, check here 29a 28a (Grants \$ 3,000) If this amount includes foreign grants, check here 29a	22	Cael	h eavings and investments			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22	86,359
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25 Total assets							24	
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Check if the organization used Schedule O to respond to any question in this Part III	27	Net	assets or fund balances (line 27 of column	(B) must agree with	line 21)		27	86,359
Content Cont	Par	t III						_
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Page 3

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
٠,			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See Instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓,
ь	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
40a	Gross receipts, included on line 9, for public use of club facilities	┨.		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	105		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ģ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► ARIZONA NO LONGER REQUIRED.			
42a	The organization's books are in care of ▶ GARY CLINE, TREASURER Telephone no. ▶	623-82	6-4939	9
	Located at ► 18598 N RED MOUNTAIN WAY, SURPRISE, AZ ZIP + 4 ►	85374	-8627	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶			. [
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	,		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	~~ ~	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		

Form 99	0-EZ (2	019)							age +
46		ne organization engage, directly or in ndidates for public office? If "Yes," c						Yes	No .
Part		Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.	s must answer que			•	e tables f	or line	es —
		Check if the organization used Sch	reduie O to respond	to any question i	ri triis Part	<u>vı</u>	· · · ·		<u> </u>
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ct during the	tax 47	Yes	No
48 49a b 50	Did the state of t	organization a school as described in the organization make any transfers to s," was the related organization a se tolete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organization five highest compen	ritable related orga on? sated employees (o	inization? . other than c	 officers, directo	. 49a . 49b ors, trustee		
	-	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contributi benefit pla	alth benefits, ons to employee ans, and deferred apensation	(e) Estimate other com	d amou	unt of
NONE									
f 51	Com; \$100	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest componization. If there is no	ensated independe one, enter "None."					than
NONE	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c)	Compensati	on	
								_	
					<u>.</u>				<u> </u>
				_			·		
d		number of other independent contra	_		. •			•	
52 		the organization complete Schedu bleted Schedule A	ile A? Note: All se	ection 501(c)(3) or	_		n a . ▶		No
Under po	enalties rect, an	of perjury, I declare that I have examined this r d complete Declaration of preparer (other than	eturn, including accompan i officer) is based on all info	ying schedules and state ormation of which prepar	ements, and to er has any kno	the best of my knowledge	owledge and	belief,	ıt ıs
Sign		Signature of officer	Date (/4/20)			4/2020			
Here	1	GARY CLINE, TREASURER Type or print name and title				• ' '	, 00		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo			
Use (Firm's name ▶				Firm's EIN ▶			
	Firm's address ▶ Phone no.								
May th	e IRS	discuss this return with the preparer	shown above? See	instructions		!	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name	Name of the organization							
FRIE	FRIENDS OF THE SURPRISE LIBRARIES INC						7019	
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The c 1 2 3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
	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 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	receives a subs (A)(vi). (Complet	tantial part of its sup e Part II.)	oort from			the general public	
8	A community trust described in							
9	An agricultural research organi- or university or a non-land-grai university:	nt college of agr	iculture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni iter June 30, 197	nctions—subject to co related business taxal 75. See section 509(a	ertain exc ole incom i)(2). (Cor	ceptions, le (less se nplete Pa	and (2) no more than ection 511 tax) from art III.)	n 33¹/₃% of its	
11	An organization organized and							
12	An organization organized and of one or more publicly suppo Check the box in lines 12a throi	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).	
а	☐ Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	☐ Type II. A supporting organ control or management of to organization(s). You must of	he supporting o	rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported	
С	Type III functionally integrees its supported organization(s						ally integrated with,	
d	□ Type III non-functionally integrated that is not functionally integred requirement (see instruction).	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
е	Check this box if the organ functionally integrated, or T						e II, Type III	
f	Enter the number of supported o	•						
g								
	(ii) Name of supported organization (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions) (vi) Amount of monetary other support (see instructions)						other support (see	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								

Part III. Support Schedule for Organizations Described in Section 509(a)(2)

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

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

	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar 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.")	371	6,882	4,070	1,430	1,485	14,238
2	Gross receipts from admissions, merchandise					.,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	sold or services performed, or facilities				1	į	
	furnished in any activity that is related to the organization's tax-exempt purpose	59,230	55,608	52,332	50,263	50,491	267,924
3	Gross receipts from activities that are not an	59,230	33,608	32,332	30,263	50,491	207,324
•	unrelated trade or business under section 513	ا	ا				•
4		0	0	0	0	0	0
4	Tax revenues levied for the					ļ	
	organization's benefit and either paid to	į				[•
_	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities	ſ	ļ		ł	'	
	furnished by a governmental unit to the					i	
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	59,601	62,490	56,402	51,693	51,976	282,162
7a	Amounts included on lines 1, 2, and 3					İ	
	received from disqualified persons .	ol	O	o	o	o	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified					i	
	persons that exceed the greater of \$5,000	į					
	or 1% of the amount on line 13 for the year	o	o	0	o	o	٥٠
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	<u>_</u>	<u>_</u>		- 0		
	line 6.)		`	•			282,162
Secti	on B. Total Support	- <u></u>					202,102
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	59,601	62,490	56,402	51,693	51,976	282,162
10a	Gross income from interest, dividends,	39,601	62,450	30,402	31,033	31,370	202,102
roa	payments received on securities loans, rents,	1					ř
	royalties, and income from similar sources .					204	4 400
	· · · · · · · · · · · · · · · · · · ·	43	47	38	43	991	1,162
b	Unrelated business taxable income (less					j	
	section 511 taxes) from businesses acquired after June 30, 1975		_1	_	_		_
	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	0	0
	Add lines 10a and 10b	43	47	38	43	991	1,162
11	Net income from unrelated business	j	İ				
	activities not included in line 10b, whether		1		į		
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	1	[ĺ		
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	59,644	62,537		51,736		283,324
14	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop her	'e					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	·				
15	Public support percentage for 2019 (line 8	, column (f), di	vided by line 1	3, column (f))		15	99.59 %
16	Public support percentage from 2018 Sch	edule A, Part I	II, line 15 .	<u> </u>		16	99.92 %
Secti	on D. Computation of Investment Inc	come Percen	ntage				
17	Investment income percentage for 2019 (I	ine 10c, colum	n (f), divided b	y line 13, colui	nn (f))	17	.41 %
18	Investment income percentage from 2018	Schedule A, F	art III, line 17			18	.08 %
19a	331/3% support tests-2019. If the organi	zation did not	check the box	on line 14, an	d line 15 is m	ore than 331/3%	
	17 is not more than 331/3%, check this box a						•
ь	331/3% support tests-2018. If the organization	-		·='	-	_	
_	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	· ·	_	•	• -	•	_

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization FRIENDS OF THE SURPRISE LIBRARIES INC 86-1047019

Other expenses (describe in Schedule O)	\$49,224
GIFTS TO CITY OF SURPRISE, HOLLYHOCK LIBRARY, LITERACY PROGRAM, ASANTE LIBRARY	\$20,454
GIFTS TO ALTRUSA OF THE WEST VALLEY, HSE PROGRAM, STEM PROGRAM SUPPURI	\$ 3,000
CIFTS TO SCHOOLS, DYSART UNIFIED SCHOOL DISTRICT NO.89	\$13,442
GIFTS TO SCHOOLS, NADABURG UNIFIED SCHOOL DISTRICT NO.81	\$ 7,896
FRIENDS OF THE SURPRISE LIBRARIES INC, CHILDRENS BOOKMARK CONTEST	\$ 375
DYSART COMMUNITY CENTER	\$ 1,905
CALIBRE ACADEMY OF SURPRISE	\$ 477
GIFT TO CITY OF EL MIRAGE LIBRARY	\$ 100
NORTHWEST VALLEY YMCA	\$ 1,575