٦.			Short Form				OMB No 1545-0047
Eo.	<u>. 99</u>	30-EZ	Return of Organization Exempt From In	icome	Tax		0000
FOII	" •		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc			ations)	2020
						,	O
			▶ Do not enter social security numbers on this form, as it may	be made	public.	n. n	Open to Public
Dep	artment o	of the Treasury enue Service	► Go to www.irs.gov/Form990EZ for instructions and the late	est inform	ation.	[](]	Inspection
				nd ending		12/31	, 20
		pplicable	C Name of organization ?	ia enanig			lentification number ?
_	Address		La Grande Community Library Foundation		1		911765629
=	Name ch	-		Room/suite	E Tele	ephone r	
	Initial retu	ırn	PO Box 1374			60	08-338-5115
=		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	^ ^	F Gr	oup Exe	mption
=	Amended Application	on pending	La Grande, OR 97850	0.5		mber I	•
_		ting Method	☑ Cash ☐ Accrual Other (specify) ►		H Check	▶ □	if the organization is no
JV	Vebsite	e: ► None					ach Schedule B
JΤ	ax-exer	npt status (che	ck only one) — ✓ 501(c)(3)	□527	(Form	990, 99	0-EZ, or 990-PF)
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if to	otal assets	3	
			500,000 or more, file Form 990 instead of Form 990-EZ	,		<u>▶</u> \$	9640
	art I		e, Expenses, and Changes in Net Assets or Fund Balance	•			• —
5	1		the organization used Schedule O to respond to any question in	this Par	τι		
.?. ?.	2		ns, gifts, grants, and similar amounts received ervice revenue including government fees and contracts	• •		2	2022
.2.	3	_	p dues and assessments			3	
?	4	Investment	•			4	
_	5a		unt from sale of assets other than inventory 5a		•		
	b		or other basis and sales expenses			1	
	С	Gain or (los	s) from sale of assets other than inventory (subtract line 5b from line	5a) .		5c	
	6	Gaming an	d fundraising events:				
•	а		ome from gaming (attach Schedule G if greater than				
Revenue		\$15,000) .]	
šve	b		· · · · · · · · · · · · · · · · · · ·	contribut	tions		
æ			alsing events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) . 6b				
	_					-	
	d		t expenses from gaming and fundraising events <u>[6c]</u> e or (loss) from gaming and fundraising events (add lines 6a and 6	Sh and s	ubtract	-	
		line 6c)				6d	
	7a	Gross sales	s of inventory, less returns and allowances 7a				
	ь		of goods sold			1]	
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other rever	iue (describe in Schedule O)	LOTI	· / '= =	-8	7618
	9		ide: Add lines 1, 2, 3, 4, 30, 60, 70, and 3	<u> </u>	. ′	9 ;	9640
	10		similar amounts paid (list in Schedule O)			י 10 י	3992
	11	•	id to or for members	AY 1.9	2021	11	
ses	12		her compensation, and employee benefits 2		<u> </u>	12	
Expenses	13		al fees and other payments to independent contractors	DEN	. UT.	13	
껐	14 15		, rent, utilities, and maintenance		. (.) 1.	15	76
_	16		nses (describe in Schedule O)	•		16	70
	17	Total expe	nses. Add lines 10 through 16			17	4138
	18	Excess or (18	5502
sets	19		or fund balances at beginning of year (from line 27, column (A)) (r		ee with		
As		end-of-yea	figure reported on prior year's return)			19	6943
Net Assets	20		ges 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	12445

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2020)



Foŗm	990-EZ (2020)					Page 2
Pa	rt II Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	
			Ļ	(A) Beginning of year	L.,	(B) End of year
22	Cash, savings, and investments		[6943	22	12445
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[6943	25	12445
26	Total liabilities (describe in Schedule O)		<i>.</i> .		26	
27	Net assets or fund balances (line 27 of column			6943	27	12445
2ai	Statement of Program Service Accom				1	
	Check if the organization used Schedule					Expenses
Vh a			in Union County Ore		(Re	quired for section
	• • • • • • • • • • • • • • • • • • • •					(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the				anizations, optional for ers)
	North Powder Public Library (\$2000), Union Carnegie		0), Cook Memorial Pu	blic Library		1
	(\$610)					
	······································					
7	(Grants \$) If this amount	includes foreign ar	ants, check here .	▶ □	282	3410
ى ج ا 29					200	
25						
	(Cuanta ©		ants, check here .		29a	
^^					298	1
30		•••••	·			
				<u></u> .		
		includes foreign gra	ants, check here .	. ▶ 🗆	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount :	includes foreign gra	ants, check here .	▶ 🗆	31a	<u> </u>
32	Total program service expenses (add lines 28a t	hrough 31a)	<u>.</u>	· >	32	3410
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp	pensated - see the in	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗆
		(b) Average	(c) Reportable 2.	(d) Health benefits,	Π.,	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	(If not paid, enter -0-)	deferred compensation		other compensation
ları	yn Herbst, President				_	
	Ji Tionast, Traslacit	2	l 0	ŀ	o	0
har	les Gillis, Secretary		<u> </u>		1	<u> </u>
	ies Gills, Secretary	1	1			^
	h Dalatan Transvers	· · ·	ļ <u>-</u>		4-	
ara	h Ralston, Treasurer	1				
			0		9	
am	Busey, Board Member	5				
		·	0		0	0
arb	Malone, Board Member	5			l	
		.	0		이	0
ı-Ly	nn Larsen, Bord Member				T	

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		L			\dashv	
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			<u> </u>	<u>_</u>	-	
. .						
_						
					1	
_				-	1	
	1					

Form **990-EZ** (2020)



	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			<u> </u>	•
		instructions for Fart V.) Officer in the organization used contourie of to respond to any question in this		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	163	~	
7	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		\ \	- [2]
	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		~	
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		~	-
	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		~	12
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		<u>v</u>	
	b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a			₽
	a b 40a	Initiation fees and capital contributions included on line 9				
	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		~	?
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	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		<u></u>	
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ▶ Telephone no. ▶		-	 -	
	b	Located at ► ZIP + 4 ► 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)?	405	Yes		
		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).	420			
	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		<u> </u>	
	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		•	• <u> </u>	
	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	Yes	No	
	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		V	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V	
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>	
		Form 990-EZ. See instructions	45b		V	

Form 990	0-EZ (2	2020)							Р	age 4	
			-	· · · · · · · · · · · · · · · · · · ·				П	Yes	No	
		he organization engage, directly or in			on behalf of	or in opposit	tion				
	to ca	andidates for public office? If "Yes," o	complete Schedule C	, Part I	<u> </u>	<u> </u>	. 4	16		1	
Part \	7 1	Section 501(c)(3) Organizations	s Only	·							
		All section 501(c)(3) organization	s must answer que	estions 47-49b an	d 52, and c	omplete the	e table	s fc	r line	es	
		50 and 51.									
		Check if the organization used Scl	hedule O to respond	d to any question in	this Part VI						
				., ., ., .				Ť	Yes	No	
47	Did 1	the organization engage in lobbying	activities or have a	section 501(h) elect	tion in effect	during the	tax 🗀	十			
		? If "Yes," complete Schedule C, Par						17		/	
	-	e organization a school as described in		u\2 If "Vec " complet	e Schedule E			18	-	Ť	.
		he organization make any transfers to					· -	9a	\dashv	.	. !
		•	•	-	ilization:		· —	9b			
		es," was the related organization a se plete this table for the organization's			thay than aff	 				1 1400	
		loyees) who each received more than								ı ney	
	empi	byees) who each received more than	T \$ 100,000 of compet	T T T T T T T T T T T T T T T T T T T			e, enter		Jile.	_	
			(b) Average	(c) Reportable		h benefits, s to employee	(e) Estim	nated	l amou	nt of	
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit plans	, and deferred	other				
			devoted to position	(1-011115-14-27-1099-1411-34	comp	ensation					
			<u> </u>								
				I .							
				 							
											
	\$100	plete this table for the organization',000 of compensation from the organ Name and business address of each independ	nization. If there is no				Compens				
		· · · · · · · · · · · · · · · · · · ·					_				
		····]		i					
 -				1							
					<u> </u>						
		······									
											
-			·								
٠ .	Total	number of other independent acres	otore occh recenus	Over \$100,000		L					
		number of other independent contra	_		-						
		the organization complete Schedu	le A7 Note: All se	ection 501(c)(3) org	janizations r						
		oleted Schedule A	<u> </u>	 	<u> </u>		►		<u> </u>		
		of perjury, I declare that I have examined this rid d complete. Declaration of preparer (other than					owledge a	and b	belief, r	IS	
ue, com	ect, an	d complete Declaration of preparer tother than	Officer) is based on all lifto		r nas any known	eage	 				
		1 mille			l. <u></u>	3/14/	21				
ign		Signature of officer	_		Da	te '					
lere l		Sarah Raiston, Treasurer									
		Type or print name and title									
aid		Print/Type preparer's name	Preparer's signature	1	Date	Check	ıf PTIN	1			
						self-employ					
repa		Firm's name ▶			Fire						
Jse O	וחי					one no					
Agy the	100	Firm's address ► discuss this return with the preparer	shown above? See in	nstructions	1 500	AIG IIO	► □ v	es	\square N		
iav tilt	C/III	algoris and return with the DieDalei	SHOWIN ADDIVE, OCC 1			.	1 1 1	ت ت	1 1 1 1	J	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

La G	rande Community Library Foundation	on				91178	365629
Pa	Reason for Public Cha	rity Status. (Al	l organizations mus	st compl	ete this i	part.) See instructi	ons.
The 6 1 2 3 4	organization is not a private found: A church, convention of church A school described in section A hospital or a cooperative ho A medical research organization hospital's name, city, and state	thes, or associating 170(b)(1)(A)(ii). In a 170(b)(1)(A)(ii). In a 170(b)(A)(ii). In a 170(b)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	on of churches descr (Attach Schedule E (F ganization described onjunction with a hos	ribed in se Form 990 in section pital desc	ection 17 or 990-E n 170(b)(: cribed in s	70(b)(1)(A)(i). Z).) 1)(A)(iii). section 170(b)(1)(A)	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7							
8	☐ A community trust described	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity.	ant college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state o	f the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions, subject to ce related business taxa	ertain exc ble incon	eptions, a ne (less s	and (2) no more than ection 511 tax) from	1 331/3% of its
11	An organization organized and		•	-			
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.						
а	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.						
b	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.						
С	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally interrequirement (see instructional see instruction).	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of	organizations .			. ,		
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Pan	(Complete only if you checked th	e box on lin	e 5, 7, or 8 of	Part I or if th	e organizatioi	n failed to qu	
Sact	Part III. If the organization fails to ion A. Public Support	quality und	er the tests iis	stea below, p	lease comple	ne Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(6) 20 17	(0) 2010	(4) 2010	(0) 2020	/ 10td.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			<u> </u>		/	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		l	_/	l		
	on B. Total Support	(a) 001C	(h) 0017	(2) 2018	(4) 2010	(-) 0000	(O Total
Caler 7	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	~				-	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	-	s fırst, second, 		-	ar as a section	
Secti	on C. Computation of Public Support		<u> </u>	 -			<u> </u>
14	Public support percentage for 2020 (line 6,			1, column (f))		14	%
15	Public support percentage from 2019 Scho	edule A, Part	II, line 14 .		[15	%
16a	331/3% support test—2020. If the organiz				id line 14 is 33	¹ / ₃ % or more,	check this
b	box and stop here. The organization quali 331/3% support test—2019. If the organiz	ation did not	check a box or	n line 13 or 16	•	 s 33½% or m	. ► □
170	this box and stop here. The organization of	•		_		 So or 16h one	► ∐
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization me Part VI how the organization meets the fa organization	ets the facts	-and-circumsta	inces test, che	eck this box ar	nd stop here.	Explain in
b /	10%-facts-and-circumstances test—20 18 is 10% or more, and if the organization in Part VI how the organization meets the organization	meets the fa	icts-and-circun	nstances test,	check this box	and stop her	e. Explain
1,8	Private foundation. If the organization di		a box on line				

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.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	5049	5215	0	2700	2022	14,986
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .	l ol	o	2112	o	ol	2,112
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ol	o	0	o	اه	0
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf	اه	0	o	o	اه	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	اه	o	o	o	ا ه	0
6	Total. Add lines 1 through 5	5049	5215	2112	2700	2022	17,098
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	o	ol	ol	ol	o	0
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	o	o	ol	ol	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)		*				17,098
Secti	on B. Total Support		_				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	5049	5215	2112	2700	2022	17,098
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	0	0	0	0		0
b	Unrelated business taxable income (less	·					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether	ŀ				1	
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or		:				
	loss from the sale of capital assets	1	1			}	
	(Explain in Part VI.)	0	0	5059	5011	7618	17,688
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12.)	5049	5215	7171	7711	9640	34,786
14	First 5 years. If the Form 990 is for the	_			=		1 501(c)(3)
N = = 4:	organization, check this box and stop her			· · · · · · · · · · · · · · · · · · · 	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · ·	· · · ·
	on C. Computation of Public Suppor			2 asluma (0)		15	40.15.0/
15 16	Public support percentage for 2020 (line 8 Public support percentage from 2019 Sch	• •	-	s, column (ij)		16	49 15 % 66 63 %
16	on D. Computation of Investment Inc			• • • •	· · · - · ·	10	00 03 76
	Investment income percentage for 2020 (I			v line 13 colur	mp (fl)	17	0.96
17 19	Investment income percentage for 2020 (Investment income percentage from 2019	•	• • •	•		18	0 %
18	331/3% support tests—2020. If the organi						
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2019. If the organization						
J	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						
							

Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations		TV	T as a
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.	1	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).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.			
b	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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		!
b	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	_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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 line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ıva		<u> </u>

determine whether the organization had excess business holdings.)

10b

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 lines 11b and 11c below, the governing body of a supported organization?	44-		
		11a 11b	_	
	A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	 	-
·	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1		L
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		1.4	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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 line 2, above, 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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.			ions).
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.			
b	Did the activities described in line 2a, above, 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		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	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		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	· · · · · · · · · · · · · · · · · · ·	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion CDistributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	· · · · · · · · · · · · · · · · · · ·	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally ii	ntegrated Type III suppor	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued	1)	
Sect	ion D—Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	-	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		<u></u>	10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				 -
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
<u>b</u>	From 2016				
c	From 2017		· · · · · · · · · · · · · · · · · · ·		· ·- <u> · ·</u>
	From 2018				<u></u>
<u>e</u>	From 2019			\perp	·
<u>f</u> _	Total of lines 3a through 3e			_	<u> </u>
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2020 distributable amount			_	
<u> </u>	Carryover from 2015 not applied (see instructions)			4	
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2020 from				
	Section D, line 7 \$			4	
<u>a</u>	Applied to underdistributions of prior years			4	
<u>b</u> _	Applied to 2020 distributable amount		· · · · · · · · · · · · · · · · · · ·	_	
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			4	
5	Remaining underdistributions for years prior to 2020, if			- [
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions		<u> </u>	\dashv	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
				\dashv	
7 	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7.			\perp	
a	Excess from 2016			4	
<u>b</u> _	Excess from 2017			\downarrow	
<u>c</u>	Excess from 2018			_ .	
d	Excess from 2019			_	
e	Excess from 2020				

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Page	c

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.)
Part III, line	: 12
Income rec	eived from Oregon Community Foundation distribution from endowment
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2020

Open to Public Inspection

Employer identification number

911765629

La Grande Community Library Foundation	911765629
Part 1 - Line 8	
Income received from Oregon Community Library Foundation distribution from endowment	
Part I - Line 10	
Grants paid out to following libraries. Union Carnegie Public Library \$800, North Powder Public Library \$2	000, Cook Memorial Public Library
\$610	
Donation to Cook Memorial Public Library \$582	
Part I - Line 16	
Miscellaneous business expenses \$70	
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