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9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 297, 357. 360, 942. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 198, 422. 211, 200. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 2, 342, 117. 3, 125, 739. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 2, 342, 117. 3, 125, 739. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 2, 342, 642. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 642, 601. 689, 631. 16a Professional fundraising fees (Part IX, column (D), line 25) 419, 839. 431, 083. 329, 790. 17 Other expenses (Part IX, column (D), line 25) 419, 839. 3, 415, 801. 4, 145, 160. 19 Revenue less expenses. Subtract line 18 from line 12 2, 081, 091. -1, 510, 808. 19 Revenue less expenses. Subtract line 18 from line 12 22, 038, 113. 22, 248, 541. 21 Total assets (Part X, line 16) 22, 038, 113. 22, 248, 541.								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1367, 422. 211, 200. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5, 496, 892. 2, 634, 352. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2, 342, 117. 3, 125, 739. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 642, 601. 689, 631. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total revenue less (Part IX, column (D), line 25) 419, 839. 431, 083. 329, 790. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3, 415, 801. 4, 145, 160. 19 Revenue less expenses. Subtract line 18 from line 12 2, 081, 091. -1, 510, 808. 19 Revenue less (Part X, line 16) 22, 038, 113. 22, 248, 541. 103, 345. 43, 908. 21, 934, 768. 22, 204, 633. 29 Net assets or fund balances. Subtract line 21 from line 20 21, 934, 768. 22, 204, 633.	Ð	8	Contributions	and grants (Part VIII, line 1h)		<u> </u>	2,062,210.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1367, 422. 211, 200. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5, 496, 892. 2, 634, 352. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2, 342, 117. 3, 125, 739. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 642, 601. 689, 631. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total expenses (Part IX, column (D), line 25) 419, 839. 431, 083. 329, 790. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3, 415, 801. 4, 145, 160. 19 Revenue less expenses. Subtract line 18 from line 12 2, 081, 091. -1, 510, 808. 19 Revenue less (Part X, line 16) 22, 038, 113. 22, 248, 541. 103, 345. 43, 908. 21, 934, 768. 22, 204, 633. 29 Net assets or fund balances. Subtract line 21 from line 20 21, 934, 768. 22, 204, 633. <td>enu</td> <td>9 </td> <td>Program servio</td> <td>ce revenue (Part VIII, line 2g)</td> <td></td> <td>••</td> <td>••</td>	enu	9	Program servio	ce revenue (Part VIII, line 2g)		••	••	
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,342,117. 3,125,739. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 642,601. 689,631. 16a Professional fundraising fees (Part IX, column (D), line 25) 419,839. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 431,083. 329,790. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,415,801. 4,145,160. 19 Revenue less expenses. Subtract line 18 from line 12 2,038,113. 22,248,541. 21 Total liabilities (Part X, line 16) 103,345. 43,908. 22 Net assets or fund balances. Subtract line 21 from line 20 21,934,768. 22,204,633. Part II Signature Block Signature Block 21,934,768. 22,204,633.	ш	11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 642,601.689,631. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (D), line 25) 1419,839. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 431,083.329,790. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,415,801.4,145,160. 19 Revenue less expenses. Subtract line 18 from line 12 2,081,0911,510,808. 20 Total assets (Part X, line 16) 22,038,113.22,248,541. 21 Total liabilities (Part X, line 26) 103,345.43,908. 22 Net assets or fund balances. Subtract line 21 from line 20 21,934,768.22,204,633. Part II Signature Block Signature Block								
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17 Other expenses (rart X, column (A), lines (1474, 14724e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 2,081,091. -1,510,808. Beginning of Current Year End of Year 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Signature Block	Ä					/31 083	329 790	
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Part II Signature Block	ets c	20	Total assets (P	Part X line 16)				
Part II Signature Block	Asse	21						
Part II Signature Block	Net,	22						
Inder penalties of periury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Pa	irt II				,,,-	, ,	
	Und	er penal	lties of perjury, I	declare that I have examined this return, including accompanying schedules ar	ind stateme	nts, and to the best of my	knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	• · · · · · · · · · · · · · · · · · ·								
Sign	Signature of officer		Date						
Here		ATION PRESIDENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	ANGELA N. CRAWFORD	ANGELA N. CRAWFORD	10/25/18 self-employed P00573197						
Preparer	Firm's name 🕒 BLUE & CO., LLC		Firm's EIN ► 35-1178661						
Use Only	Firm's address 🖕 12800 N. MERIDIA	N STREET, SUITE 400							
	CARMEL, IN 46032		Phone no. 317-848-8920						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
732001 11-2	32001 11-28-17LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	INDIANAPOLIS - MARION COUNTY PUBLIC
Form	990 (2017) LIBRARY FOUNDATION, INC. 23-7016089 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROMOTE PATRONAGE AND SECURE SUPPORT FOR THE ADVANCEMENT OF PROGRAMS,
	SERVICES AND FACILITIES OF THE INDIANAPOLIS PUBLIC LIBRARY TO BENEFIT
	A DIVERSE LEARNING COMMUNITY.
2	Did the exercitation undertake any eignificant pregram convices during the year which were not listed on the
Z	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,238,107. including grants of \$ 1,238,107.) (Revenue \$)
	ASSISTED THE LIBRARY BY FUNDING SPECIAL COLLECTIONS AND TECHNOLOGY TO
	PROVIDE RESOURCES FOR PATRONS. MAJOR EXAMPLES OF 2017 PROGRAMS
	INCLUDED THE MARION COUNTY INTERNET LIBRARY, A COLLECTION OF ONLINE
	DATABASES WHICH WAS SEARCHED MORE THAN 600,000 TIMES; DIGITIZATION
	PROJECTS TO BRING MANY DIGITAL COLLECTIONS ONLINE, INCLUDING YEARBOOKS
	FROM PERRY MERIDIAN AND LAWRENCE HIGH SCHOOLS, THE PORTFOLIO CLUB AND
	IRVINGTON UNION OF CLUBS AND THE BEGINNING OF WORK ON A NEW COLLECTION
	OF HISTORICAL RECORDS FROM THE INDIANAPOLIS PUBLIC SCHOOLS, AMONG OTHER
	CITY RECORDS; THE PUBLIC COLLECTION, A PUBLIC ART AND LITERACY PROJECT
	CONSISTING OF ARTIST-DESIGNED BOOK SHARE STATIONS IN INDIANAPOLIS; AND
	THE AXIS 360 PILOT PROGRAM, A NEW EBOOK SHARING PLATFORM AMONG SCHOOLS
	TO MAXIMIZE BOTH SCHOOL LIBRARY BUDGETS FOR EBOOKS AND ACCESSIBILITY
4b	(Code:) (Expenses \$ 926,479. including grants of \$ 926,479.) (Revenue \$)
	ASSISTED THE LIBRARY BY FUNDING SPECIAL PUBLIC PROGRAMS HIGHLIGHTING
	THE CULTURES AND UNIQUE COMMUNITIES IN INDIANAPOLIS. EXAMPLES OF MAJOR
	PROGRAMS INCLUDED THE CENTER FOR BLACK LITERATURE & CULTURE - A
	DEDICATED SPACE AT CENTRAL LIBRARY TO CELEBRATE THE VIBRANT HERITAGE
	AND TRIUMPHS OF THOSE BORN OF AFRICAN ROOTS AND TO PROVIDE A PLACE FOR
	ALL WHO ARE INTERESTED TO EXPLORE THIS RICH CULTURE AND HERITAGE
	THROUGH COLLECTIONS, RESOURCES AND PROGRAMS; FALL FEST AND MEET THE
	ARTISTS - PROGRAMS CELEBRATING THE ARTS, CULTURE AND HERITAGE OF THE
	CITY'S AFRICAN-AMERICAN COMMUNITY; ART AND MUSIC WORKSHOPS FOR CHILDREN
	TO EXPLORE VARIOUS ART FORMS AND MUSIC GENRES; CLASSICAL MUSIC CONCERTS
	WITH MUSICIANS FROM THE INDIANAPOLIS SYMPHONY ORCHESTRA PERFORMING FREE
	CONCERTS THROUGHOUT THE YEAR AT CENTRAL LIBRARY AND ADDITIONAL CONCERTS
4c	(Code:) (Expenses \$562,128. including grants of \$562,128.) (Revenue \$)
	ASSISTED THE LIBRARY BY FUNDING A SERIES OF FREE PROGRAMS AND OUTREACH
	EFFORTS DESIGNED TO HELP CHILDREN BECOME MORE CAPABLE, ENTHUSIASTIC
	READERS AND SAVVY, PRODUCTIVE USERS OF TECHNOLOGY. OFFERED AT 24
	LOCATIONS THROUGHOUT THE CITY, THESE PROGRAMS ARE HIGHLY ACCESSIBLE AND
	REACH UNDERSERVED AUDIENCES. SOME EXAMPLES OF MAJOR CHILDREN'S PROGRAMS
	INCLUDED THE SUMMER READING PROGRAM WHICH REWARDS CHILDREN AND FAMILIES
	FOR READING OVER THE SUMMER MONTHS; ON THE ROAD TO READING, OUTREACH TO
	HISPANIC/LATINO FAMILIES, PRESCHOOL PROGRAMS, EARLY CHILDHOOD EDUCATOR
	CONFERENCE, 1,000 BOOKS BY KINDERGARTEN, AND STAFFING - ALL
	PROGRAMS/INITIATIVES OF READY TO READ (A MULTI-YEAR INITIATIVE TO HELP
	CHILDREN UNDER THE AGE OF FIVE DEVELOP EARLY LITERACY AND TECHNOLOGY
	SKILLS NEEDED FOR A SUCCESSFUL START IN SCHOOL); AND SEVERAL PROGRAMS
44	Other program services (Describe in Schedule O.)
μu	
40	(Expenses \$ 556,814. including grants of \$ 399,025.) (Revenue \$) Total program service expenses ► 3,283,528.
46	

4e Total program service expenses	3
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	990 (2017) LIBRARY FOUNDATION, INC. 23-7016	089	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
'		7		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	⊢ ′		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C		110		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Δ	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	–		<u> </u>
.,		17		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	⊢ "−		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G. Part III	19		X

Form 990 (2017)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	Х	
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		x
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	Х	
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
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		x
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		x
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		x
35a		35a		X
	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		
36	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		x
37	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		X
38	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	Х	

Form **990** (2017)

LIBRARY FOUNDATION, INC.

Form	990	(2017)
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INDIANAI	POLIS	- MARI	ЛC	COUNTY	PUBLIC
LIBRARY	FOUND	ATION,	IN	IC.	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>		X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportat	ole gaming			
	(gambling) winnings to prize winners?			1c	X	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	ns)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b				5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a		ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X X	
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year					x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fe				N/	
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>g</u> 7h	N/	
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/ -		11/	<u> </u>
0				8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041′	2	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		1

Form 990 (2017)

ntribute assets to, or participate in a joint venture or similar arrangement with a		
	16a	X
ow a written policy or procedure requiring the organization to evaluate its participation		
der applicable federal tax law, and take steps to safeguard the organization's		
ch arrangements?	16b	
of this Form 990 is required to be filed $\blacktriangleright IN$		
ration to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	vailable	
w you made these available. Check all that apply.		
nother's website II Upon request II Other <i>(explain in Schedule O)</i>		
(and if so, how) the organization made its governing documents, conflict of interest policy, and	financial	
c during the tax year.		
ephone number of the person who possesses the organization's books and records: \blacktriangleright 317-275-4700		
STREET, INDIANAPOLIS, IN 46208-5732		
	Form 99	0 (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	26		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	;?	. 5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo				
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache	ed at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	nue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ters, 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 b	efore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	," describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		. 13	Х	
14	Did the organization have a written document retention and destruction policy?		. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval b	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		. <u>15a</u>	X	
b	Other officers or key employees of the organization		. 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			v
	taxable entity during the year?		<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	tion's			
800	exempt status with respect to such arrangements?		. 16b		
	tion C. Disclosure				
17 10	List the states with which a copy of this Form 990 is required to be filed IN	action E01(-)/0)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	ection 501(C)(3)s only) availabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.				
10	X Own website Another's website X Upon request Other (explain in	/	nd fire are	ial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict externance evaluate to the public during the tax year.	a of interest policy, a	nu inano	idi	
20	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 DENISE ELKINS - $317 - 275 - 4700$	and records:			

2450 N. MERIDIAN

Form 990 (2017)

X

Form 990 (20		23-7016089	Page 7
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
E	Employees, and Independent Contractors		
C	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yold r	st con vee	_			organizations
	line)	In dividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ANDREA DAVIS	1.00	-	-		-	1 0				
BOARD MEMBER		х						0.	0.	0.
(2) BRYCE H. BENNETT, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) JESSICA BARTH	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(4) DR. AARTI S. SHAH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) MICHAEL HALL	1.00									
BOARD MEMBER		х						0.	0.	0.
(6) JASON D. DUDICH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ANDREW Z. SOSHNICK	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(8) JOANNA TAFT	1.00								•	0
BOARD MEMBER	1 00	X						0.	0.	0.
(9) BRUCE J. GLOR	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) MICHAEL B. JOYCE BOARD TREASURER	1.00	x		x				0.	0.	0.
(11) JARRELL B. HAMMOND	1.00	~		~				0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(12) BRAD HOLTZ	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(13) CHAD W. EDMUNDSON	1.00	- 23								U •
BOARD MEMBER		x						0.	0.	0.
(14) TERRI R. JETT	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) THOMAS N. HUTCHINSON	1.00									
IMMEDIATE PAST PRESIDENT		x		x				0.	0.	0.
(16) DIANE HERNDON BORGMANN	1.00									
BOARD VICE CHAIR		х		х				0.	0.	0.
(17) COLETTE IRWIN-KNOTT	1.00									
BOARD MEMBER		Х						0.	0.	0.
										Game 990 (0017)

732007 11-28-17

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Form 990 (2017) LIBRARY E	OUNDATI	ON	Ι,	IN	c.				23-701	<u>.6089</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average				itior			Reportable	Reportable	I в	stimated	d
	hours per		not ch unles					compensation	compensation		mount c	
	week		cer an					from	from related		other	
	(list any	ctor						the	organizations	con	npensat	ion
	hours for	r dire				eq		organization	(W-2/1099-MISC)	f	from the)
	related	tee or	Istee			ensat		(W-2/1099-MISC)		or	ganizatio	on
	organizations	trus	al tri		yee	a mo				ar	nd relate	эd
	below	Individual trustee or director	Institutional trustee	er	Key employee	est c loyee	Jer			org	ganizatio	ons
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former					
(18) FLORRIE BINFORD COOPER	1.00											
BOARD CHAIR		Х		Х				0.	0	•		0.
(19) M. JACQUELINE NYTES	1.00											
LIBRARY CEO		Х						0.	0	•		0.
(20) PHILIP LIST	1.00											
BOARD MEMBER		Х						0.	0			0.
(21) SHIV O'NEILL	1.00										,	
BOARD MEMBER		х						0.	0			Ο.
(22) JAY LANGHURST	1.00											
BOARD MEMBER		х						0.	0			Ο.
(23) ANGELA LUPTON	1.00											
BOARD MEMBER		х						0.	0			Ο.
(24) SCOTT SANDER	1.00					\vdash						<u> </u>
BOARD MEMBER	1.00	х						0.	0			0.
(25) SHELLEY STEWART	1.00								0			<u> </u>
BOARD MEMBER	1.00	х						0.	0			0.
(26) MARCY SZOSTAK	1.00	Λ						0.	0	<u> </u>		0.
BOARD MEMBER	1.00	x						0.	0			0.
								0.	0			0.
1b Sub-total								312,786.			54,43	
c Total from continuation sheets to Part VI								312,786.	0			
d Total (add lines 1b and 1c)										• 0	54,43	<u></u>
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			~
compensation from the organization												2
											Yes	No
3 Did the organization list any former officer,	-				•	•		•				
line 1a? If "Yes," complete Schedule J for se										3	$ \rightarrow $	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from th	ne organization			
and related organizations greater than \$150										. 4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	oers	ion .				. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of compen	sation fr	rom	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	thin	n the organization's tax ye	ear.			
(A)								(B)		(C)	
Name and business	address	NC	ONE	1				Description of s	ervices	Compe	ensation	1
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than			

Form 990 LIBRARY	FOUNDATI	ON	Γ,	IN	c.				23-701	6089
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (, ,	
(A) Name and title	(B) Average hours per	(cl	neck	Pos	C) ition that		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) DANNY R. DEAN MAJOR GIFTS & DONOR LIAISON	40.00			x				104,319.	0.	23,626.
(28) DENISE ELKINS OFFICE MANAGER	40.00			x				78,563.	0.	17,784.
(29) ROBERTA KNICKERBOCKER JAGGERS	40.00									
FOUNDATION PRESIDENT		-		X				129,904.	0.	23,020.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		1								
		 								
		-								
Total to Part VII, Section A, line 1c								312,786.		64,430.

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					ATION, IN	NC.		23-7016	089 Page 9		
Pa	Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
			Check if Schedule O conta	ains a response	or note to any line						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a							
ant	-		Membership dues								
ъ б			Fundraising events		23,920.						
fts, r Ai			–								
, Gi			Government grants (contributi								
Sins											
utio		T	All other contributions, gifts, grant		2,038,290.						
Oth			similar amounts not included abov		13,037.						
hon		-	Noncash contributions included in lines			2 062 210					
0 a		n	Total. Add lines 1a-1f			2,062,210.					
	-				Business Code						
ice	2	a									
er v		b									
n S 'eni		С									
Jrar Rev		d									
Program Service Revenue		е									
Δ.			All other program service reve								
			Total. Add lines 2a-2f								
	3		Investment income (including	,	· /	263 333			283 332		
			other similar amounts)			283,332.			283,332.		
	4		Income from investment of tax		· · · ·						
	5		Royalties								
	_			(i) Real	(ii) Personal						
	6		Gross rents								
			Less: rental expenses								
			Rental income or (loss)								
			Net rental income or (loss)		▶						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other						
			assets other than inventory	1,800,974.							
		b	Less: cost or other basis								
			and sales expenses	1,723,364.							
			Gain or (loss)	77,610.							
			Net gain or (loss)		····· •	77,610.			77,610.		
e	8	а	Gross income from fundraising								
ent			including \$ 23								
lev			contributions reported on line								
er F			Part IV, line 18								
Other Revenue			Less: direct expenses		· · · ·						
Ŭ			Net income or (loss) from fund		· ►	-39,733.			-39,733.		
	9	а	Gross income from gaming ac								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from gam		····· •						
	10	а	Gross sales of inventory, less								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from sales			250,933.	250,933.				
			Miscellaneous Revenue	9	Business Code						
	11										
		b									
		с									
			All other revenue								
			Total. Add lines 11a-11d			2 624 250	250,022		201 000		
	12		Total revenue. See instructions.		🕨	2,634,352.	250,933.	0.	321,209.		

INDIANAPOLIS MARION COUNTY PUBLIC Form 990 (2017) LIBRARY FOUNDATION, INC. Part IX Statement of Functional Expenses

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<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,125,739.	3,125,739.		
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	377,217.	31,279.	177,881.	168,057.
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	204,206.	2,312.	32,907.	168,987.
8	Pension plan accruals and contributions (include	201/2000			
0	section 401(k) and 403(b) employer contributions)	20,661.		20,661.	
9	Other employee benefits	43,964.		43,964.	
9 10	Payroll taxes	43,583.		43,583.	
11	Fees for services (non-employees):	45,505.		45,505.	
	Management				
		28,407.		28,407.	
	Accounting	20,107.		20,107.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	F	34,573.		34,573.	
f	Investment management fees	51,575.		51,5750	
g	Other. (If line 11g amount exceeds 10% of line 25,	22,626.		22,626.	
40	column (A) amount, list line 11g expenses on Sch 0.)	28,870.		22,020.	28,870.
12	Advertising and promotion	36,354.		17,229.	19,125.
13	Office expenses	50,554.		11,229.	19,123.
14	Information technology				
15	Royalties				
16		1,345.			1,345.
17	Travel	1,545.			I,J4J.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	9,961.		9,961.	
19 00	Conferences, conventions, and meetings	3,901.		9,901.	
20	Interest				
21	Payments to affiliates	306.		306.	
22	Depreciation, depletion, and amortization	3,387.		3,387.	
23	Insurance	5,507.		5,307.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) LECTURES/SPEAKER EXPENS	96,608.	96,608.		
a b	RECOGNITIONS	27,590.	27,590.		
	ENTERTAINMENT	27,390.	41, 330 •		27,454.
с С	GIFTS, AWARDS, AND RECO	6,001.			6,001.
d	· · · · · · · · · · · · · · · · · · ·	6,308.		6,308.	0,001.
	All other expenses	4,145,160.	3,283,528.	441,793.	419,839.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,140,100.	5,205,520.	441,/33.	419,039.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				000

Form 990 (2017) Part X Balance Sheet

INDIANAPOLIS - MARION COUNTY PUBLIC LIBRARY FOUNDATION, INC.

1 a					
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	4		542,833.		-
	1	Cash - non-interest-bearing	4,806,720.	1	<u>188,703.</u> 2,645,194.
	2	Savings and temporary cash investments	1,291,358.	2	1,172,781.
	3	Pledges and grants receivable, net	1,291,350.	3	1,1/2,/01.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		_	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		-	
ets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	45 001	7	45.040
4	8	Inventories for sale or use	<u>45,901.</u> 10,702.	8	<u>45,049.</u> 3,293.
	9	Prepaid expenses and deferred charges	10,702.	9	5,295.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a191,894.Less: accumulated depreciation10b191,175.			710
			<u>1,025.</u> 7,593,193.	10c	719. 9,505,514.
	11	Investments - publicly traded securities	7,393,193.	11	9,505,514.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	7 746 201	14	0 607 200
	15	Other assets. See Part IV, line 11	7,746,381. 22,038,113.	15	8,687,288.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	103,345.	16	22,248,541. 43,908.
	17	Accounts payable and accrued expenses	105,545.	17	43,900.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities	00	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26		103,345.	25 26	43,908.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	103,343.	20	
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	4,193,348.	27	4,321,522.
lan	27	Temporarily restricted net assets	10,397,644.	21 28	10,255,251.
Ba	20 29	_	7,343,776.	20 29	7,627,860.
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	1,545,110.	23	,,027,000.
Ъ					
10 s	30	and complete lines 30 through 34.		30	
set		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
As	31			31 32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	21,934,768.	32 33	22,204,633.
_	33	Total net assets or fund balances	22,038,113.	<u>33</u> 34	22,248,541.
	34	Total liabilities and net assets/fund balances	_ <u></u> ,,,	34	<u>22,240,341</u>

Form 990 (2017)

INDIANAPOLIS	_	MARION	COUNTY	PUBLIC

Form	1990 (2017) LIBRARY FOUNDATION, INC.	23-1	016089	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,634		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,145		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,510	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,934	<u> </u>	
5	Net unrealized gains (losses) on investments	5	744	.,80	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,035	5,87	<u>71.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	22,204	,63	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

SCHEDULE A		Dublic Cho	rity Status an	d Duk	lia Su	innort		OMB No. 1545-0047					
(Form 990 or 990-	z)		rity Status an nization is a section 501					2017					
		• •	47(a)(1) nonexempt cha			or a section		2017					
Department of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public					
Internal Revenue Service			/Form990 for instructio			nformation.		Inspection					
Name of the organi			MARION COUNT	LA DOF	BLIC			identification number					
Part I Reas	n for Public	RARY FOUNDA	All organizations must co	molete th	is nart) Se	o instruction	<u> </u>	3-7016089					
			For lines 1 through 12, cl										
			on of churches described			()(A)(i)							
			Attach Schedule E (Form			ባለጥለባን							
			anization described in se			ii).							
·	•		njunction with a hospital			•)(iii). Enter	the hospital's name,					
city, and	tate:												
5 📃 An organ	ation operated	for the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in					
section	70(b)(1)(A)(iv).((Complete Part II.)											
	state, or local go	overnment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).							
	section 170(b)(1)(A)(vi). (Complete Part II.)												
	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												
university	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
		ally receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns. membersl	nip fees, an	d gross receipts from					
			ct to certain exceptions,										
			(less section 511 tax) fro										
See sect	on 509(a)(2). (Co	omplete Part III.)											
11 An organ	ation organized	and operated exclusion	ively to test for public sat	ety. See	section 50	09(a)(4).							
-	-		ively for the benefit of, to				-						
			ed in section 509(a)(1) o					check the box in					
	-	•••	f supporting organization				-						
			upervised, or controlled	• • • •	-								
-	-	complete Part IV, Se	gularly appoint or elect a	majonty c				pporting					
		-	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), bv hav	vina					
			anization vested in the sa			-		-					
	-	st complete Part IV,											
c 🗌 Type II	functionally int	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,					
its sup	orted organizatio	on(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.							
d 🔄 Type II	non-functional	ly integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)					
		°	zation generally must sati			•	an attentiv	reness					
·		,	nplete Part IV, Sections										
	-	-	written determination from			Type I, Type	II, Type III						
f Enter the num		·	nally integrated supportir										
	••	on about the supporte	ed organization(s).										
(i) Name of s		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount or	fmonetary	(vi) Amount of other					
organiz	tion		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)					
Total													

INDIANAPOLIS - MARION COUNTY PUBLIC Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION, INC.

23-7016089 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership for the organization include any 'unusual grants.') 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 2 Tax revenues level of the organization include any 'unusual grants.') 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 3 The value of services or facilities furnished by a governmental unit to the organization without change 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization (include on line 11, column (i) support dorganization (include on line 14, column (i) support dorganization (include column (i) support dorganizatio	Section A. Public Support									
membership fees received. (Do not include any 'unusual grants.') 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 2 Tax revenues level for the organ- ization's benefit and ether paid to or expended on its behalt 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 3 The value of services or facilities furnished by agovernmental unit to the organization without charge a for that contributions by each person (other than a government) unit or publicly supported organization) included on line 1 that exceeds 250 the amount shown on line 11. column (f) 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 5 Public support Sorrelizes in the a government unit or publicly supported organization, refus, regating in)► 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 6 Public support Sorrelizes in the a scutures, whether or not the business is regularly carried on securities local regating in)► 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. 9 Net income from similar sources and income from similar sources activities, whether or not the business is regularly carried on securities local in Fart VI) 21, 834. 307, 697. 293, 629. 206, 103. 283, 332. 1342595. 9 Net income from unterest, dividends, payments received on securities local in Fart VI) 14874708. 11 Total support. Add lines 7 through 10 14874708. 12 Other income 10 and schedule gain or local from intelad advites, etc. (see instructions) 12 1,096, 454. 13 First five graphication from 3016 Schedule A, Part II, IIII + 1 51 31/36 comport test - 2017. If t	Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
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2 Tax revenues levid for the organ- ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities timihed by a governmetal unit to the organization without charge 4 Total. Add lines 1 through 3 a portent of the contributions by each person (other than a governmetal unit or publicly supported organization) included on line 1 thrackeds 28/0 the arround shown on line 11, column (f) column (f) A mount shown on line 11, column (f) Calendar year (of fixed year beginging in) 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalites, and income from interest. 251, 834. 307, 697. 293, 629. 206, 103. 283, 332. 1342595. 9 Net income from united to usiness is regularly carried on set of the loans, rents, royalites, and income from interest. 251, 834. 307, 697. 293, 629. 206, 103. 283, 332. 1342595. 9 Net income from united to usiness is regularly carried on governmetal business archites, whether or not the business is regularly carried on governmetal business archites, whether or not business	membership fees received. (Do not									
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or expended on its behalf The value of services or facilities frumished by a governmental unit to the organization without charge I total, add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 28 of the amount shown on line 11, column (f) Section B, Total Support Section B, Total Support Amounts from line 4 Section B, Total Support Section C, Computation of the dustices activities, whether on on the Suspect Section C. Computation of the G, column (f) Section C, Computation of Public Support Percentage Ferdiation C, Computation of Public Support Percentage Ferdiation C, Computation of Public Support Section Section C, Computation of Public Support Percentage Ferdiation C, Computation G, Support Percentage Ferdiation C, Computation G, Support Percentage Ferdiation C, Computation S, Support Percentage Ferdiation C, Computation G, Support Percentage Ferdiatio	2 Tax revenues levied for the organ-									
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the organization without charge 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. a Total. Add lines 1 through 3 2483921. 2121685. 1863184. 5001113. 2062210. 13532113. b yeach 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 (i) 3590768. c Public support. alerzations throw in a support distribution of the organization in the state of the organization did not check the box on line 13, 16a, and line 15 is 33 17% or more, check this box and stop here. The organization of the fracts and circumstances' test. the organization qualifies as a publicly supported organization in the organization did not check the box on line 13, 16a, and line 15 is 33 17% or more, check this box and stop here more the organization did not check the box on line 13, 16a, and line 15 is 33 17% or more, check this box and stop here more organization qualifies as a publicly supported organization meets the "facts and circumstances' test. the organization qualifies as a publicly supported organization meets the "facts and circumstances' test. the organization qualifies as a publicly supported organization in Part VI how the organization did not check a box on line 13, 16a, end line 15 is 33 17% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33 17% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances' test. th	3 The value of services or facilities									
4 Total. Add lines 1 through 3 2483921. 21212685. 1863184. 5001113. 2062210. 13532113. 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) 3590768. 6 Public support. Sate of the store line 4 9941345. Section B. Total Support (d) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 2483921. 21212685. 1863184. 5001113. 2062210. 13532113. 8 Gross income from interest, divideds, payments received on securities loans, ents, royatiles, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Par VI). 251,834. 307,697. 293,629. 206,103. 283,332. 1342595. 1 Total support. Add lines / through 10 14874708. 1 1,096,454. 12 Gross receipts from related activities, etc. (see instructions) 12 1,096,454. 13 First tive grows. If the Form 90 is for the organization first, second, third, fourth, or fifth tax years as a sections 501c(i3) organization, check this box and stop here- section C. Computation of Public Support Percentage 4<	furnished by a governmental unit to									
4 Total. Add lines 1 through 3 2483921. 21212685. 1863184. 5001113. 2062210. 13532113. 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) 3590768. 6 Public support. Sate of the store line 4 9941345. Section B. Total Support (d) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 2483921. 21212685. 1863184. 5001113. 2062210. 13532113. 8 Gross income from interest, divideds, payments received on securities loans, ents, royatiles, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Par VI). 251,834. 307,697. 293,629. 206,103. 283,332. 1342595. 1 Total support. Add lines / through 10 14874708. 1 1,096,454. 12 Gross receipts from related activities, etc. (see instructions) 12 1,096,454. 13 First tive grows. If the Form 90 is for the organization first, second, third, fourth, or fifth tax years as a sections 501c(i3) organization, check this box and stop here- section C. Computation of Public Support Percentage 4<	the organization without charge									
5 The portion of total contributions by each person (other than a government) unit or publicly supported organization) included on line 1 that exceede 28% of the amount shown on line 11, column (f) 3590768. 6 Public support. Subtractine is too line 4. 9201345. Section B. Total Support Calendar year (or fiscal year breginning in) (a) (a) 2013 7 Amounts from line 4 (a) 2013 2483921. 21212685. 18 Gross income from initerest, dividends, payments received on securities loss incest, rents, royalies, and income from similar sources. 251,834. 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part V). 21,267. 11 Total support. Add lines 7 through 10 144974708. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 900 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)3 roranization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage form 2016 (Schedule A, Part II, line 14 15 Ways support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test - 2016. If the organization did not check the box on line 13, fad, or 163, and line 14 is 10% or more		2483921.	2121685.	1863184.	5001113.	2062210.	13532113.			
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	18 Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	₅ ▶∟			

Schedule A (Form 990 or 990-EZ) 2017

Part II

Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION, INC. 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	·					
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6						
	Gross income from interest,	·					
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income	·					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	·					
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first second thir	d fourth or fifth t	ax vear as a sectio	n 501(c)(3) or	I
••	check this box and stop here	-			-		
Se	ction C. Computation of Publi						
	Public support percentage for 2017 (li			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2016. If the	-	•				······
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
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Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section 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.
- 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 (b) and (c) 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.
- c 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.
- **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.*
- **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.*
- **c** 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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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).*
- **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.**
- **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.**
- c 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.
- **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.*
 - **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.)

Sche	dule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION, INC.	23-701608	9 Pa	age 5
Par	t 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		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	i		
			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		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 ins	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government enti	ty (see instructions)		
2	Activities Test. Answer (a) and (b) below.		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.			
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? <i>Provide details in</i> Part VI.	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
720005	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0047

Schedule A (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Par	t V Type III Non-Functionally Integrated 509(nizations (continued)	5 7010009 Page 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	Gurrent real		
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.	o		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

		INDIANAPOL			PUBLIC		
Schedule A	(Form 990 or 990-EZ) 2017 I	LIBRARY FO	JNDATION,	INC.		23-7016089 Pa	ae 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2	ation. Provide the , 3b, 3c, 4b, 4c, 5a,	explanations requ 6, 9a, 9b, 9c, 11a,	uired by Part II, line 11b, and 11c; Part	t IV, Section B, lines 1 a	17b; Part III, line 12; and 2; Part IV, Section C,	
	line 1; Part IV, Section D, line Section D, lines 5, 6, and 8; (See instructions.)	and Part V, Section	E, lines 2, 5, and 6	6. Also complete th	; Part V, line 1; Part V, is part for any addition	al information.	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury	
Internal Revenue Service	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

<u>2017</u>

Employer identification number

Name of the organization									
	INDIANAPOLIS	_	MARION	COUNTY	PUBLIC				

LIBRARY FOUNDATION,

23-7016089

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization INDIANAPOLIS - MARION COUNTY PUBLIC LIBRARY FOUNDATION, INC. Employer identification number

23-7016089

Part I Contributo

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>958,252.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>105,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>70,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Payroll Payroll Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
723453 11-01-	17	Schedule B (Form S	990, 990-EZ, or 990-PF) (2017)

LIBRARY FOUNDATION, INC.

INDIANAPOLIS - MARION COUNTY PUBLIC

Name of organization

Employer identification number

23-7016089

Page •

Page 3

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2017)			Page 4				
Name of org				Employer identification number				
INDIAN	NAPOLIS - MARION COUNTY	PUBLIC						
LIBRAR	RY FOUNDATION, INC.			23-7016089				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the followi	ng line entry. For organization	าร				
<u> </u>	Use duplicate copies of Part III if addition							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-		(e) Transfer of gift						
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
F	/a) Transfor of sift							
	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
F		(e) Transfer of gift						
F	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee				

SCHEDULE D		Supplement	OMB No. 1545-0047				
	SCHEDULE D (Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,					2017	
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b).		Open to Public	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	tion.		Inspection	
Nam	e of the organization	on INDIANAPOLIS - MAR	ION COUNTY PUBLIC		Emplo	yer identification number	
		LIBRARY FOUNDATION				23-7016089	
Par		-	d Funds or Other Similar Funds o	or Acc	counts	 Complete if the 	
	organization	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds	and other accounts	
1		nd of year					
2		f contributions to (during year)					
3 Aggregate value of grants from (during year)							
4		t end of year					
5	, , , , , , , , , , , , , , , , , , ,						
			exclusive legal control?			Yes No	
6	•		dvisors in writing that grant funds can be u				
			r donor advisor, or for any other purpose co		0		
Par	impermissible priva		anization answered "Yes" on Form 990, Pa			Yes No	
				art IV, I	ine 7.		
1		servation easements held by the organization	· · · · ·				
		of land for public use (e.g., recreation or e		,	•		
		f natural habitat	Preservation of a certif	ried his	toric stri	JCture	
•		of open space	in a supervision of a state in the former of				
2		0 0 1	ied conservation contribution in the form of	r a con Г			
-	day of the tax year			- F		eld at the End of the Tax Year	
a L					2a		
b					2b		
C	 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 				2c		
d					24		
2					2d	ring the tax	
3	year ►	valion easements modified, transferred, rei	eased, extinguished, or terminated by the c	Jiganiz	allon uu	ning the tax	
4		 where property subject to conservation eas	ement is located				
5		tion have a written policy regarding the per					
Ū	0	orcement of the conservation easements it				Yes No	
6	,		handling of violations, and enforcing conse				
•		,				, ne dan ig ine year	
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on ease	ements o	during the year	
	► \$					annig trìo you	
8		vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h))(4)(B)(i)		
	and section 170(h)		,			Yes No	
9			on easements in its revenue and expense s				
		•	ion's financial statements that describes th				
	conservation ease	ments.				C C	
Par	t III 🛛 Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	er Si	milar A	Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and	balance	e sheet works of art,	
	historical treasures	s, or other similar assets held for public exh	ibition, education, or research in furtherand	ce of p	ublic ser	vice, provide, in Part XIII,	
	the text of the foot	note to its financial statements that descril	bes these items.				
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and bal	ance she	eet works of art, historical	
	treasures, or other	similar assets held for public exhibition, ec	lucation, or research in furtherance of publi	ic servi	ice, prov	ide the following amounts	
	relating to these ite	ems:					
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶ \$_		
					▶ \$		
2	If the organization		asures, or other similar assets for financial g		rovide		
	-	unts required to be reported under SFAS 1		-			
а	-		· · · · ·		▶ \$		
					▶ \$		
		eduction Act Notice, see the Instructions			Sc	hedule D (Form 990) 2017	

LHA	For Paperwork R	eduction Act Notice	, see the	Instructions f	or Form	990

Schedule D (Form 990) 2017

732051 10-09-17

	INDIANAPOLIS - MARION COUNTY PUBLIC									
Schedule D (Form 990) 2017 LIBRARY FOUNDATION, INC. 23-7016089 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (conting) (conting)										
Fai	· · · · · · · · · · · · · · · · · · ·								,	
3	Using the organization's acquisition, accession (check all that apply):	on, and other records	s, check any of the	e following that	are a sig	nificant us	se of its c	ollection	items	S
а	Public exhibition	d	I 📃 Loan or e	change progra	ms					
b	Scholarly research	e	Other							
с	c Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizat	ion answered "	Yes" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa		-							
1 a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributio	ns or other ass	ets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
			g					Amount		
c	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
-										
f 2e	Ending balance Did the organization include an amount on Fe							Yes		No
	-					ιy?	······ ∟			
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					<u> </u>				
							aara baali	(a) [aur	Veero	haali
4.	De sinsis e eferende de ser	(a) Current year	(b) Prior year			(d) Three y				
	Beginning of year balance	9,289,283.	9,315,410			8,921,107. 231,913.				-
	Contributions	284,084.	71,953		,609.					<u>,604.</u>
	Net investment earnings, gains, and losses	1,137,809.	398,993	213	,322.	425,789.			899,224.	
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	328,138.	497,073	. 191	,949.	13	32,737.		137	,623.
f	Administrative expenses									
g	End of year balance	10,383,038.	9,289,283	. 9,315	,410.	9,44	46,072.	8,	921	,107.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.75	_%							
b	Permanent endowment ►73.46	%								
с	Temporarily restricted endowment 2	<u>5.79</u> %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administer	ed for the	e organiza	tion	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		. Part IV. line 11a.	See Form 990.	Part X. I	line 10.				
	Description of property	(a) Cost or o		st or other		cumulate	а	(d) Book	valı	10
	Description of property	basis (investn		s (other)	• •	preciation	ŭ	(u) D001	vaic	
10	Land			()	2.56					
	Land									
	Buildings									
	Leasehold improvements		1	91 994	1	91,17	75		7	19.
	Equipment		<u>+</u>	91,894.	1	.91,1/	<u>.</u> .		1	13.
	Other						_		-	10
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	<u>X, column (B), line</u>	<u>10c.)</u>	<u></u>					19.
						9	Schedule	D (Form	990) 2017

23-7016089 Page 3 LIBRARY FOUNDATION, INC. Schedule D (Form 990) 2017 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 8,675,889 (1) RELATED PARTY RECEIVABLE 11,399. (2) (3) (4) (5) (6) (7) (8) (9) 8,687,288. ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

INDIANAI	POLIS	-	MARIC	DΝ	COUNTY	PUBLIC
LIBRARY	FOUNI)A'	FION.	ΤN	IC.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b - 2d - Add lines 2a through 2d - - - Add lines 2a through 2d - - - Add lines 4a and 4b - - - - - Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 7b - 4a - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 4,536,556. 1 Total revenue, gains, and other support per audited financial statements 1 4,536,556. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 744,802. 2 Net unrealized gains (losses) on investments 2a 744,802. 2 2b 71,061. 2c 2 add lines 2a through 2d 2a 1,120,914. 2 2,599,779. 3 32,599,779. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 34,573. b Other (Describe in Part XIII.) 4a 34,573. c Add lines 4a and 4b. 5 2,634,352. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. 1 Total expenses and losses per audited financial statements 1 4,266,691. 2 Amounts included on Form 990, Part IX, line 25: a 1 4,266,691. 2 Amounts included on Form 990, Part IX, line 25: 2		dule D (Form 990) 2017 LIBRARY FOUNDATION, INC.	<u>23-'</u>	7016089	Page 4
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4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	 A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5 4, 145, 160. 	е			156,	$\frac{104}{507}$
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 34,573.	a Investment expenses not included on Form 990, Part VIII, line 7b 4a 34,573. b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 34,573. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 5 4,145,160.	3		3	4,110,	587.
	b Other (Describe in Part XIII.) 4b 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	4				
b Other (Describe in Part XIII.) 4b	c Add lines 4a and 4b 4c 34,573. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 5 4,145,160.	а				
	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 4,145,160.				~ .	
		С				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Part XIII Supplemental Information.			5	4,145,	160.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

LITERACY INITIATIVES, ESPECIALLY THOSE THAT REACH UNDERSERVED YOUTH;

INITIATIVES TO ENGAGE ADULTS IN LIFELONG LEARNING, ESPECIALLY IN THE AREAS

OF BRIDGING THE DIGITAL DIVIDE, ENHANCING WORK AND JOB SEARCH SKILLS;

AUTHOR LECTURES, EXHIBITS, COMMUNITY DISCUSSIONS, CONCERT SERIES, ETC.;

CHILDREN'S MATERIALS, TECHNOLOGY AND PROGRAMMING; STAFF DEVELOPMENT;

EDUCATIONAL OPPORTUNITIES FOR ALL; AND TEEN INITIATIVES.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION OTHER THAN A

PRIVATE FOUNDATION, AND IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) 732054 10-09-17

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

OF THE UNITED STATES INTERNAL REVENUE CODE AND SIMILAR STATE LAW.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2017 AND 2016, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

AS SUCH, THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER, THE FOUNDATION IS REQUIRED TO FILE FEDERAL FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND A CORRESPONDING STATE RETURN, WHICH ARE INFORMATIONAL RETURNS ONLY. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. HOWEVER, AS OF THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN FUNDS HELD BY	
OTHERS	1,035,871.
COST OF GOODS SOLD	550.
FUNDRAISING EXPENSE	84,493.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,120,914.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2017	INDIANAPOLIS - MARION COUNTY PUBLIC LIBRARY FOUNDATION, INC.	23-7016089 Page 5
Part XIII Supplemental Inform	nation (continued)	
COST OF GOODS SOLD		550.
FUNDRAISING EXPENSE		84,493.
TOTAL TO SCHEDULE D,	PART XII, LINE 2D	85,043.

SCHEDULE G (Form 990 or 990-EZ)	Suppleme	ntal Information Regarding	ı Func	Iraisi	ng or Gaming A	ctivi	ties –	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	-	e organization answered "Yes" or organization entered more than \$	15,000 (0 or Fo	on For rm 99	m 990-EZ, line 6a. 0-EZ.	r 19, (or if the	2017 Open to Public Inspection
Name of the organization	TNDTANA	▶ <u>Gotowww.irs.gov/Form990</u> POLIS - MARION COU					Employer id	entification number
0		FOUNDATION, INC.		- 01			23-7010	
Part I Fundraisi required to c	ng Activities. complete this part	Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
 a Mail solicitation b Internet and e c Phone solicitation d In-person soli 2 a Did the organization key employees lister 	email solicitations ations citations n have a written o d in Form 990, Pa highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address or entity (fundr		(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in which	h the organizatio	n is registered or licensed to solicit	contrib	▶ utions	or has been notified	it is e	exempt from r	egistration
or licensing.	-	-						

INDIANAPOLIS - MARION COUNTY PUBLIC Schedule G (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION, INC.

23-7016089 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 900 FZ lines 1 and 6b List events with gross receipts groater than \$5,000

_		of fundraising event contributions and gro	oss income on Form 990			ots greater than \$5,000.
			(a) Event #1 INDIANA AUTHORS AWAR	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Revenue	1	Gross receipts	68,680.			68,680.
	2	Less: Contributions	23,920.			23,920.
	3	Gross income (line 1 minus line 2)	44,760.			44,760.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	17,676.			17,676.
rect Ex	7	Food and beverages	29,995.			29,995.
ā	8	Entertainment				11,649.
	9	Other direct expenses				25,173.
		Direct expense summary. Add lines 4 through				<u>84,493.</u> -39,733.
Pa	11 rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization	ine 3, column (d) answered "Yes" on Form	990 Part IV line 19 or r	eported more than	-39,133.
		\$15,000 on Form 990-EZ, line 6a.				
anue		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
۵	5	Other direct expenses				
	-				_	

	7 Direct expense summary. Add lines 2 through 5 in column (d)		
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
9	Enter the state(s) in which the organization conducts gaming activities:		
	a Is the organization licensed to conduct gaming activities in each of these states?b If "No," explain:	Yes	No
	 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: 	Yes	No

%

Yes

No

%

Yes

No

Yes

No

732082 09-13-17

6 Volunteer labor

Schedule G (Form 990 or 990-EZ) 2017

%

Sch	INDIANAPOLIS – MARION COUNTY PUBLIC edule G (Form 990 or 990-EZ) 2017 LIBRARY FOUNDATION, INC. 23	3-701608	9 Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:	[1] 100	
	The organization's facility	13a	%
			%
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[150]	/0
14	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	Yes	s 🛄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e	
	organization's own exempt activities during the tax year 🕨 💲		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9, 9b, [•]	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

	INDIANAPOLIS - MARION COUNTY PUBLIC		
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor	LIBRARY FOUNDATION, INC.	23-7016089	Page 4
Part IV Supplemental Infor	mation (continued)		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	ete if the organization	d Individual	s in the Ŭni on Form 990, Par n 990.	ted States t IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organization	on INDIANAPO	LIS - MAR	ION COUNTY	-	r the latest morn			Employer identification number
	LIBRARY F							23-7016089
	formation on Grants a							
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	tance?				•		
	d Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient th	nat received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.		1	
	ldress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INDIANA LIBRARY F 941 E. 86TH ST.,								FUNDING FOR ILF ANNUAL
INDIANAPOLIS, IN	46240	35-1389309	501(C)(3)	6,000.	0.			CONFERENCE
INDIANAPOLIS-MARIO LIBRARY - 2450 N. INDIANAPOLIS, IN	MERIDIAN ST	35-6062066		3,056,229.	0.			FUNDING FOR VARIOUS LIBRARY PROGRAMS
GREATER INDIANAPO LEAGUE, INC. DBA EAST ST. CLAIR ST INDIANAPOLIS, IN	INDY READS - 40 REET -	31-1227489	501(C)(3)	5,663.	0.			FUNDING FOR TUTOR/STUDENT RECOGNITION
IUPUI UNIVERSITY : 755 WEST MICHIGAN INDIANAPOLIS, IN	LIBRARY STREET	35-6001673		27,851.	0.			FUNDING FOR DIGITIZATION PROJECTS
	er of section 501(c)(3) ar er of other organizations	•		e line 1 table			·····	→ <u>3.</u> 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION STAFF MAINTAINS A CASH FLOW ON THE DISBURSEMENT OF FUNDS AND

FOLLOWS UP ON THE AMOUNT OF FUNDS USED. ALSO, A LIBRARY IMPACT COMMITTEE

HAS BEEN DEVELOPED IN WHICH THE VARIOUS FUNDED PROGRAMS ARE EVALUATED FOR

NUMBER OF PARTICIPANTS, TARGET AUDIENCE AND PROGRAM IMPACT.

23-7016089

Page 2

SCHEDULE J		Compensation Information	OMB N	lo. 1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest					
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		017			
Department of the Treasury		Attach to Form 990.	-	to Pub			
-	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	mployer identifica	pection			
INdii	e of the organization	INDIANAPOLIS - MARION COUNTY PUBLIC	23-70160		mber		
Pa	rt I Question	s Regarding Compensation	23-70100	09			
	uoodon			Yes	No		
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 99	an 🗌	165			
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	0,				
	First-class or c						
	Travel for com	, i i i i i i i i i i i i i i i i i i i					
		ation and gross-up payments Health or social club dues or initiation fees					
		spending account	chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
-	-		11	5			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		-			
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2	2			
				-			
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	n's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		ompensation consultant X Compensation survey or study					
		ther organizations III III IIII IIII IIIIIIIIIIIIIIIIII	nmittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	-	e payment or change-of-control payment?	4	a	X		
b		ceive payment from, a supplemental nonqualified retirement plan?		5	X		
с	-	ceive payment from, an equity-based compensation arrangement?		c .	X		
		ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the r	evenues of:					
а	The organization?			a	X		
		ation?		b	X		
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the r	et earnings of:					
а	The organization?	-	6	a	X		
b		ation?		5	X		
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III	7	,	X		
8							
			<u>8</u>		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?	g)			
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	orm 990) 2017		

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of				(C) Retirement and (D) Nontaxable (E other deferred benefits		(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) ROBERTA KNICKERBOCKER JAGGERS	(i)	129,904.	0.	0.	12,990.	10,030.	152,924.	0.	
FOUNDATION PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
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	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								

Schedule J (Form 990) 2017

Page 2

23-7016089

INDIANAI	POLIS ·	_	MARION	COUNTY	PUBLIC
LIBRARY	FOUND	ΑT	ION, II	NC.	

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)			Nonc	ash Contri	ibutions		-			
	ment of the Treasury I Revenue Service	 Complete if the org Attach to Form 990 Go to www.irs.gov/ 				2017 Open To Public Inspection		_		
Name	e of the organization						Employer ide	ntificatio	on nur	nber
		LIBRARY FOUN	DATION	, INC.			23-	7016	089	
Par	rt I Types of	Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(c Method of c noncash contrib	determin		s
1	Art - Works of art				<u> </u>					
2		sures								
3		rests								
4		ions								
5		hold goods								
6		icles								
7										
8		/								
9		traded	x	5	5,960.	ਸ ਾਅਾ	-			
10		held stock		5	5,500.					
11	Securities - Partners									
		- · · ·								
12	Securities - Miscella									
13	Qualified conservati									
13	Historic structures									
14		ion contribution - Other								
14										
	Real estate - Reside									
16 17		ercial								
17										
18										
19 00										
20		supplies								
21										
22										
23		s								
24		cts	v	8	7 077		-			
25))	<u> </u>	0	7,077.	F M V				
26	Other ()								
27	Other ()				+				
28	Other ()		 						
29		283 received by the organiz	-							
	for which the organ	ization completed Form 82	83, Part IV, I	Jonee Acknowledg	jement 29				Vee	Na
00-	Desire the second of				and and the David I. Barris of Alexandre		11		Yes	No
30a		-		•••••	orted in Part I, lines 1 throug					
					which isn't required to be us			00-		x
		or the entire holding period?	(<u>30a</u>		Λ
		ne arrangement in Part II.			f on a nonoton double of a set the	tion-O			v	
31	-		-	-	of any nonstandard contribu	uons?		31	X	
32a	-			-	cit, process, or sell noncash			32a	x	
b	If "Yes," describe in	Part II.								
33	If the organization d describe in Part II.	lidn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is che	cked,				
LHA		Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule	M (For	n 990)	2017

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

SCHEDULE M, LINE 32B:

A BROKERAGE FIRM IS USED TO SELL ALL STOCK THAT IS DONATED

LIBRARY FOUNDATION, INC. Schedule M (Form 990) 2017

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. INDIANAPOLIS - MARION COUNTY PUBLIC

INC.



OMB No. 1545-0047

23-7016089

FORM 990, PART I, DOING BUSINESS AS:

THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION

LIBRARY FOUNDATION,

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANCEMENT OF PROGRAMS, SERVICES AND FACILITIES OF THE INDIANAPOLIS

PUBLIC LIBRARY TO BENEFIT A DIVERSE LEARNING COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AMONG SCHOOLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AT OTHER LIBRARY BRANCHES DURING THE HOLIDAY SEASON TO EXPOSE PATRONS

TO CLASSICAL MUSIC IN A FREE AND OPEN SETTING; AND BRANCH PROGRAMS

SPECIFIC TO THE NEEDS OF THEIR COMMUNITIES SUCH AS THE EARTH FRIENDLY

FESTIVAL AND SUMMER READING PROGRAM KICKOFF AT THE GARFIELD PARK BRANCH

AND ART SQUARED AT THE FOUNTAIN SQUARE BRANCH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GEARED TOWARDS TEENS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASSISTED THE LIBRARY BY FUNDING FREE PROGRAMS FOR ADULTS TO HELP

BOLSTER WORKPLACE SKILLS, PROVIDE TRAINING WITH THE LATEST TECHNOLOGY

OR PROVIDE OUTLETS FOR LEARNING ABOUT TOPICS THAT ARE OF GENERAL

INTEREST. MANY OF THE LIBRARY'S ADULT/LIFELONG LEARNING PROGRAMS OCCUR

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization INDIANAPOLIS – MARION COUNTY PUBLIC LIBRARY FOUNDATION, INC.	Employer identification number 23-7016089
OR WITH HIGH RATES OF UNEMPLOYMENT. MAJOR EXAMPLES OF PROG	RAMS INCLUDE
THE JOB CENTER WHICH CONSISTS OF DEDICATED COMPUTERS AND S	TAFFING
MAKING IT POSSIBLE FOR PATRONS TO RECEIVE IN-DEPTH, PERSON	ALIZED
SUPPORT TO WORK ON RESUMES, SEARCH FOR JOB OPENINGS AND CO	MPLETE ONLINE
JOB APPLICATIONS; NONPROFIT WORKSHOPS WHICH PROVIDED INFOR	MATION ABOUT
FUNDRAISING, BOARD GOVERNANCE, PROGRAM EVALUATION AND MORE	FOR THOSE
INTERESTED IN STARTING A NONPROFIT ORGANIZATION OR ONGOING	LEARNING FOR
THOSE WHO WORK IN NEW OR SMALL ORGANIZATIONS; AND VARIOUS	BRANCH
PROGRAMS WHICH INCLUDED WRITING WORKSHOPS, TECHNOLOGY PROG	RAMS,
GARDENING AND MORE. IN ADDITION, THE FOUNDATION SUPPORTED	NUMEROUS
FREE LECTURES DELIVERED BY AUTHORS AND CULTURAL LEADERS SU	CH AS THE
MARIAN MCFADDEN MEMORIAL LECTURE WHICH FEATURED PULITZER P	RIZE WINNING
AUTHOR JUNOT DAZ; AND THE EUGENE & MARILYN GLICK INDIANA A	UTHORS AWARD
WHICH SEEKS TO RECOGNIZE THE CONTRIBUTIONS OF INDIANA AUTH	ORS TO THE
LITERARY LANDSCAPE OF THE STATE AND NATION. THE FOUNDATIO	N ALSO
PROVIDES SUPPORT FOR LIBRARY BRANCH INITIATIVES, INCLUDING	AQUARIUMS,
ADDITIONAL BRANCH MATERIALS, BOOKS PURCHASED THROUGH MEMOR	IAL GIFTS AND
OTHER ENHANCEMENTS TO LIBRARY PROGRAMS; AND RECOGNITION AW	ARDS, EVENTS
AND ACTIVITIES TO SHOW APPRECIATION TO LIBRARY VOLUNTEERS,	STAFF AND
ADULT LITERACY STUDENTS AND TUTORS FOR THEIR CONTRIBUTIONS	AND EFFORTS
THROUGHOUT THE YEAR.	
EXPENSES \$ 556,814. INCLUDING GRANTS OF \$ 399,025. REV	ENUE \$ 0.
FORM 990, PART V, LINE 2A	

THE ORGANIZATION UTILIZES WORKSMART SYSTEMS, A PROFESSIONAL EMPLOYER

ORGANIZATION (PEO), AS A CO-EMPLOYER RELATIONSHIP. ALL EMPLOYEE AND

EMPLOYER TAX FILINGS ARE ISSUED BY WORKSMART SYSTEMS.

Schedule O (Form 990 or 990-EZ) (2017) Page 2							
Name of the organization	INDIANAPOLIS - MARION COUNTY PUBLIC	Employer identification number					
-	23-7016089						

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS EMAILED TO MEMBERS OF THE FINANCE & AUDIT COMMITTEE FOR

THEIR REVIEW AND APPROVAL; THE MEMBERS OF THE BOARD ARE PROVIDED THE FORM

990 VIA EMAIL FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION, ON AN ANNUAL BASIS, DISTRIBUTES A CONFLICT OF INTEREST

POLICY AND DISCLOSURE OF CONFLICTS. THE CONFLICT OF INTEREST STATEMENT

ALLOWS DIRECTORS TO DISCLOSE POTENTIAL CONFLICTS WITH EACH OTHER, AS

DEFINED BY OUR CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE PRESIDENT IS DETERMINED BY THE EXECUTIVE COMMITTEE

USING COMPENSATION SURVEYS AND STUDIES AND IS APPROVED BY THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

UPON VERBAL OR WRITTEN REQUEST, THE FOUNDATION WILL PROVIDE GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS VIA MAIL,

FAX, OR E-MAIL. FORM 990 IS ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART VI, LINE 15B

ALTHOUGH NOT INDEPENDENTLY APPROVED, THE FOUNDATION PRESIDENT DOES USE

COMPENSATION STUDIES AND SURVEYS TO DETERMINE SALARY AMOUNT FOR OTHER

OFFICERS AND KEY EMPLOYEES, AND CONSULTS WITH BOARD'S EXECUTIVE

COMMITTEE.

Schedule O (Form 990 or 990-EZ) (2017) Page 2							
Name of the organization	INDIANAPOLIS - MARION COUNTY PUBLIC	Employer identification number					
	23-7016089						

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS

1,035,871.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A FINANCE & AUDIT COMMITTEE THAT ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying pumber

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterme	er s identifyin	g number		
Type or						nployer identification number (EIN) or		
print								
File by the	LIBRARY FOUNDATION, INC.				23-701	.6089		
File by the due date for filing your return. See	Ate for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a for INDIANAPOLIS, IN 46206-613		ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	HBL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	ŀPF	04	Form 5227			10		
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
	DENISE ELKINS							
• The bo	boks are in the care of \blacktriangleright 2450 N. MERIDIA	AN STF	REET - INDIANAPOLIS	S, IN	46208-5	5732		
Teleph	none No. 317-275-4700		Fax No. 🕨					
• If the c	organization does not have an office or place of business	s in the Uni	ited States, check this box					
	is for a Group Return, enter the organization's four digit					oup, check this		
box 🕨 [\square . If it is for part of the group, check this box $ig>$	and atta	ch a list with the names and EINs of	all memb	ers the extens	sion is for.		
1 Ire	quest an automatic 6-month extension of time until	NOVE	MBER 15, 2018 , to file	e the exem	npt organizatio	on return		
for	the organization named above. The extension is for the							
	, and the second s	U U						
▶[X calendar year 2017 or							
▶[tax year beginning	, an	d ending					
2 lfth	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n			
	Change in accounting period							
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any					
nor	nrefundable credits. See instructions.			3a	\$	0.		
b lfth	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
esti	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,					
by	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$							
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-	EO for payment		
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 88	368 (Rev. 1-2017)		