DLN: 93493047000277

Return of Organization Exempt From Income Tax

Open to Public

OMB No 1545-0047

Form 990

Department of the Treasury

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

		ue Servic	·					
			lendar year, or tax year beging C Name of organization	nning 10-01-2015 , and ending 09-30-2	016	D Form		
	eck if api idress ch		The Friends of the Oakland Publ	lic			-	ntification number
_	ame chai	-	Library			94-2	553734	1
_	ıtıal retui	-	Doing business as					
	nal [/] terminat	ted	Number and street (or P O box	If mail is not delivered to street address) Room/	suite	E Teleph	none num	ber
	nended re		721 Washington Street			(510) 444-0	473
Ap	plication	pending	City or town, state or province, Oakland, CA 94607	country, and ZIP or foreign postal code				
			·			G Gross	receipts	\$ 383,441
			F Name and address of pru Ellen Moyer	ncipal officer		this a group		
			721 Washington Street		N	ubordinates? No		Yes 🗸
Та	x-exemp	ot status	Oakland, CA 94607	4 (mant -)		re all subord cluded?	ınates	⊤Yes 🗸 No
			▼ 501(c)(3)	◀ (insert no) 4947(a)(1) or 527			n a list	(see instructions)
VV	ebsite:	· www	w fopl org		H(c) G	roup exemp	tion nur	nber ▶
(Forr	n of orga	anızatıon	▼ Corporation Trust Ass	sociation Other ►	L Year o	of formation 1	978 M	State of legal domicile C
Рa	rt I	Sum	mary					
				sion or most significant activities				
			ce the role of the Oakland Pul and welfare of our diverse co	blic Library as a vital community resourc	e and as an	institution o	ritical t	to the culture,
נ		ucation	and wenare or our diverse co	minumey				
t								
o venialisti	2 (heck th	us hov > _ if the organization	n discontinued its operations or dispose	d of more th:	an 25% of it	c net ac	cetc
	- 0	neek tii	is box F If the organization	in discontinued its operations of disposes	a of more the	an 23 /0 or it	3 net as	,300
ಶ ^	3 N	umber	of voting members of the gove	erning body (Part VI, line 1a)			3	14
1	4 N	umber	of independent voting membe	rs of the governing body (Part VI, line 1)		4	14
ACHAINES			• •	ın calendar year 2015 (Part V, line 2a)			5	2
₹			•	If necessary)		• •	6	56
				n Part VIII, column (C), line 12 e from Form 990-T, line 34			7a 7b	0
	D s					Prior Year	1751	Current Year
	8	Contri	butions and grants (Part VII)	I, line 1h)			,072	280,93
ē.	9	Progra	am service revenue (Part VII	I, line 2g)				(
Ravenua	10	Invest	tment income (Part VIII, coli	umn (A), lines 3, 4, and 7d)			220	980
<u>~</u>	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28	,586	4,739
	12	otal 12)	revenue—add lines 8 through	11 (must equal Part VIII, column (A), l	.ne	213	,878	286,653
	13	Grants	s and sımılar amounts paıd (P	Part IX, column (A), lines 1-3)		170	,273	309,78
	14	Benefi	its paid to or for members (Pa	art IX, column (A), line 4)				(
ς	15	Saları 5–10		loyee benefits (Part IX, column (A), lines	;			(
Expenses	16a		•	IX, column (A), line 11e)			+	
хbе	ь		ındraısıng expenses (Part IX, columı				\top	
ш	17			A), lines 11a-11d, 11f-24e)		13	,149	13,11
	18	Total	expenses Add lines 13-17 ((must equal Part IX, column (A), line 25)		183	,422	322,898
(5	19	Reven	ue less expenses Subtract I	ine 18 from line 12		30	,456	-36,245
Net Assets of Fund Balances					Beginnir	ng of Current	Year	End of Year
sser Safai	20	Total	assets (Part X, line 16) .			456	,445	622,435
2 2	21					266	,234	468,469
	22	Net as	sets or fund balances Subtr	act line 21 from line 20		190	,211	153,966
Inde ny ki	nowledg	ties of ge and		examined this return, including accompa complete Declaration of preparer (other				
		****	z≯ k			2017-02-16		
Sign	1	Signa	ature of officer			Date		
lere	e		Waldman Treasurer					
		<u> </u>	e or print name and title	Proparade elepatives	Dato		DTIN	
) ni -	4		Print/Type preparer's name Michael Fontanello	Preparer's signature Michael Fontanello		Check I if self-employed	PTIN P01471	1027
Paid Pro	a parer	, F	Firm's name Fontanello Duffield	I & Otake LLP		Firm's EIN >	1	
	Only	1 1	irm's address ▶ 44 Montgomery Sti	reet Suite 1305		Phone no (41	5) 983-02	200
. JC	iii)	7	San Francisco CA	94104				

Par	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
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		No
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 $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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		No
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, Pait V 😏	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11 a	Yes	
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	11 d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
	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	12 b	·	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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25b

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28b

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35a

35b

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Yes

Form 990 (2015)

Pai	rt IV Checklist of Required Schedules (continued)		
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	
22			Ī

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,"

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

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

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?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Yes

Pai	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	. I			
		Check it Schedule o Contains a response of note to any line in this Part	v	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	11		103	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0			
C		ne organization comply with backup withholding rules for reportable payments to venc ng (gambling) winnings to prize winners?	· · · · · ·	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and				
		Statements, filed for the calendar year ending with or within the year covered	3			
	•	ıs return		2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal employme If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see		20	1 65	
За		ne organization have unrelated business gross income of \$1,000 or more during the y		3a		No
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S		3b		No
		y time during the calendar year, did the organization have an interest in, or a signatu				
	over,	a financial account in a foreign country (such as a bank account, securities account,		4-		
_	accou	unt)?		4a		No
Ь		es," enter the name of the foreign country				
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and I R \	-inancial Accounts			
5a	`	the organization a party to a prohibited tax shelter transaction at any time during the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax sh	•			No
			citer transaction	5b		110
С	тт "Үе	es," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,00	0, and did the	6a		No
	-	nization solicit any contributions that were not tax deductible as charitable contribution				
b		es," did the organization include with every solicitation an express statement that suc not tax deductible?	ch contributions or gifts	6b		
7		nizations that may receive deductible contributions under section 170(c).				
а	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution and	d partly for goods and	7a		No
		ces provided to the payor?		_		
		es," did the organization notify the donor of the value of the goods or services provide		7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for orm 8282?	which it was required to	7 c		No
d	If"Ye	es," indicate the number of Forms 8282 filed during the year	0			
_	D. d sh	ne organization receive any funds, directly or indirectly, to pay premiums on a person	al banafit aantus at?			
-	Diu ti	te organization receive any lunus, unectry or munectry, to pay premiums on a person	al belletic contract	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal be	enefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the organiz	ation file Form 8899 as	70		No
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles, did to	the organization file a	7 g		NO
•		1098-C?	· · · · · ·	7h		No
8	•	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business	holdings at any time			
		g the year?	· · · · ·	8		No
92	Did th	ne sponsoring organization make any taxable distributions under section 4966?		9a		No
		ne sponsoring organization make a distribution to a donor, donor advisor, or related p	erson?	9b		No
10		on 501(c)(7) organizations. Enter				
а		tion fees and capital contributions included on Part VIII, line 12 10a				
		s receipts, included on Form 990, Part VIII, line 12, for public use of club				
	facılıt			, 		
11		on 501(c)(12) organizations. Enter				
		s income from members or shareholders				
U		s income from other sources (Do not net amounts due or paid to other sources ist amounts due or received from them)				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	u of Form 1041?	12a		No
		es," enter the amount of tax-exempt interest received or accrued during the		_=		
	year	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the	e organization licensed to issue qualified health plans in more than one state? Note. S	ee the instructions for			
		ional information the organization must report on Schedule O		13a		No
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans				
c		the amount of reserves on hand				
		ne organization receive any payments for indoor tanning services during the tax year	?	14a		No
		es," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in</i>		14a 14b		1110
		,				

	/			
Part VI	Governance,	Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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		<u> </u>			🔽
Se	ction A. Governing Body and Management					
	ı		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	0.		9		No
Se	ection B. Policies (This Section B requests information about policies not	requ	red by the Internal R	even	ue Cod	e.)
			1		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10 a		No
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati			10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12 a		No
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?			12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done			12 c		No
13	Did the organization have a written whistleblower policy?			13		No
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14		No
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15 a		No
b	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$			15b		No
	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 of taxable entity during the year?			16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16 b		
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ► CA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available. Characteristic of the Characteristic of the companion of the	neck a	II that apply			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

▶Julie Waldman 721 Washington Street Oakland, CA 946073924 (510) 444-0473

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization 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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than son is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Winifred Walters	2 00									
Asst Treasurer	0 00	×		X				0	0	C
(2) Cristal Fiel	1 00									
Director	0 00	X						0	0	C
(3) Julie Waldman	2 00									
Treasurer	0 00	×		Х				0	0	(
(4) Susana Morales Konishi Vice President	2 00	×		x				0	0	C
(5) Suzanne Fischer	2 00									
Vice President	0 00	×		×				0	0	C
(6) Ronile Lahti	2 00									
Secretary	0 00	×		×				0	0	C
(7) Genevieve Katz	1 00									
Director	0 00	×						0	0	C
(8) Sophie Souroujon Director	1 00	×						0	0	C
(9) Michael J Dalton	1 00	×						0	0	C
Director	0 00									
(10) Ellen Moyer		×		x				О	0	C
President	0 00									
(11) Tamra C Hege	1 00	×						o	0	0
Director	0 00							_		
(12) Sheila McCormick	1 00									,
Director	0 00	×						0	0	(
(13) Judy Toll	1 00									
Director	0 00	×						0	0	(
(14) Kathryn Sterbenc	1 00									
Director	0 00	×						0	0	(
	1			-	_		$\overline{}$	L		

art VII	Section A. Officers, Directors, Tr	ustees, Key Employees, and Highes	t Compensated Employees (continued)

									1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and a	tion (han d n is l	one b both ctor	an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	,	related organizations
1b Sub-Total		٠	٠.	_		▶				
c Total from continuation sheet	s to Part VII, S	ection A	٠.		. '	. ▶				
d Total (add lines 1b and 1c) .	•					▶				
2 Total number of individuals (in	icluding but not	limited 1	o the	se I		d abov	e) wl	ho received more th	ian	

- \$100,000 of reportable compensation from the organization \triangleright 0
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual . .
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
- organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

4 Νo 5 Νo

Yes

3

No

Νo

Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A) Name and business address	(B) Description of services	(C) Compensation

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99								Page 9
Part V	/++1	Statement o						
		Check if Schedi	ule O contains a respo	nse or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es 1b					
<u> </u>	c	Fundraising eve	ents 1c					
ffs. Ir A	d	Related organiz	rations 1d					
i2 ig	e	Government grants						
Sin								
utic 1er	f	similar amounts no						
를 들	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		280,934			
				Business Code				
Program Service Revenue	2a							
₹ .×	ь							
a.	С .							
Ę.	d	-						
S S	e							
grai	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	>	0			
	3		ome (including dividen					
			aramounts)		980			980
	4 5		tment of tax-exempt bond	· · · · .	0			
	•	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(i) itea.	(,				
	b	Less rental						
	"	expenses						
	°	Rental income or (loss)						
	d	Net rental inco		•	0			
	7a	Gross amount	(ı) Securities	(II) Other				
	7 4	from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gaın or (los	s)		0			
venue	8a	events (not inc						
Other Revenue		See Part IV, lir	e 18 a					
Off			penses b (loss) from fundraising		0			
	C 9a		rom gaming activities	events •				
		See Part IV, lir						
			а					
	b		penses b		0			
	'	Net income or ((loss) from gaming acti	vittes	Ü			
	10a	Gross sales of						
		returns and allo	owances . a	101,527				
	b	Less cost of a	oods sold b	96,788				
			(loss) from sales of inv		4,739	4,739		
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•	0			
	12	Total revenue.	See Instructions .			4 720		000
					286,653	4,739		980

Form 990 (2015) Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	Section 501(c)	1(3) and 501(c)(4) organizations must com-	plete all columns All other	er organizations must com	plete column (
---	----------------	-------------------	---------------------------	-----------------------------	---------------------------	----------------

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

	ot include amounts reported on lines 6b, o, 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	309,787	309,787		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and				
•	key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
	· · · · · · · · · · · · · · ·	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	3,102		3,102	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	1,314		1,314	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	838		838	
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 O)				
а	Printing and Publications	5,489	5,489		
b	Postage and Shipping	2,206		2,206	
c	Internet	90		90	
d	Misc Expenses	61		61	
e	All other expenses	11		11	
25	Total functional expenses. Add lines 1 through 24e	322,898	315,276	7,622	
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 ►				

Form	990 (2	2015)					Page 11	
Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any line in	this P	art X				
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			141,859	1	2,748	
	2	Savings and temporary cash investments			182,317	2	487,327	
	3	Pledges and grants receivable, net				3	0	
	4	Accounts receivable, net				4	0	
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees Comp Schedule L	art II of	,				
S				6 1		5	0	
	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(3 contributing employers and sponsoring organizations of sect voluntary employees' beneficiary organizations (see instruct II of Schedule L	t					
set						6	0	
Assets	7	Notes and loans receivable, net				7	0	
-	8	Inventories for sale or use				8	0	
	9	Prepaid expenses and deferred charges			1,676	9	1,610	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,58	59			
	ь	Less accumulated depreciation	10 b	7,55	59	10 c	0	
	11	Investments—publicly traded securities				11	0	
	12	Investments—other securities See Part IV, line $11 \ . \ .$		12	0			
	13	Investments—program-related See Part IV, line 11		13	0			
	14	Intangible assets	sets					
	15	Other assets See Part IV, line 11			130,593	15	130,750	

Assets	
·	
Hies	

▼	
Liabilities	
nces	

19

20

21

22

23

24

25

26

27

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29

30

31 32

33

34

Net Assets or Fund Balar

Deferred revenue

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

		key employees, and highest compensated employees Com Schedule L					
						5	0
S)	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c) contributing employers and sponsoring organizations of sec voluntary employees' beneficiary organizations (see instruc- II of Schedule L					
ssets						6	0
¥	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use		8	0		
	9	Prepaid expenses and deferred charges	1,676	9	1,610		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,559			
	b	Less accumulated depreciation	10 b	7,559		10 c	0
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			130,593	15	130,750
	16	Total assets.Add lines 1 through 15 (must equal line 34)			456,445	16	622,435
	17	Accounts payable and accrued expenses			2,174	17	5,637
	18	Grants payable			254,675	18	443,057

19

20

21

22

23

24

25

26

27

28

30

31

32

33

19,775

468,469

153,966

153,966

622,435

Form 990 (2015)

9,385

266,234

190,211

456,445

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form 990 (2015)

Nο

3a

3b

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

hospital's name, city, and state

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

The Friends of the Oakland Public

990EZ)

Part I

1

2 3

Treasury

Department of the

DLN: 93493047000277 OMB No 1545-0047

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

94-2553734

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Gifts, grants, contributions, and

Calendar year

(or fiscal year beginning in) ▶

(f)Total

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

(a)2011

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

(c)2013

(d)2014

(e)2015

(b)2012

1	Gifts, grants, contributions, and	120 540	160.763	100 227	105 073		200 024	045 543
	membership fees received (Do	128,548	160,762	190,227	185,072		280,934	945,543
_	not include any "unusual grants ") Gross receipts from admissions,							
2	merchandise sold or services							
	performed, or facilities furnished	112,453	123,012	124,860	117,720		101,527	579,572
	in any activity that is related to the organization's tax-exempt							
	purpose							
3	Gross receipts from activities							
3	that are not an unrelated trade or							0
	business under section 513							· ·
4	Tax revenues levied for the							
4	organization's benefit and either							0
	paid to or expended on its behalf							· ·
5	The value of services or facilities							
5	furnished by a governmental unit							0
	to the organization without charge							· ·
6	Total. Add lines 1 through 5	241,001	283,774	315,087	302,792		382,461	1,525,115
	<u> </u>	241,001	203,774	313,007	302,732		302,401	1,525,115
/a	A mounts included on lines 1, 2, and 3 received from disqualified	30,000	60,000	83,333	45,025		119,925	338,283
	persons	30,000	00,000	03,333	45,025		113,323	330,203
	A mounts included on lines 2 and							
D	3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							· ·
	the amount on line 13 for the year							
_	Add lines 7a and 7b	30,000	60,000	83,333	45,025		119,925	338,283
	Public support. (Subtract line 7c	30,000	00,000	65,555	13,023		115,525	330,203
8	from line 6)							1,186,832
	,							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 20	15	(f)Total
•	iscal year beginning in) 🟲				• • •			
9	Amounts from line 6	241,001	283,774	315,087	302,792		382,461	1,525,115
10a	Gross income from interest,							
	dividends, payments received on	107	69	123	220		980	1,499
	securities loans, rents, royalties							,
	and income from similar sources							
ь	Unrelated business taxable							
	income (less section 511 taxes)							0
	from businesses acquired after							
	June 30, 1975	107		400	222		200	1 100
С	Add lines 10a and 10b	107	69	123	220		980	1,499
11	Net income from unrelated							
	business activities not included							0
	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							0
	capital assets (Explain in Part							
40	VI) Total support. (Add lines 9, 10c,							
13	11, and 12)	241,108	283,843	315,210	303,012		383,441	1,526,614
14	First five years. If the Form 990 is f	or the organization	n's first second	third fourth or f	ifth tay year ac a	section 5	.01/c\/3	\ organization
1-7	•	or the organizatio	ii s iii st, second,	cilita, louren, or i	iitii tax yeai as a	Section 5	01(0)(3	organizacion,
	check this box and stop here							
Se	ction C. Computation of Pub	lic Support Pe	ercentage					
				1.2 1 (6)		4-		77 740 %
15	Public support percentage for 2015	(line 8, column (f) divided by line	13, column (I))		1 15 1		///+0.70
15	Public support percentage for 2015	• • • • • • • • • • • • • • • • • • • •		13, column (I))		15		
15 16	Public support percentage for 2015 Public support percentage from 201	14 Schedule A, Pa	art III, line 15			16		82 000 %
15 16	Public support percentage for 2015	14 Schedule A, Pa	art III, line 15					
15 16	Public support percentage for 2015 Public support percentage from 201	4 Schedule A, Pa	art III, line 15	je	ın (f))	16		82 000 %
15 16 Se 17	Public support percentage for 2015 Public support percentage from 2016 ction D. Computation of Inventor of Invento	estment Inco 2015 (line 10c, co	me Percentagolumn (f) divided	je by line 13, colum	ın (f))	16		0 100 %
15 16 Se 17 18	Public support percentage for 2015 Public support percentage from 2016 ction D. Computation of Investment income percentage for Investment income percentage from	estment Inco 2015 (line 10c, co 2014 Schedule /	art III, line 15 me Percentag olumn (f) divided A, Part III, line 1	je by line 13, colum 7	.,,	16 17 18	20/	0 100 % 0 050 %
15 16 Se 17 18	Public support percentage for 2015 Public support percentage from 2016 ction D. Computation of Inventor of Invento	estment Inco 2015 (line 10c, co 2014 Schedule /	art III, line 15 me Percentag olumn (f) divided A, Part III, line 1	je by line 13, colum 7	.,,	16 17 18	3%, and	0 100 % 0 050 %

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction 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	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
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		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. 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-functional	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth		ported organizations un	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri			
7 Total annual distributions. Add lines 1 through 6			
7 Total allilual distributions. And lines 1 through 6			
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	T	····	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>C</u>			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract			
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	(Form 990 or 990-F7) (2015

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OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Supplemental Financial Statements

Open to Public Inspection

	nme of the organization e Friends of the Oakland Public		Empl	oyer identification number
	rary		94-2	553734
Pā	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Pa	rt II Conservation Easements. Comple	te if the organization answered "Yes"	on Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreeducation) Protection of natural habitat Preservation of open space	Preservation of a	a certifie	ically important land area d historic structure
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neid a qualified conservation contribution in	the form	Held at the End of the Year
а	Total number of conservation easements		2a	neid de the End of the Teal
b	Total acreage restricted by conservation easeme	nts	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (c historic structure listed in the National Register) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extinguished, or terminat	ed by the	e organization during the
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ndling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enforc	ing cons	ervation easements during the
	-			
7	A mount of expenses incurred in monitoring, insperience. * \(\)	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
8	Does each conservation easement reported on lin (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of se	ction 17	0 (h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia sements	al statem	ents that describes
Pai		tions of Art, Historical Treasures,	or Oth	er Similar Assets.
1a b	Complete if the organization answere If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	, or resea es these	arch in furtherance of public items
,	works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, he following amounts required to be reported under S	·		ial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1			> \$

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	torio	al 1	Γreas	sures, or	Oth	er Similar A	sse	ts	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, ch	neck a	ny of	the fo	llowing that	are	a sıgnıfıcant us	e of	its	
а		Public exhibition		d	Г	Loa	n or e	xchange pro	gran	าร			
b	<u> </u>	Scholarly research		e	Г	Oth	ner						
c	Γ	Preservation for future generations											
4	Provide Part >	de a description of the organization's (III	s collections and exp	lain hov	w they	furth	ner the	organizatio	n′s ∈	xempt purpose	ın		
5		g the year, did the organization solic s to be sold to raise funds rather tha								milar Ve s	5	┌ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, lı	ne 9, or re	por	ted an amoun	it or	Forn	າ 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interr	mediary	for co	ntrib	utions	or other as	sets	not Yes	5	∏ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fol	lowing	tabl	le			Am	ount		
c	Вед	ginning balance						10	С				
d	A d	ditions during the year						10	1				
e	Dıs	tributions during the year						16	2				
f	End	ding balance						11	F				
2 a	Did th	ne organization include an amount oi	n Form 990, Part X, I	ıne 21,	for es	crow	or cus	todial acco	unt I	ability? Yes	5	∏ No	
b	If"Ve	s," explain the arrangement in Part	YIII Check here if t	he evnl:	anatio	n had	. heen	provided in	Part	· YIII			П
Pa	rt V	Endowment Funds. Comple										• •	
			(a)Current year		or year			wo years back	. 	Three years back		Four ye	ars back
1a	Begir	nning of year balance											
b	C ont	ributions · · · · · · ·											
c	Net II losse	nvestment earnings, gains, and is											
d	Grant	ts or scholarships											
е		r expenditures for facilities irograms											
f	A dmı	nistrative expenses											
g		of year balance											
2	Provid	de the estimated percentage of the o	current year end bala	nce (lın	ie 1g,	colur	mn (a)) held as					
а	Board	designated or quasi-endowment >	,	,	-		, ,	,					
b		anent endowment >											
c	Temp	orarily restricted endowment >											
За	A re th	ercentages on lines 2a, 2b, and 2c : nere endowment funds not in the pos	·	ızatıon	that a	re he	ld and	administere	ed fo	rthe	r		
	-	ization by related organizations									(i)	Yes	No
		lated organizations									(ii)		
b		s" on 3a(II), are the related organization in Bart VIII the intended uses of	·							3	Bb		
4	rt VI	ribe in Part XIII the intended uses of Land, Buildings, and Equip		endowm	ent iu	nus							
Ι·	I C AT	Complete if the organization a		orm 9	90, P	art I	V, lin	e 11a.See	For	m 990, Part X	i, lin	e 10.	
		Description of property			Cost		er basıs			Accumulated (c)depreciation	d l		ok value
1a	Land							(00.001)			\dashv		
		gs		⊢							\dashv		
		nold improvements		. \vdash				6	,588	6,	588		
		nent		. \vdash					971		971		
	Other			🗀							$\neg \dagger$		

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

See Form 990, Part X, line 1			
(a) Description of security (including name of se		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col			
Part VIII Investments—Program Complete if the organization	Related. n answered 'Yes' on Form 99	0, Part IV, line 11c.s.	ee Form 990, Part X, line 13.
(a) Description of inv		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col ((B) line 13)		
Part IX Other Assets. Complete if the	ne organization answered 'Yes' or (a) Description	Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust		Form 990, Part IV, line	(b) Book value 125,94
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part)	(a) Description (x, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet	(a) Description (c, col (B) line 15) The if the organization answere		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, India	(a) Description (c) col (B) line 15) The if the organization answere 25.		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15)		(b) Book value 125,94 4,80
(1) Funds Held in Trust (2) Rent Deposit Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. Complet See Form 990, Part X, line 2 1. (a) Description of liabilit Federal income taxes Friends- Branch Libraries	(a) Description (c, col (B) line 15) The if the organization answere 25. The if the organization answere 25.	2d 'Yes' on Form 990,	(b) Book value 125,94 4,80

Schedule D (Form 990) 2015

1

2	Amounts included on line 1 but				
а	Net unrealized gains (losses) o	n investments	2a		
b	Donated services and use of fa	cilities	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII)		2d		
e	Add lines 2a through 2d			26	e
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1			
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			40	С
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, Part I, line	212)	5	
Part		penses per Audited Financial Sta		kpenses p	er Return.
		zation answered 'Yes' on Form 990, I	·		
1	·	audited financial statements		1	·
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of fa	cilities	2a		
b	Prior year adjustments		2b		
c	Otherlosses		2c		
d	Other (Describe in Part XIII)		2d		
e	Add lines 2a through 2d			. 20	e
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	}
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:			
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			. 4	с
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, li	ne 18)	5	;
		_		V.	
Par	XIII Supplemental Info	ormation			
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and			ovide any additional
	Return Reference	Explanation			

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

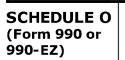
Schedule D (Form 990) 2015	Page 5				
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493047000277 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number The Friends of the Oakland Public 94-2553734 Library Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant **(b)** EIN organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government other) assistance Literacy, Research & (1) Oakland Public Library 94-6000384 Gov't 309,787 125 14th Street Outreach Prgm Oakland, CA 94612 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation				
Grantmaker's Description of How Grants are Used It is F O P L 's policy to designate the amount and use of funds to be granted to the Oakland Public Library consistent with the mission of F O P L and its by-laws Total amount of grants Generally equal to current net annual revenues (while maintaining a reserve approximately equal to one year's net revenues) Guidelines In general, FOPL funds activities which are above and beyond those reasonably expected to be funded by the City of Oakland, such as normal operating costs including labor costs, books and materials FOPL funds purchases of furniture and fixtures, activities such as community outreach programs (e.g., National Library Week and Children's Summer Reading) and special collections or reference material which are beneficial to the communities served, but outside the means of the Library's operating budget FOPL provides support for special activities through the					

expenditure policy

Library Director's fund and support for librarians through library school scholarships. The Board approves the grants. The Treasurer is responsible for distributing the grants to the Library in accordance with the memorandum of understanding between the Library and FOPL, and the FOPL



Name of the organization

11b Form 990 Review

Process

The Friends of the Oakland Public

Department of the

Internal Revenue

Treasurv

Service

Library

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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.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

DLN: 93493047000277

Employer identification number

94-2553734

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Membership is open to any person or group interested in supporting the purposes of FOPL. Membership dues are \$25 per year for individuals, \$15 for seniors, 65 years or older, and full-time students, other membership categories ranging from \$35 to \$1,000 or more are also available. The membership application is available at www fopl org or by request to FOPL at 721 Washington St, Oakland, CA 94607 or by calling 510-444-0473
Form 990, Part VI, Line	The board is informed each year of the timeline for preparation and filing of the annual r

eturn and of any significant issues contained in the annual return. The board treasurer and assistant treasurer review the 990 and the board receives a copy before it is filed.

990 Schedule O. Supplemental Information Return Reference Explanation

Documents available upon request

Form 990. Part VI. Line 19 Other Organization Documents Publicly Available